DHMH-16 Rev 1/89

for use as the burial-transit permit, Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9	声后
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	TO THE HOW THE OR AN EXIONG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	TO THE PRESENTING THE THIS CATIFICATE has been signed by the attending physician and completely filled in by the fu be filed with the complete of ath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
	1	-
	K	K 3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 3. TIME OF DEATH
1:00 PM 1. DECEDENT'S NAME (First Mirthle, Last) 2. DATE OF DEATH MONTH 3 DAY 12 Mary Francis Wayne 4. SOCIAL SECURITY NUMBER 292-50-8586 6. AGE (In yes, last birthday) 85 YRS. B. BIRTHPLACE (State or He sign 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9-6-08 1 M 2 X 1 Pennsylvania ~1621 Ardsley :Place 9a. FACILITY NAME (If not institution, give street ob CITY, TOWN OR LUCATION OF DEATH COFTON, Md. 9c. COUNTY OF DEATH Anne Arundel DIRECTOR RESIDENCE OF DECEDEN 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Crofton Md. Anne Arundel 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1621 Ardsley Place 21114 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intery/Secondary (0-12) Coilege (1-4 or 5+) domestic Homemaker 8 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surrage)
Amelia
Buckey Michael Demchak Ħ 띪 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) James Wayne 1621 Ardsley Place Crofton, Md. 21114 pe 20b. PLACE AND DATE OF DISPOSITION (Name of Lemmos emetory Comprese ption 20e METHOD OF DISPOSITION
1 Burlei 2 Cremation 3 Removal from State 3/16/93 OSCEOLA Mills, must 4 Donation 5 Other (Specify) 2 47 Bones of Glouces Annapolis, Maryland Home Inc. ucester Street land 21401 medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that paused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disesse or condition Probable + arrhymThin Imme resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) tre Coronary CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate onges! cause. Enter UNDERLYING CAUSE (Disease or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO 23 shows any COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) the State D HOSPITAL OTHER: 1 YES 2 WHO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Hesidence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 Netural 5 Pending м 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner es stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTA 290 LICENSE NUMBER 29b, SIGNATURE AND TITLE 29d. DATE SIGNED (Month, Day, Year) 19 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print) 31. DATE FILED (Month, Day, dia Davidson Bondall MAR 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

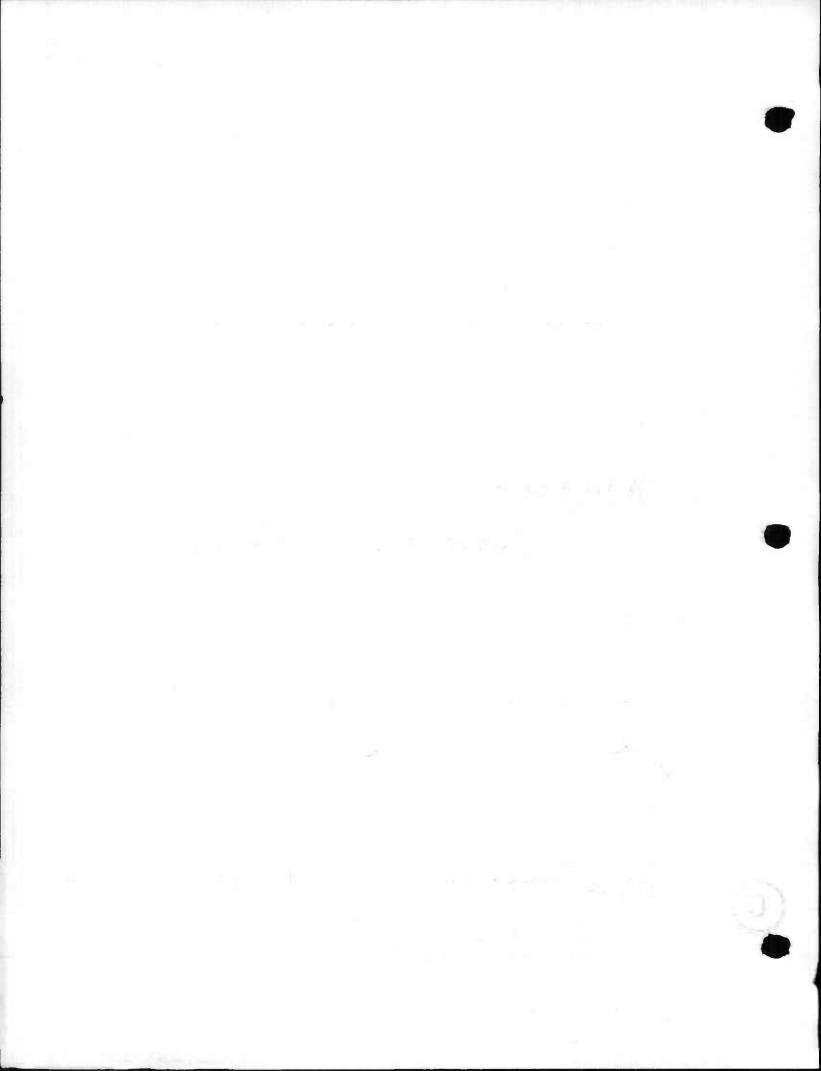
1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CERTIFI	CATE O	F DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Rebecca Eli				03	1.1	93	6:00P#
	214-12-6774 1□ M 2 🖾 F	E (In yrs. lest birthday) 88 YRS.	F UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year 08/24/	04	Country	Yland
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	OR LOCATION OF DE			UNTY OF DE	
5 F	Wesleyan Health Care	Center	Den	ton			Car	oline
E I	10e. STATE 10b. COUNTY	10c. CITY	TOWN OR LOC	ATION				10d. INSIDE CITY
LOR	Maryland Caroline			Dento	on			LIMITS?
FUNERAL DIRECTOR	280 Camp Road			21629	)	1	.S.A	HAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 1 Process 1 Yes 1 Process 1 Yes 1 Process 1 Yes 15 Process 1 Yes 16 Process 1 Yes 17 Process 1 Yes 18 Process 1 Yes 19 Process 1 Ye	S 2 NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexica ES 2 NO Specifi	in, Puarto Rican, atc.)	Yes or No-	14. RACE Black, Specify	- American Indian, White, atc. White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S L	ISUAL OCCUPA	TION	16b, KIND OF	BUSINESS/IN	IDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	Assemb	ork done during retired.) ler	most of working	Manu	fact	uring	g
O	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Mei	den Sumame)		
BE C	Elisha Thomas Be	ennett			Elizabe	,	ellei	rs
TO B	19e. INFORMANT'S NAME (Type/Print)	19b. MAJLING	ADDRESS (Stree	t and Number or Rural i				
ř	Mrs. Josephine Bradley	5277	Pres	ton Rd.,	Federa	1sbu:	rg, N	MD 21632
	1 Durial 2 Cremation 3 Ramoval from State	Ob. PLACE AND DATE Of	F DISPOSITION (	Neme of	DATE 20c.	LOCATION -	- City or Tow	rn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Hill Cre	St Cel	netery AND ADDRESS OF FA	14 Fe	dera.	Isbui	rg, MD
	Muchail 7. Eskew		Fran		wkins-E	skow	Fune	eral Home
NO	Sequentielly list conditions, b	A CONSEQUENCE OF	Mes		Alwo			Approximats interval Between Onset end Death
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE OF)						
	PART ii. Other significent conditions contributing to deeth	but not resulting in	the underly	ng cause given in		AN AUTOPSY		WERE AUTOPSY FINDINGS
4: MEDICAL						FORMED? 3 2 N NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ž	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (Ch	eck only one)			
Signal I	EXAMINER?  1 YES 2 NO 1 Inpettent 2 ER/Ou	tpetient 3 🗆 DOA	OTHER:	ome 5 - Residence	6 Other (Specify)			
Y PHYSICIAN: M	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year)  2 Accident		OF 28c. I	NJURY AT WORK?  YES 2 NO	28d. DESCRIBE HO	W INJURY O	CCURED	
TED BY		RY — At home, farm, at ecify)	reet, factory, of	Ica	28f. LOCATION (Stre City or Town, St	net and Numbe ete)	or Aural Ao	ute Number,
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knoone)  2 MEDICAL EXAMINER: On the basis of examination							and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERNIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D			29c, LICENSE NUN	DUST	29d. DA	TE SIGNED (	Month, Day, Year)
	Dr. Henry DiTommaso, 2			enton A	(D 21620	1		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG		ка.,	chicon, N	TD 71075	,	-	
	MAR 15 '93 Schia Navido							
		CY V-ITUNCA VO						

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1 68760, BALTIMORE, MARYLANI	executed within 24 mours after death. Page 6 may be retained by the hos	and completely filled in by the funeral director, page 5 should be detached	o bunal, cremation, or removal.	natic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hos	TO THE NAME ONECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
MAR 16 1993

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF				ID MEI	NTAL HYGIEN		0 0 0 0 0 0
	1. DECEDENT'S NAME (First, Middle, Lest)	Wolfgram	1					DATE OF DEATH	AY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  579 - 05-1989  90. FACILITY NAME (If not institution, give s	1 - M 2 XF 8	yrs. lest birthday) 2 YRS.	IF UNDER MONTHS  9b, CITY,	DAYS	IF UNDER 24 H HOURS M	OF DEATH		9c. COUN	a. BIRTHPLACE (State or Foreign Country)  Many and TY OF DEATH
RECTOR	Bel Forest NSO	+Rehab Cer	nter	Fore	4	Hill,	M	D	Ha	rtford
□	10a. STATE 10b. COUNT	altimore	10c. CIT	ry, town o	R LOCAT	MORE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	ne Circle			101	ZIP CODE	131	6	10g. CITIZ	EN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN L	2 X NO	1	t yes, spi	ENDENT OF HI	SPANIC O axican, Pu	RIGIN? (Specify Yea serto Rican, etc.)	or No—	14. RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 1 completed) College (1-4 or 5+)	Ba. DECEDENT'S (Give kind of life. Do NOT u HOMEMA	work done of se retired.)	CUPATIO	ON st of working		16b. KIND OF BUS	ome	
BE COI	17. FATHER'S NAME (First, Middle, Last)  Keller R. Kli	ine Sr.						First, Middle, Maiden Le H. Bea		
TOE	190. INFORMANT'S NAME (Type/Print) Richard B. Geiser							Mumber, City or Town		
	20a, METHOD OF DISPOSITION 1	oval from State 20b. P carrett Sm	LACE AND DATE:	of Disposi	TION (Nai	med TU 3-1	7-93	DATE 20c. LOG		ity or Town, Stata Urg, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	- Nav		Do 1:	NAME AN 2018 2525	Funer Bradh	FFACILITY LOL H	r Iome Ave Smi	thshi	ила Md. 21783
	23. PART i. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused t List only one cause on eac a	ha death. Do r h ilna.	not anter	tha mod	da of dying,	auch aa	cardiac or respir	retory arre	at, Approximata interval Batween Onset and Daath
ATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEOVENCE O	lui.	_	J				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	F):						
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	a contributing to death but	not resulting	In the und	derlying	cause givar	n In Part	I. 24a. WAS AN PERFORE	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: M	25. WAS CASE REFERRED TO MEDICAL									1 TES 2 NO
YSICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpati	ent 3 🗆 DOA	OTHER Wurs	:	5 Resider		Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b, TIM INJ	E OF URY M	28c. INJL WOF			. DESCRIBE HOW IN	JURY OCCI	PRED
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, term,	Mreet, facto	ry, offica		281.	LOCATION (Street at City or Town, State)	nd Number o	r Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSI (Check only one)  2 MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the basis of examination a	ge, death occurre	ed at the tir	ne, data :	and place, and	dua to the	e cause(s) and mani	ner as state	i. cause(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIEF					29c. LICENSE			29d. DATE	SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type,	Print)		D35	255		3	112153

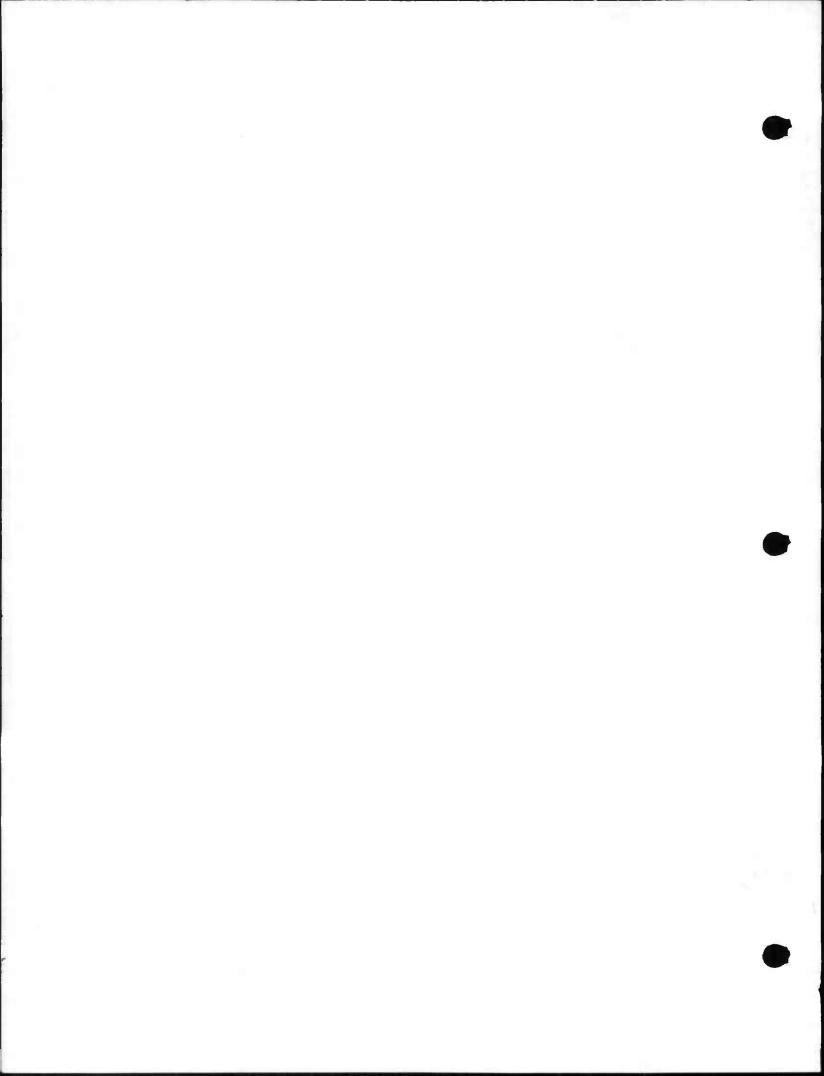
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E)	THE THE TOPS. After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	뭐
E	INT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
S	COMPLETED BY DHYSICIAN: MEDICAL CEDTIFICATION	

93 09004 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Lest)								2. DATE OF	DEATH			3. TIME OF DEATH
	Betty Lee Wo		GTON							MONTH	DA		YEAR	3. TIME OF DEATH
- 1					ast birthday)	IF UNDE	R 1 YEAR	IE UMDEI	R 24 HRS.	March		1993		IPLACE (State or Foreign
	213-18-949	MONTHS DAYS HOURS MM. (Month, Day, Year)						ay, Year)		Countr	Y)			
	9a. FACILITY NAME (If not in			/1		0h 0077	Nov. 5, 1921 West						t Virginia	
œ			,			96. CIT				EATH		- 100		
6	17723 Broad		ng koad				наде	ersto	wn			Wa	shin	gton
DIRECTOR	10a. STATE	10b. COUNTY			10c, CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
ä	Maryland	Wash	ington		н	ager	stov	m						LIMITS?  1 YES 2 NO
4	10e. STREET AND NUMBER							. ZIP COD	E			10g. CFT	IZEN OF V	VHAT COUNTRY?
FUNERAL	17723 Broad	dfordi	ng Road					21	.740				US	Δ
3	11. MARITAL STATUS		12. WAS DECEDEN			13.		ENDENT	OF HISPAN	IIC ORIGIN? (S		or No-		E — American Indian, k, White, etc.
BY F	1 Never Married 2 📉		IF YES, GIVE V	☐ YES 2 🔀 WAR OR DATES	NO				in, Mexica Specify	n, Puerto Rica /:	in, etc.)			
	3 Widowed 4 Divo												wh	ite
COMPLETED	15. DECI (Specify only	EDENT'S EDUC highest grade	CATION completed)	(0	ECEDENT'S Give kind of	work done	during mo		ng	16b. KI	ND OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	B. Do NOT us	se retired.)								
N N	12		0								staur			
8	17. FATHER'S NAME (First, Mi									ME (First, Midd	fle, Maiden	Sumame)		
BE	Albijah Dio									Dick				
2	19a. INFORMANT'S NAME (7)			19						Route Number,				
.	Walter T. V		ngton					_	ng R					d. 21740
	1 X Buriel 2 - Crematio	n 3 🗆 Remo	val from State	20b. PLACE cemetery, cr ROS						DATE			City or To	•
	4 Donation 5 Other  21. SIGNATURE OF FUNERAL		FNSEF	Rose	s HII				SS OF FA		Hag	erst	own,	Maryland
		~	ma-							AL HON	Æ			
	200	EL,		enne		4	15 E	. Wi	1son	Blvd.	, На	gers	town	, Md. 21740
	23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fellure. I	List only one cau	OR AS A CONSE	e. ~~~	e		100111		lla cardiac				Approximate interval Between Onset and Death
MEDICAL CERTIFICATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	flate NG ry		(OR AS A CONSE										
ايد	PART II. Other algnifica	nt conditions	contributing to	death but not	resulting	in the u	nderlyin	g cause	given in	Part I. 24	a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
2		Jones	_								PERFOR	-	-	AMILABLE PRIOR TO COMPLETION OF CAUSE
밀										—   '	YES 2	_ JMO		OF DEATH?
-									_	_				1 L YES 2 L NO
₹ I	25. WAS CASE REFERRED TO	MEDICAL					26. PI	ACE OF D	EATH-(Ch	eck only one)				
Sic	EXAMINER?  1 YES 2 NO		HOSPITAL:	FR/Outpatient	3 🗆 DOA	OTHE	R:			6 Other (S				
PHYSICIAN	27. MANNED OF DEATH		28s. DATE OF		28b. TIM			URY AT	esidence	28d. DESCR		LJURY OC	CURED	
		Pending	(Month, D	ley, Year)	INJ	URY M	WC	PRIC?	NO NO	- / - 1000			4000	
D BY	2 Cutatda	nvestigation Could not be	28s. PLACE O	F INJURY — At h	ome, farm,	street, fac				26f. LOCATH	ON (Street a	nd Numbe	r or Rural F	Toute Number,
Ä		ietermined	building,	etc. (Specify)						City or T	own, State)			
۳	29a. CERTIFIER 1 CERT	FYING PHYSIC	ZAN: To the best of	my knowledge d	eath occum	ad at the	time date	and alone	and due					
COMPLETE														) and manner as stated.
	296. SIGNATURE AND TITLE		7.1											the second second
8	-		h					2500	ENSE NUN	L 7 7	,	290. DAI	E SIGNED	(Month, Day, Year)
유	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	EM 27) (Type	Print)	_	U	4	0 6		A		
	Freder	1-	h KA	48 111	m	7	17	39	1-10	owell	K	el	1/0	ger town
	MAR 15 199	3 4	32. REGISTRA	AR'S SIGNATURE	5									had
- 1		U //		- a London	-									100



YEAR

9c. COUNTY OF DEATH

Wicomico

DAY

1993

1906

3. TIME OF DEATH

13:10

8. BIRTHPLACE (State or Foreign

BALTIMORE, MARYLAND 21215-0	age 6 may be retained by the hospital or attending	director name 5 chould be detached for use as the
	24 hours after death. P.	Is filled in the the funeral
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	DIRECTOR. May this cartificate has been sinted by the attending physician and completely filled in by the funeral diseasor page & should be detached for use as the
DIVISIO	OR ATTEND	DIRECTOR.

permit. Pages 1. 2, 3 should

burial-transit

DIRECTOR

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notified at once.

must be

examiner

Injury, or other traumatic event, the medical

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

BE COMPLETED

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MPORTANT: If

or removal. cremation, to burial. signed by the attending physicial Health and Mental Hygiene prior OR ATTENDING PHYSICIAN: The law requires that the death certificate be DIRECTOR: After this certificate has been signed by the attending physicia hours after death with the State Dept. of Health and Mental Hygiene prior Hem 28 is marked, or Item 23 shows any Injury, or other trau

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Anna McLaine Wenslawski March 9, 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🗌 M 2 🔀 F 197-12-6472 Sept. 11 9a. FACILITY NAME (If not institution, give street and n 9b. CITY, TOWN OR LOCATION OF DEATH 1013 Fairground Dr., Salisbury RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MD Wicomico Salisbury 10e. STREET AND NUMBER 10f. ZIP CODE 1013 Fairground Dr., Apt. 2 21801 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN?
If yes, specify Cuben, Mexican, Puerto Ri 1 Never Married 2 Mar 1 YES 2 X NO Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, MI George McLaine Blanche Simp 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number Virginia Pierce 0. Box 871, Fruitland, 20a. METHOD OF DISPOSITION

1 M Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name o Sunset Memorial Park 4 Donation 5 Other (Specify) 3/13/9 21. SIGNATURE OF SOMERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burbage Funeral H Surface Berlin. Md. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardi shock, or heart failure. List only one cause on each line, 23 PARTA Enter IMMEDIATE CAUSE (Final

			10d. INSIDE CITY LIMITS?
	to- CITI	TEN OF Y	1 X YES 2 NO
	US		WHAT COOKINY?
ORIGIN? (Specify Yes			E — American Indian, k, White, etc.
Puerto Rican, etc.)			i, White, etc.
			7 O 3 A
18b. KIND OF BUS	INESS/IND	USTRY	
House	wife		<u>.</u>
Simpson	surname)		
ite Number, City or Town	, State, Zip	Code)	
and, Md.	218	301	
	CATION —		rwn, State
13/93 Ber	lin,	Md.	
JTY YTL			
al Home, 21811	108	Will	iams St.
sa cardiac or respi	ratory arr	eat,	Approximate
			Interval Between Onset and Death
			1
disease			
disease	ع		
-			
			-
ert i. 24s. WAS AN	AUTOPSY-	24b	WERE AUTOPSY FINDINGS
_ 1 - YES 2			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
			1 YES 2 NO
only one)			
Other (Specify)			
d. DESCRIBE NOW IF	JURY OCC	CURED	
Bf. LOCATION (Street a City or Town, State)	nd Number	or Rural I	Route Number,
City or Town, State)			
the cause(a) and men			1402454666256664
			) and manner as stated.
B //			(Month, Day, Year)
17	13	10	1.93.

that initiated events resulting in death) LAST

Sequentially list conditions,

If any, leading to immediate cause. Enter UNDERLYING

CAUSE (Disease or Injury

disease or condition

resulting in death)

PART II. Other significant conditions contributing to deeth but not resulting in the jungeriying cause given in Part i.

ardiony monar

POSTIVE

codt

DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF

DUE TO (OR AS A CONSEQUENCE OF):

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

27. MANNER OF DEATH

1 Netural

2 Accident

28s. DATE OF INJURY (Month, Day, Year)

HOSPITAL:

3 DOA 4 🗌 No 28b. TIME OF

OTHER

28c. INJURY AT WORK? 1 YES 2 NO

26. PLACE OF DEATH (Check only on

28d. DESC

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 4 Homicide 29a. CERTIFIER

2 MEDICAL EXAMINER: On

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilme, data and place, and due to the caus

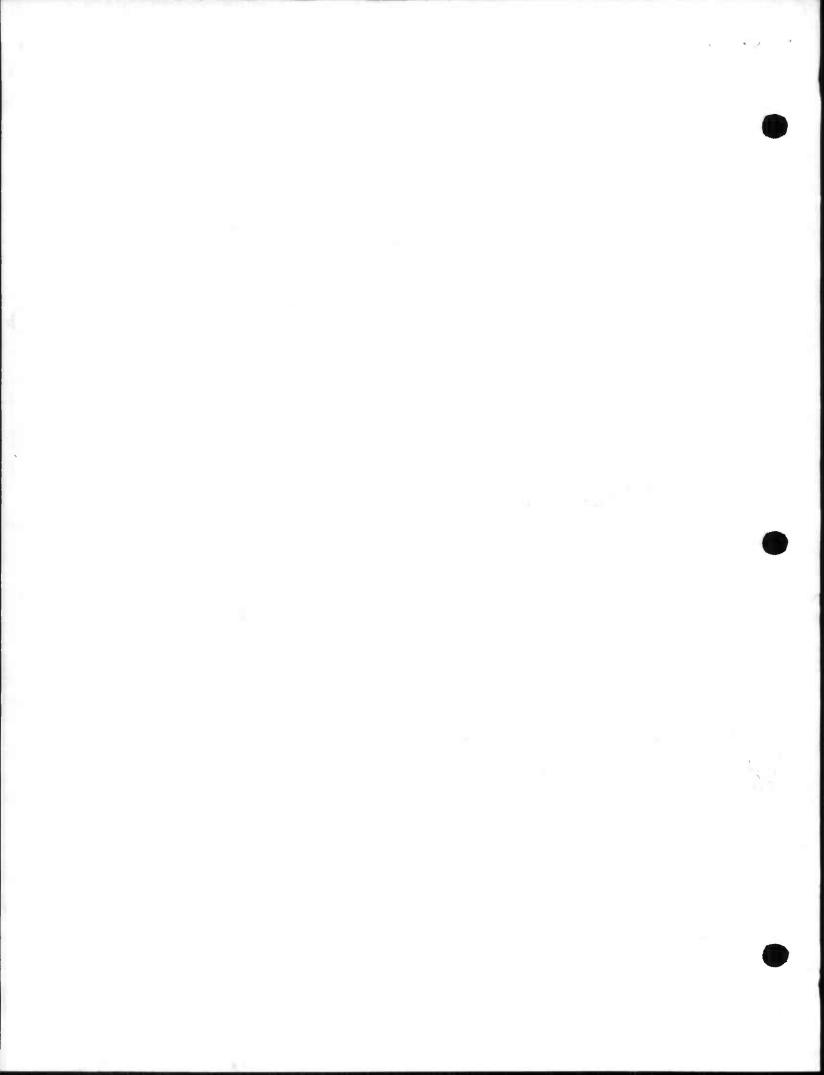
the basis of examination and/or investigation, in my opinion, death occured at the time, data a BEEPAK SAGGAR, M.D. 295- MCENSE NUMBER

T DIVERSINS LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SALISBURY, MARYLAND 21601

31. DATE	FILED	(Month,	Day,	Year)	
	MA	AR.	1 2	2 1	993

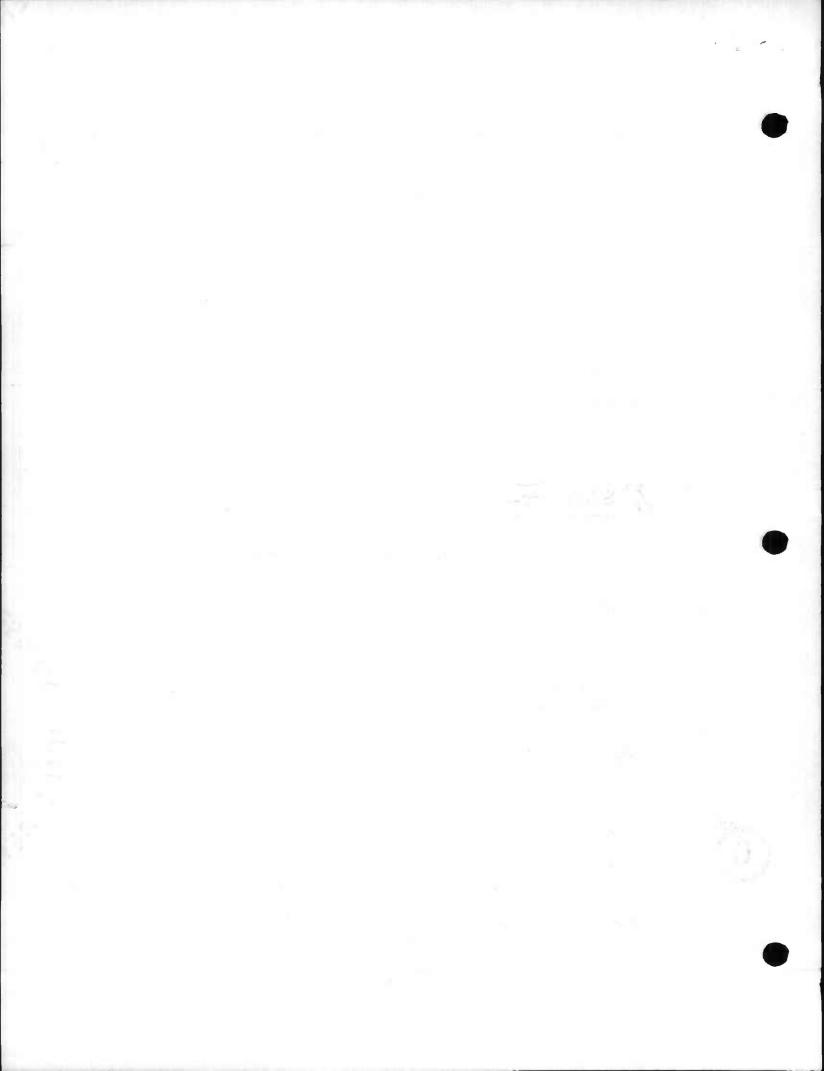
32. REGISTRAND SIGNATURE 33 " in Sanden-Rendell



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1).			CERTIFIC			,				
	1. DECEDENT'S NAME (First, Middle, Last)	h /		\A), 1),	0105	MONTH	OF DEATH DAY	YE	3. TIME OF	DEATH
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	ANS	3	13 OF BIRTH	9-	180	
	Washington and	1 M 2 F		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		, Day, Year)		SIRTHPLACE (State Country)	dr Foreign
	228-44-8432  9a. FACILITY NAME (If not institution, give a	X -	_55	OF CITY TOWN C	R LOCATION OF D		17-1937		VIRG	INI
œ	-14					EAIH	9c.		OF DEATH	
DIRECTO	PENINSULA REGION RESIDENCE OF DECEDENT	AL MEDICAL C	ENIER	SALI	SBURY			MICC	OMICO	
١	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	ION				10d, INSIDE	
	VA ACCC	MACK	SA	NFORD					1 TYPES	
Y	10e. STREET AND NUMBER				ZIP CODE		100	. CITIZEN	OF WHAT COUNT	RY?
FUNER	FLAGPOND RO	AD			23426			US	Δ	
	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DEC		NIC ORIGIN	? (Specify Yes or N	0- 14.	RACE — American Black, White, etc.	Indian,
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES X	1 TES			ical, etc.)		Specify:	
- 1	15. DECEDENT'S EDU	I CATION	Tes appropriate						WHI	ΓE
	(Specify only highest grade	completed)	(Give kind of wo	ork done durina ma	on st of working	16b.	KIND OF BUSINES	S/INDUST	RY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	WATER				מססת גמי			
COMPLE	17. FATHER'S NAME (First, Middle, Last)		WAIEK	MAIN	18 MOTHER'S N.		SEAFOOD liddle, Maiden Surna			
DE	19a. INFORMANT'S NAME (Type/Print)	TAMS	19b. MAILING A	DORESS (Street e			CH TURN  or, City or Town, Sta		(a)	
2	HILDA I. WILLT	3 MC					.,,,	, <u></u> ,	-/	
	20a. METHOD OF DISPOSITION	20	Db. PLACE AND DATE OF			OATE	20c. LOCATIO	N — City	or Town, State	
	SE Burial 2 Cremation 3 Rem	noval from State	emetery, cremetory or other	er place)		1			ALL, V	λ
	21. SIGNATURE OF FUNERAL SERVICE LI		DOWNINGS		O ADDRESS OF F	3 /116 , NOIUTY	193 OF	IN II	ALL, VA	4
	+n01.0	7-1				I	OX FUN	ERA:	L HOME	
-	23. PART I. Enter the diseases, or	704				PEMPI	ERANCEV	TLL	E. VA	234
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)		BRA A CONSEQUENCE OF	IN STEN	INFA	PECT	ON			ral Beth
RIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury	c	A CONSEQUENCE OF):							
	that initiated events resulting in death) LAST	d.	A CONSEQUENCE OF):	:						
5										
	PART II. Other significant condition	na contributing to death	but not resulting in	the underlying	csuse given in	Part I.	24a. WAS AN AUTO		24b. WERE AUTOP	
SAL	HYDER	TENSION		the underlying	g cause given in	Part I.	24a. WAS AN AUTO PERFORMED	?	AWAILABLE P	RIOR TO
DICAL	HYDER	TENSION		the underlying	j cause given in	Part I.	PERFORMED	?	AVAILABLE P	RIOR TO
MEDICAL		TENSION		the underlying	j csuse given in	Part I.	PERFORMED	?	AVAILABLE P COMPLETION OF DEATH?	RIOR TO
MEDICAL	25. WAS CASE REFERRED TO MEDICAL	TENSION		26. PL	g cause given in		PERFORMED	?	AVAILABLE P COMPLETION OF DEATH?	RIOR TO
SIGNAL. INCIDENT	- Hyper Sereu	TENSION		26. PL		heck only on	PERFORMED  1 YES 2	?	AVAILABLE P COMPLETION OF DEATH?	RIOR TO
SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:  Vigorient 2 ERVOU  28s. DATE OF INJURN	ripartient 3 DOA	26. PL OTHER: 6   Nursing Hom OF   28c. INJ	ACE OF DEATH (C	heck only on	PERFORMED  1 YES 2	10	AMAILABLE P COMPLETION OF DEATH? 1 YES 2	RIOR TO
PHISICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO 27. MANNER OF OEATH 1   Junuary   5   Pending	HOSPITAL:	ripartient 3 DOA	26. PL OTHER: 6  Nursing Hom OF  28c. INJI RY  WO	ACE OF OEATH (C	heck only on	PERFORMED  1  YES 2	10	AMAILABLE P COMPLETION OF DEATH? 1 YES 2	RIOR TO
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO 27. MANNER OF DEATH 1   Netural 5   Pending	HOSPITAL:    HOSPITAL:   Value   Properties   Properties	ripatient 3 DOA 28b. TIME INJU	26. PL OTHER:  Nursing Hom OF 28c. INJ RY M 1 Y	ACE OF DEATH (C	8 Other 28d. DES	PERFORMED  1  YES 2	y occurs	MMILABLE P COMPLETION OF DEATH? 1  YES 2	RIOR TO
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	PRESIDENTIAL:   MOSPITAL:   Vapatient 2 = ER/Ou   28a. DATE OF INJUR   (Morith, Day, Veer)   28a. PLACE OF INJUR   building, etc. (Sp	ripatient 3 DOA 28b. TIME INJU	26. PL OTHER: 6 Nursing Hom OF RY M 28c. INJ WO 1 V	ACE OF OEATH (CI	8 Other 28d. DES	PERFORMED  1 YES 2  (Specify)  CRIBE HOW INJUR  CRIBE HOW	y occure	MMILABLE P COMPLETION OF DEATH? 1  YES 2	RIOR TO
OMPLETED BY PHISICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF CEATH  1 Unitural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide 6 determined	HOSPITAL:  Vagestient 2 = ERVOu  28a. DATE OF INJURY  (Morith, Day, Veer)  28a. PLACE OF INJURY	ripatient 3 DOA 28b. TIME (NJU)  RY — At home, farm, strectly)	26. PL OTHER: 6 Nursing Hom OF 28c. INJ, WO 1 V	ACE OF OEATH (C)  5   Residence  WAY AT RK7  ES 2   NO	8 Other 28d. DE\$	PERFORMED  1 YES 2  (Specify)  (Specify)  CRIBE HOW INJUR  TION (Street end Nown, State)	Y OCCURE	AMAILABLE P COMPLETION OF DEATH? 1  YES 2	RIOR TO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF CEATH  1 Unitural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide 6 determined	PRESITAL:  Noperient 2 ER/Ou  28a. DATE OF INJURY  (Morth, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp.	ripatient 3 DOA 28b. TIME (NJU)  RY — At home, farm, strectly)	26. PL OTHER: 6 Nursing Hom OF 28c. INJ, WO 1 V	ACE OF OEATH (C)  5   Residence  WAY AT RK7  ES 2   NO	6 Other 28d, DE\$ 28f. LOCI City of	PERFORMED  1 YES 2  (Specify)  (Specify)  CRIBE HOW INJUR  TION (Street end Nov Town, State)  and place, and due	y OCCURE  y OCCURE  umber or R	AMAILABLE P COMPLETION OF DEATH? 1  YES 2	RIOR TO
BE COMPLETED BY PRISICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF OEATH  2   Accident   5   Pending investigation   1   Pending investigation   2   Accident   4   Homicide   6   Could not be determined  29a. CERTIFIER (Check only One)   2   MEDICAL EXAMINE	PRESITAL:  Noperient 2 ER/Ou  28a. DATE OF INJURY  (Morth, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp.	ripatient 3 DOA 28b. TIME (NJU)  RY — At home, farm, strectly)	26. PL OTHER: 6 Nursing Hom OF 28c. INJ, WO 1 V	ACE OF OEATH (C	8 Other 28d. DE\$ 28f. LOCI City of	PERFORMED  1 VES 2  (Specify)  (Specify)  CRIBE HOW INJUR  ATION (Street and No. State)  Dec(e) and manner a and place, and due  29d	y OCCURE  y OCCURE  umber or R	AMAILABLE P COMPLETION OF DEATH? 1  YES 2  EO  Lural Route Number, use(e) and manner	RIOR TO
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF OEATH  1   Jupturel 5   Pending Investigation 3   Suicide 6   Could not be determined 4   Homicide 6   Could not be determined  29e. CERTIFIER (Check only One) 2   MEDICAL EXAMINE  190. SIGNATURE AND TITLE OF CERTIFIES  30. NAME AND ADDRESS OF PERSON MEDICAL EXAMINE	HOSPITAL:   Maperient 2   ERVOU   28a. DATE OF INJURY   (Month, Day, Year)   28a. PLACE OF INJURY   building, etc. (Sp	ripertient 3 DOA  28b. TIME INJU  TY — At home, farm, strecify)  wiedge, death occurred fon end/or investigation,	26. PL OTHER: 5   Nursing Hom OF 28c. INJ WO 1   Y reet, factory, office	ACE OF OEATH (C	8 Other 28d. DE\$ 28f. LOCI City of	PERFORMED  1 VES 2  (Specify)  (Specify)  CRIBE HOW INJUR  ATION (Street and No. State)  Dec(e) and manner a and place, and due  29d	y OCCURE  y OCCURE  umber or R	AMAILABLE P COMPLETION OF DEATH? 1  YES 2  EO  Lural Route Number, use(e) and manner	RIOR TO
TO BE COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF OEATH  1   Jupturel 5   Pending Investigation 3   Suicide 6   Could not be determined 4   Homicide 6   Could not be determined  29e. CERTIFIER (Check only One) 2   MEDICAL EXAMINE  190. SIGNATURE AND TITLE OF CERTIFIES  30. NAME AND ADDRESS OF PERSON MEDICAL EXAMINE	PRESPITAL:  Noperient 2 ERVOu  28a. DATE OF INJUR  (Month, Day, Year)  28a. PLACE OF INJUR  building, etc. (Sp  ICIAN: To the best of my kno  ER: On the basis of examinati	ripatient 3 DOA 2 28b. TIME INJU	26. PL OTHER:   Nursing Hom Nu	ACE OF OEATH (CI	8 Other 28d. DE\$ 28f. LOCI City of	PERFORMED  1 VES 2  (Specify)  (Specify)  CRIBE HOW INJUR  ATION (Street and No. State)  Dec(e) and manner a and place, and due  29d	y OCCURE  y OCCURE  umber or R	AMAILABLE P COMPLETION OF DEATH? 1  YES 2  EO  Lural Route Number, use(e) and manner	RIOR TO I OF CAUSE



edical examiner must be notified

THE TENTIAL OF ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 25 mours after death, Page 6 may be retained by the hospital or attending physician.	THE PUREACE CHECTOR: After this certificate has been signed by the attending physician and compliciely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
5	6	20	×

				0 00
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF REGISTRAR CERTIFICATE O		NTAL HYGIENE REG. NO.	4
	1. DECEDENT'S NAME (First, Middle, Last) Annie P. Whittington		DATE OF DEATH MONTH DAY DAY DAY	3. TIME OF DEATH  2.40 A M
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday) IF UNDER 1 YEA  7. 1/-1/-7 97/ 1 M 2 X F 79 YRS.  MONTHS DAY	HOUSE MIN	DATE OF BIRTH (Month, Day, Year) 0-24-1913	BIRTHPLACE (State or Foreign Country)
	016 -1 2011	N OR LOCATION OF DEATH	9c. COUNT	Y OF DEATH
유	RESIDENCE OF DECEDENT	HIIS DURY	<u>  Wic</u>	COMICO
DIRECTOR	106. STATE 106. COUNTY, 106. CITY, TOWN OR LO	SALIS DU	Iry	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER RObinson ST.	101. ZIP CODE 21801	10g. CITIZE	U.S.
BY	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes	DECENDENT OF HISPANIC C , apocify Cuban, Mexicon, Pr YES 2 NO Specify:		4. RACE — American Indien, Black, White, etc. Specify: B/ACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5 +)  College (1-4 or 5 +)  College (1-4 or 5 +)	most of working	HOUSEWIT	
	17. FATHER'S NAME (First, Middle, Last)  JAMES TEHALE	18. MOTHER'S NAME (	(First, Middle, Meiden Surneme)	
TO BE	198. INFORMANT'S NAME (Type/Pring)  NATHANIE! H. Whittington RT-2 Robi	nson St.	SALIS. Md.	71801
	20e, METHOO OF DISPOSITION  1 N Burlel 2 Cremetion 3 Removal from State  4 Donelion 5 Other (Specify) 3-17-93  WATERS	EMETARY	20c. LOCATION - CI	ty or Town, State
	21. SIGNATURE OF UNERAL SERVICE LICENSEE  22. NAM  103	Hampden	Ave. Princes	S ANNE Md
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the	mode of dying, auch e	a cerdiec or reepiratory arres	
	shock, or heary fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel			Onset end Deeth
		al concent	ma	
	DUE TO (OR AS A CONSEQUENCE OF):		· · · · · · · · · · · · · · · · · · ·	
ATION	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST			
	PART II. Other algnificent conditions contributing to deeth but not resulting in the under	lying cause given in Par	rt I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CA			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDI			1 YES 2 NO	OF OEATH?
Σ.			-	1 123 2 110
AN		6. PLACE OF DEATH (Check	only one)	
SIC	EXAMINER? HOSPITAL: OTHER:	Home 8 ☐ Reeldence 8 ☐		
BY PHYSICIAN: MEDICAL	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY (Month, Day, Year)  M 1		8d. DEŞCRIBE HOW INJURY OCCL	URED
m	2 Accident Investigation	-Alles 00	of LOCATION (Chart and Mumber of	- D ( D to 14 to

28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify)

29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3-16-93 15384

MHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) ODNEY WENRICH

POWER ST 160

SA LISBURY md.

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

31. DATE FILED (Month, Day, **\*\*93** 

1 Natural
2 Accident
3 Suicide

4 Homicide

BE COMPLETED

2

32. REGISTRAN'S SIGNATURE
Julia Davidson-Randosa

protestate presented conce

and

0 1

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
MAR - 8 1993

32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF M	MARYLAND / CE		NENT OF H				IYGIEN REG. NO.		33	0 9 0 0 0
	1. DECEDENT'S NAME (First, Middle, La	st)						2. DATE OF	DEATH	J -		3. TIME OF DEATH
	James Richa	rd WEB	RDEBAUGH					Marc	h 7,		3	12:35 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		UNDER 1 YEAR		24 HRS.	7. DATE OF	BIRTH		a. BIRTH	IPLACE (State or Foreign
	219-14-6595	1 🔀 M 2 🗆 F	66	YRS. MOI	NTHS DAYS	HOURS	MIN.	May 2		926	Countr Ma	rvland
	9a. FACILITY NAME (If not institution, given	ve street and number)		96	CITY, TOWN	R LOCATI	ON OF D		-, .		NTY OF D	
DIRECTOR	Garrett County	Memorial F	Hospital		0a	klan	d			Ga	rret	t
Ä	10a. STATE 10b. COU	NTY		10c. CITY, TO	OWN OR LOCAT	ION						10d. INSIDE CITY
	MD	Garret	t				0ak1	and				LIMITS?
AL	10e. STREET AND NUMBER				101	. ZIP COD		und_		10g. CIT	IZEN OF Y	WHAT COUNTRY?
ER	Rt. 5, Box 3435					2	1550				USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced					ENDENT (	OF HISPAI	NIC ORIGIN? (		or No-	14. RACE	E — American Indian, k, White, atc. My: White
	15. DECEDENT'S E (Specify only highest gr				JAL OCCUPATIO			16b. KI	ID OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 8th	College (1-4 or 8 s	+) #fe. :	Do NOT use rei	tenden		79	Mun	icin	al St	reet	t Dept.
O	17. FATHER'S NAME (First, Middle, Last)						HER'S NA	ME (First, Mide			LICCI	в рерс.
S	Luther Whit	son We	rdebaugh	1		Ma		E11	7		thalo	257
BE	19e. INFORMANT'S NAME (Type/Print)		0		DRESS (Street a							J W
9	Alice J. Werdeb	augh			Box 34:							50
	20e. METHOD OF DISPOSITION  1 🔀 Burlat 2 🗆 Cremetion 3 🗆 Re  4 🗆 Donation 5 🗀 Other (Specify)	emoval from State	206. PLACEAL cernetery, cren Garret	netory or other p	isposition (Na plece) Mem. (	<sub>meot</sub> Garde	ens	3/10		cation – klanc		
	21. SIGNATURE OF FUNE ALL SERVICE	LICENSEE			22. NAME AN	D ADDRE	SS OF FA	CILITY		. Lain	1, I'IL	
	Bradley A	Steward						uneral		aklar	nd, M	ID 21550
	23. PART I. Enter the diseases, o	or complications that	t caused the dee	eth. Do not								Approximata
	shock, or heart failur IMMEDIATE CAUSE (Final	e. List only one cau	ise on each line.									Onset and Death
	diagona on non-distri-											
	disease or condition	Acute	Myocard	lial In	nfarcti	ion						
	resulting in death)		Myocard		nfarct	ion						Sudden
Z	resulting in death)	DUE TO	(OR AS A CONSEO	UENCE OF):			ina					Sudden
LION		DUE TO		uence or: inju			ina					
CALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO ASHD DUE TO	W/ prior	UENCE OF): injui UENCE OF):			ina					Sudden
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ASHD DUE TO  DUE TO  Diabe	(OR AS A CONSEON W/ prior (OR AS A CONSEON	UENCE OF): injui UENCE OF): itis			ina					Sudden
ENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	ASHD DUE TO  DUE TO  Diabe	(OR AS A CONSEON W/ prior (OR AS A CONSEON tes Mell	UENCE OF): injui UENCE OF): itis			ina					Sudden
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO  ASHD DUE TO  Diabe DUE TO	(OR AS A CONSEON W/ prior (OR AS A CONSEON TES Mell (OR AS A CONSEON	UENCE OF): injui UENCE OF): itis UENCE OF):	ry and	angi						Sudden Years Years
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO  ASHD  DUE TO  DI abe  DUE TO  d.  Done contributing to	(OR AS A CONSEON W/ prior (OR AS A CONSEON TES Mell (OR AS A CONSEON	UENCE OF): injui UENCE OF): itis UENCE OF):	ry and	angi		Part i. 24	i. WAS AN		24b.	Years Years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO  ASHD  DUE TO  DI abe  DUE TO  d.  Done contributing to	(OR AS A CONSEON W/ prior (OR AS A CONSEON TES Mell (OR AS A CONSEON	UENCE OF): injui UENCE OF): itis UENCE OF):	ry and	angi				MED?	24b.	Sudden Years Years
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO  ASHD  DUE TO  DI abe  DUE TO  d.  Done contributing to	(OR AS A CONSEON W/ prior (OR AS A CONSEON TES Mell (OR AS A CONSEON	UENCE OF): injui UENCE OF): itis UENCE OF):	ry and	angi			PERFOR	MED?	24b.	Years Years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions and the immer 1 s	DUE TO  ASHD  DUE TO  Diabe  DUE TO  d.  Done contributing to  Dementia	(OR AS A CONSEON W/ prior (OR AS A CONSEON TES Mell (OR AS A CONSEON	UENCE OF): injui UENCE OF): itis UENCE OF):	ry and	angi			PERFOR	MED?	24b.	Years Years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO ASHD DUE TO DUE TO DI abe DUE TO  d.  Dementia	(OR AS A CONSEON W/ prior (OR AS A CONSEON TES Mell (OR AS A CONSEON	UENCE OF): Injul UENCE OF): Itis UENCE OF):	ry and	ang	given in		PERFOR	MED?	24b.	Years Years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions and the immer's sequences.	DUE TO ASHD DUE TO C. Diabe DUE TO d. Dementia	(OR AS A CONSEON W/ prior (OR AS A CONSEON TES Mell (OR AS A CONSEON	UENCE OF):  injui  UENCE OF):  itis  UENCE OF):	ry and	angi	given in	eck only one)	PERFOR	MED?	24b.	Years Years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions and the immer 1 s  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 YES 2 NO  27. MANNER OF DEATH	DUE TO ASHD DUE TO C. Diabe DUE TO d. Dementia	(OR AS A CONSEON W/ Prior (OR AS A CONSEON TES Mell (OR AS A CONSEON  death but not re	UENCE OF):  injui  UENCE OF):  itis  UENCE OF):	ry and  ne underlying  28. PL  THER:  Nursing Hom  28c. INJI	angi	given in	eck only one)	PERFOR	MED?		Years Years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHTSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions and the immer's sequence of the immediate of the immed	DUE TO  ASHD  DUE TO  Diabe  DUE TO  d.  Dementia  HOSPITAL: 1   Impetient 2   28e. DATE OF (Month, Defined on the contribution)	(OR AS A CONSEON W/ Prior (OR AS A CONSEON TES Mell (OR AS A CONSEON  death but not re	UENCE OF):  injul  UENCE OF):  it is  UENCE OF):  DOA 40	ry and  ne underlying  28. PL  THER:  Nursing Hom  28c. INJI	ang	given in	eck only one)  6  Other (S	PERFOR	MED?		Years Years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
LED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions and the imer's  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO ASHD DUE TO C. Diabe DUE TO d.  Done contributing to Dementia  HOSPITAL: 1   Inpetient 2   280. DATE OF (Month, D.) Contributing to Dementia	(OR AS A CONSEON W/ Prior (OR AS A CONSEON TES Mell (OR AS A CONSEON  death but not re	UENCE OF):  Injust UENCE OF):  Itis UENCE OF):  DOAL 4 C	26. PL THER: Nursing Hom M 1 1 1	ang	EATH (Ch	eck only one)  8 Other (S)  28d. DESCRI	PERFOR  YES 2  Decity)  BE HOW II	MED?	CURED	Years Years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition of the condition	DUE TO ASHD DUE TO C. Diabe DUE TO d.  Dementia  HOSPITAL: 1   Impatient 2   280. DATE OF (Month, D.) Dementing to the part of	(OR AS A CONSEON W/ Prior (OR AS A CONSEON TES Mell (OR AS A CONSEON  death but not re  DER/Outpetient 3/6 INJURY ay, Year)  FINJURY — At hometc. (Specify)	UENCE OF):  In ju!  UENCE OF):  It is  UENCE OF):  DOA 4 0  28b. Time OF  INJURY	26. PL HER: Nursing Hom 1 0 1 1	ACE OF D  ACE OF D  JRY AT  RK?  CES 2	EATH (Ch	eck only one)  8 Other (S)  28d. DESCRI  28f. LOCATIC City or X	PERFOR  YES 2  Decity)  BE HOW III	MED?  (S) NO  NJURY Occurred Number	CURED	Years Years Years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions and the immer 1 s  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER-OF DEATH 1 Netural 5 Pending Investigations Suicide 8 Could not the datermined condition of the cond	DUE TO ASHD DUE TO C. Diabe DUE TO d.  Dementia  HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, Do building, or contributing)  28e. PLACE Of building, or contributions.	(OR AS A CONSEON W/ Prior (OR AS A CONSEON TES Mell (OR AS A CONSEON  death but not re  DER/Outpetient 3/0  INJURY ay, Year)  FINJURY — At hometc. (Specify)  my knowledge, dear	UENCE OF):  In ju!  UENCE OF):  It is  UENCE OF):  DOA 4 C  28b. Time OF  INJURY	26. PL HER: Nursing Hom 1   Vit, tectory, office	ACE OF D  ACE OF D  S GREAT  BKY  end place	EATH (Chinal China)	eck only one)  6 Other (S)  26d. DESCRI  26f. LOCATIC City or X	PERFOR  YES 2  Decity)  BE HOW II  ON (Street a wwn, Stete)	MED?  S NO  NJURY Oct  Ind Number	CURED or Rural R	Years Years Years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions and the immer 1 s  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigations Suicide 6 Could not a determined determined  29. CERTIFIER Check only one) 2 MEDICAL EXAMINERY	DUE TO ASHD DUE TO C. Diabe DUE TO d.  Ions contributing to Dementia  HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, D.) 28e. PLACE Of building.  YSICIAN: To the best of experience o	(OR AS A CONSEON W/ Prior (OR AS A CONSEON TES Mell (OR AS A CONSEON  death but not re  DER/Outpetient 3/0  INJURY ay, Year)  FINJURY — At hometc. (Specify)  my knowledge, dear	UENCE OF):  In ju!  UENCE OF):  It is  UENCE OF):  DOA 4 C  28b. Time OF  INJURY	26. PL HER: Nursing Hom 1   Vit, tectory, office	ACE OF D  S GRE  URY AT  RK7  ES 2 GRE  end place  enth occur	EATH (Chesidence NO	ack only one)  8 Other (S)  28d. DESCRI  28f. LOCATIK City or 7	PERFOR  YES 2  Decity)  BE HOW II  ON (Street a wwn, Stete)	MED?  NO  NJURY Oct  Ind Number  There as stated due to the	CURED  or Aural A  ted.	Years Years Years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHTSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions and the immer 1 s  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigations Suicide 6 Could not a determined determined  29. CERTIFIER Check only one) 2 MEDICAL EXAMINERY	DUE TO  A SHD  DUE TO  C. Diabe  DUE TO  d. Diabe  DUE TO  d. Diabe  DUE TO  d. Diabe  Dementia  HOSPITAL: 1   Impetient 2    28e. DATE OF (Month, Diabe)  28e. PLACE Of building,  YSICIAN: To the best of experience of experien	(OR AS A CONSEON W/ Prior (OR AS A CONSEON TES Mell (OR AS A CONSEON  death but not re  BER/Outpatient 3/6 INJURY Ny Year)  FINJURY — At hometic. (Specify)  my knowledge, deat  xemination end/or in	UENCE OF):  In ju!  UENCE OF):  DENCE OF):	26. PL THER: Nursing Hom 26. INJ WO 1 U 6, tectory, office	ACE OF D  S GRE  URY AT  RK7  ES 2 GRE  end place  enth occur	EATH (Chesidence NO	ack only one)  8 Other (S)  28d. DESCRI  28f. LOCATIK City or 7	PERFOR  YES 2  Decity)  BE HOW II  ON (Street a wwn, Stete)	MED?  NO  NJURY Oct  Ind Number  There as stated due to the	CURED  or Aural A	Years Years Years WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

VDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	8 is marked, or item 23 shows any injury, or other traumado event, the medical examiner must be notified at once.
OR ATTENDING PHYSICIAN: The Is	MRECTOR: After this certificate has	ours after death with the State De	em 28 Is marked, or Item 2
AND THE HOSPITAL OR ATTEN	TO THE FUNERAL C	-De filed within 72 hours after	IMPORTANT: If Item 28 Is

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 03-11-93 May Young 1620 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOUSE 1 M 2 TF 578-01-0411 06-07-17 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington Adventist Hodpital Takoma Park Montgomery 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver 1 YES 2 NO Spring FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 717 Ritchie Avenue 20910 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Maxican, Puerto Rican, etc.) FORCES? 1 YES 2 1 Never Married 2 Married 1 YES 2 NO Specify BY 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) CHARLES CLARK EMMA HARVEY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 CLARK L. (SON) COOPER 11970 LIME KILN ROAD FULTON, MARYLAND 20759 20e. METHOD OF DISPOSITION
1 Striel 2 Cremation 3 Re
4 Donation 6 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE FORT LINCOLN CEMETERY 3/15 BRENTWOOD, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. Clour 500 UNIVERSITY BLVD., W. SIL. SPR., MD. 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition\_ DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Gas Gor PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) YES 2 NO OTHER: 1 | Inputient | ER/Outputient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Dwy, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) COMPLETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, 800 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C860 CBC0 Sias

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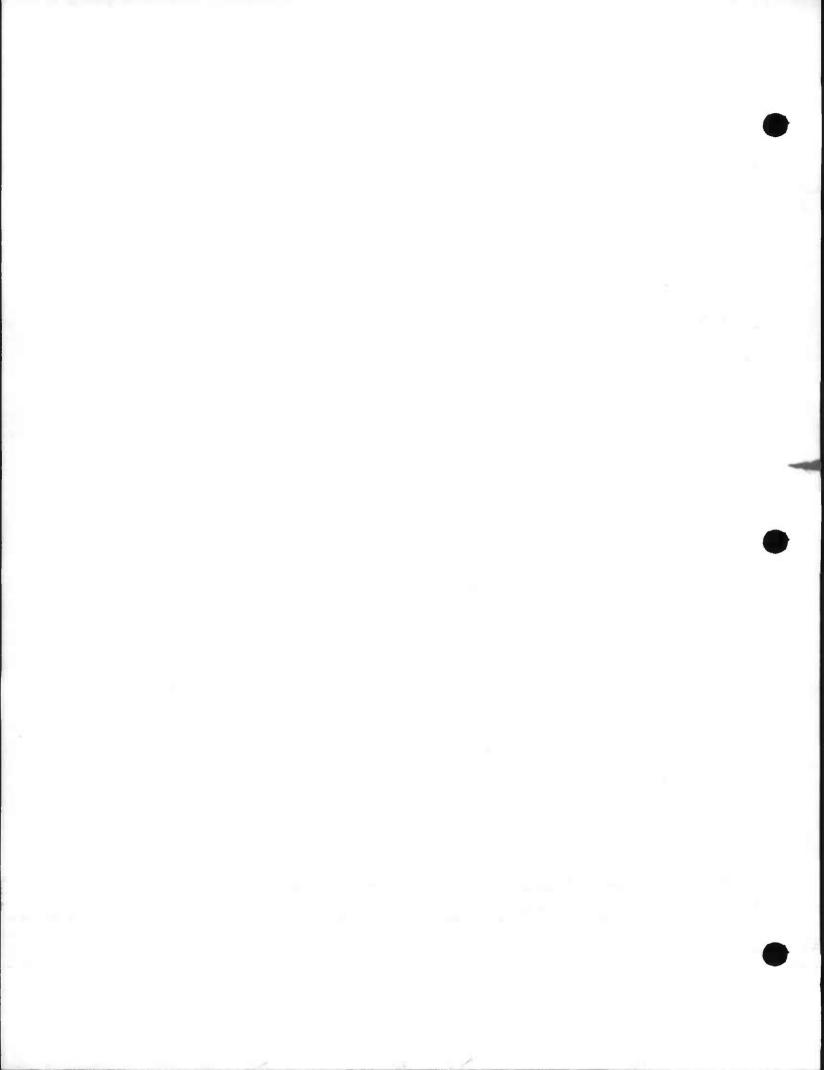
32 REGISTRAR'S SIGNATURE

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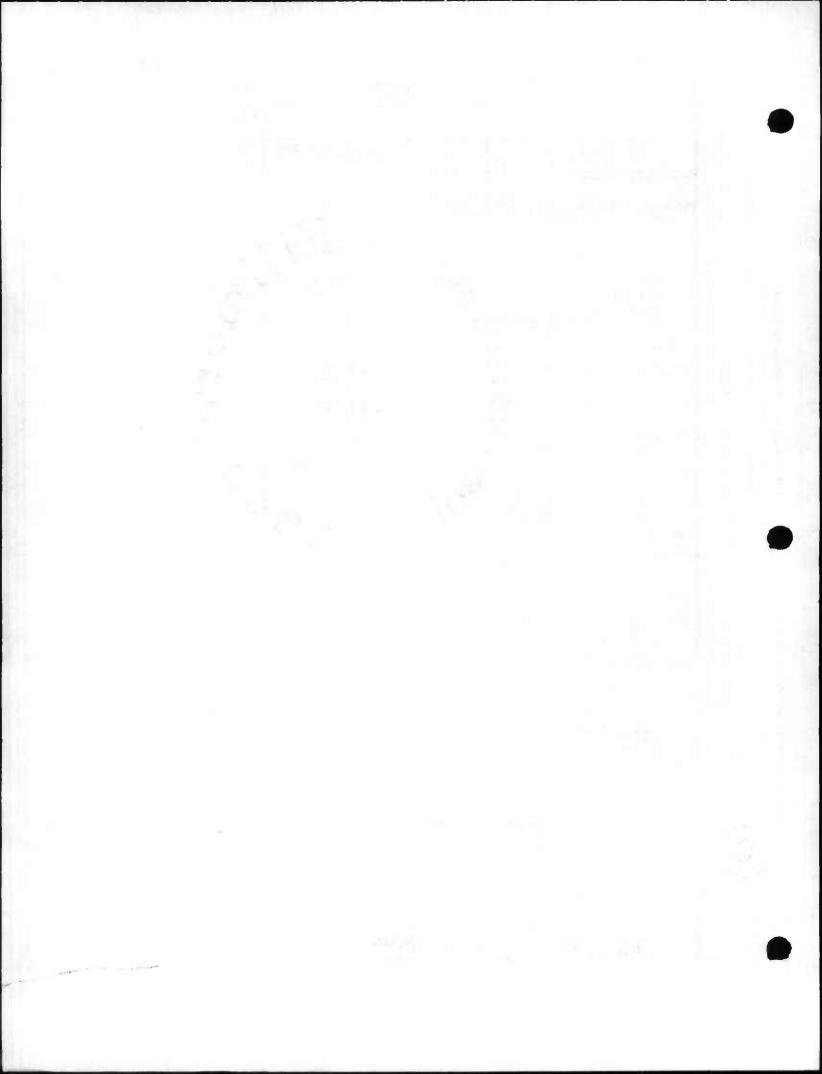
31. DATE FILED (Month, Day, Year)



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TRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
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1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIE REG. N		
1. DECEDENT'S NAME (First, Middle, La	oung			TIE	2. DATE OF DEATH MONTH	DAY 9'SAI	3. TIME OF DEATH 8:20 P.
4. SOCIAL SECURITY NUMBER 2/5-16-3/89	5. SEX 6. AGE (III		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. Bil	RTHPLACE (State or Foreign untry) MD
98. FACILITY NAME (If not institution, gh Mallard Bay / RESIDENCE OF DECEDENT	Nursing Hom	e (		relocation of d		9c. COUNTY O	hester
	rchester		bridge				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
3450 Beaver	Neck Road		101.	216.	13	10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		city Cuban, Maxic	NIC ORIGIN? (Specify Y an, Puarto Rican, atc.) fy:	es or No— 14. R	ACE — American Indian, leck, White, atc. pecify:
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		18a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo: tired.)	t of working	16b. KIND OF B	USINESS/INDUSTR	
17. FATHER'S NAME (First, Middle, Last)		Rou	sewife		AME (First, Middle, Maide	n Sumame)	
Fred	Sharp				a Pinder		
190. INFORMANT'S NAME (Type/Print) Kathleen Smi	+ h				Acute Number, City or R	Wash.,	
20a. METHOD OF DISPOSITION  1 © Burlal 2 □ Cremation 3 □ R  4 □ Donation 8 □ Other (Specify)	amoval from Stata 20b.	PLACE AND DATE OF Ditery, crematory or other	iSPOSITION (Na.			OCATION — City o	Town, Stata
21. SIGNATURE OF FUNERAL SERVICE	Boardles	t. Pleas	Boar	_		Ome	MD 2161:
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Epir to OR AS A  b. OVE TO OR AS A  c. Pugl	def consequence of: Fails	71124	n			Muster Curkyon
PART II. Other significant condit		et not reautting in the	he underlying	cause given in		ORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (C	neck only one)		
1 TYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpa	tient 3 DOA 4	HER: Hursing Home	8 🗆 Rasidence	8 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending Investigation Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO		28d. DESCRIBE HOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not detarmined	28e. PLACE OF INJURY - building, atc. (Specia	At home, farm, stree	ot, factory, office		28I. LOCATION (Stree City or Town, Stat	t and Number or Rui e)	al Route Number,
	YSICIAN: To the best of my knowle						e(a) end manner es stated
29h SIGNATURE AND TITLE OF CENTIL	melyen			29c. LICENSE NU			ED (Month, Day, Year)
Educad	The Lay	TH OTEM 27) (THOS. Pro	10/	report	M Ca	a bid	ix nd Wi
31. DATE FILED (Month, Day, Year) MAR 2 2 193	32. REGISTRAR'S SIGNA GUND HOW	don-Rancall					1.50

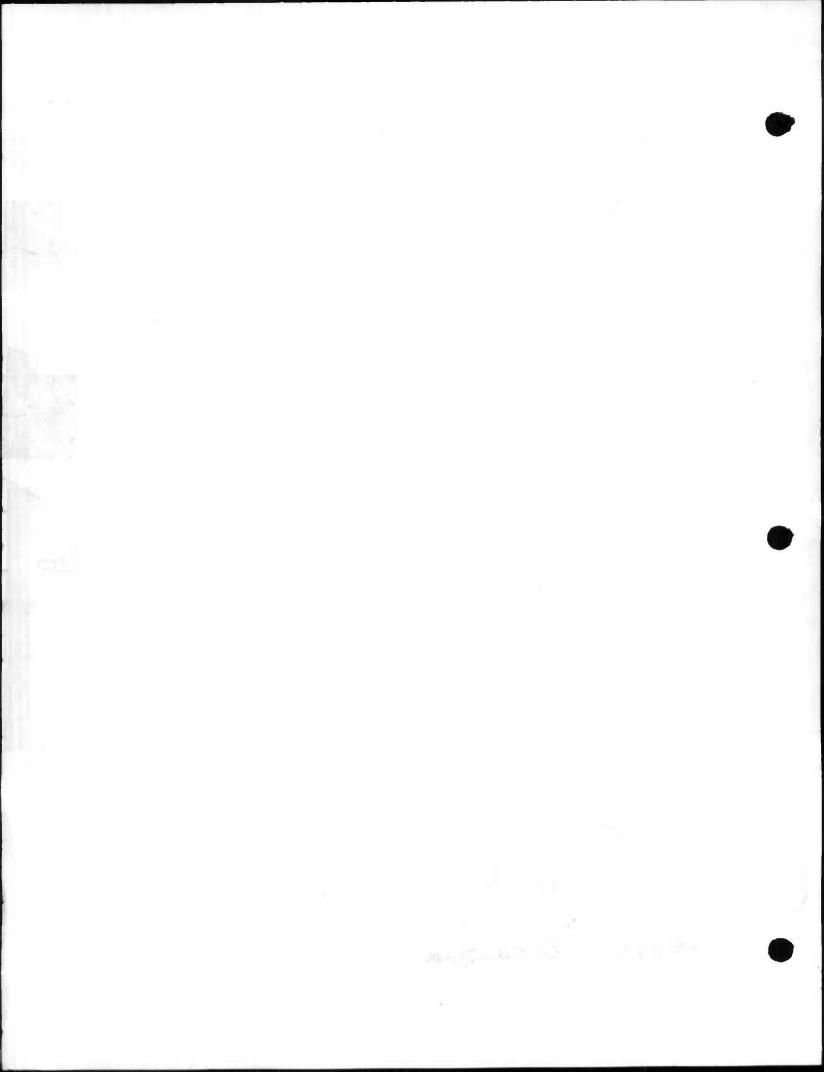


BALTIMORE, MARYLAND 21215-0020

		1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN REG. NO		09011
)		1. DECEMENT'S NAME (Figs, Middle, Le	P. ZUMI	BRU	m		2. DATE OF DEATH	5 9°	3. TIME OF OEATH  5:33 A M
<b>19</b>		4. SOCIAL SECURITY NUMBER 578–28–9334		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 31,		BIRTHPLACE (State or Foreign Country) Virginia
2, 3 should	TOR	9e. FACILITY NAME (If not institution, gi Suburban Hospit	al		96. CITY, TOWN	or Location of D	EATH	9c. COUNTY	of DEATH GOMERY
physician. burlal-transit permit. Pages 1, 2,	DIRECTOR	100. STATE 100. COL Maryland Mor			r, rown on Loc ensingto				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
isit permit	FUNERAL I	100. STREET AND NUMBER  10920 Connection				of, ZIP CODE	95		of what country?
the the	B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES	2)(NO	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes an, Puarlo Rican, etc.)	or No — 14,	RACE — American Indian, Black, White, etc. Specify: White
by the hospital or attending be detached for use as the af once.	COMPLETED	15. DECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u	USUAL OCCUPAT work done during n se retired.)  Clerk		Retail		
by the hose be detach	E COM	17. FATHER'S NAME (First, Middle, Lest) Unavailable				18. MOTHER'S NA	AME (First, Middle, Malden		
y be retained to lage 5 should be notified	TO BI	190. INFORMANT'S NAME (Type/Print) Robert M. Chapi	nan			and Number or Rural	Route Number, City or Town		,
e 6 ma ector, p		20e. METHOD OF DISPOSITION  1	lemoval from State	b. PLACE AND DATE metery, crematory or c UDUIDAN	Cremato:	ry	3-15 Silv	cation – chy /er Spr	or Town, State ing, Maryland
		21. SIGNATURE OF FUNERAL SERVICE	W. Ray	Pp	Rapp		Services,		g, MD 20910
h certificate be executed within 24 hours anding physician and completely filled in the Hygiene prior to burial, cremation, or res or other traumatic event, the medi	CERTIFICATION	23. PART I. Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Finel disease or condition reautiling in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	e. Due to (or as a Due to (or a) Due to (or	eech line.	ofice (		Orrespi		interval Between Onset and Death
v requires that been signed by t. of Health and shows any	: MEDICAL	PART II. Other eignificent condit	ions contributing to deeth to Area(	Pelita	In the underlyle	ng ceuse given in	Part I. 24a. WAS AN PERFOR	IMEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ICIAN: The law sertificate has the State Dep or item 23	SICIAN	25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch			
THE ICIA the certificant the the	ВУ РНУ	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY W	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW II	NJURY OCCURE	0
ETDREAD STORY OF TABLE OF	ETED I	3 Suicide S Could not determined		f — At home, farm, cify)	atreet, factory, offi	Ce .	26t, LOCATION (Street a City or Town, State)	ind Number or Ri	urail Route Number,
The Hospital of the Funeral difference of the Funeral difference of the Funeral difference of the	COMPLI		IYSICIAN: To the best of my know						use(s) and manner se stated.
TO THE HOSPIT TO THE FUNER DE filed within 7 IMPORTANT:	TO BE	30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Mogth, Day, Year)	WHO COMPLETED CAUSE OF DE	809V12	Print)	29c. LICENSE NUI 057	Rockvill	36/	1 1 5 7 9 3 1 2 0 8 5 7
		MAR 16 93	32/AEGISTHAN'S SIGN	A fondall					

BALTIMORE, MARYLANI	rs after death. Page 6 may be retained by the hos	I by the funeral director, page 5 should be detach removal.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ID THE MENTING DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FARE OF After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the fine the funeral director, page 5 should be detached the first part of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 09012  CERTIFICATE OF DEATH  REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) Elizabeth Hunter Zittenger  2. Date of Death MONTH DAY 948 9,20 A M
	4. SOCIAL SECURITY NUMBER  5. SEX 1 M 2 SE  8. AGE (in yrs. last birthday) 1 WRS.  8. AGE (in yrs. last birthday) 1 WRS.  8. AGE (in yrs. last birthday) 1 WRS.  8. BIRTHPLACE (State or Foreign Country) 1 WRS.  8. BIRTHPLACE (State or
CTOR	90. FACILITY NAME (If not institution, give street and number)  Anne Avandel Med. Center Annapolis A.A.
DIRE	10e. STATE  10b. COUNTY  A.A.  10c. CITY, TOWN OR LOCATION  AND 10d. INSIDE CITY LMHTS?  1 YES 2 \( \text{NO}\) NO
FUNERAL	10. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2/40/ 1/5 A
ВҰ	11. MARITAL STATUS  1 Never Merried 2 Merried  1 Never Merried 4 Divorced  12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)  14. RACE — American Indien, Black, White, etc.  1 YES 2 NO Specify:  15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.)  16. PACE — American Indien, Black, White, etc.  17. WAS DECEDENT EVER IN U.S. ABMED IT YES 2 NO Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  A  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY
BE CON	17. EATHER'S NAME (First, Middle, Last) Locarles Zittinger 18. MOTHER'S NAME (First, Middle, Malden Surname) KODIN NICOLE LOCAUSKI
TO	196. INFORMANT'S NAME (Type/Print)  Robin Nicole Zittinger Mother  196. Malling Appress (Street and Number or Fural Route Number City or Town, State, Zig Code)    Maryman & Hong Mo. 2/401
	20s. METHOD OF DISPOSITION 1. Depurier 2 Cremation 3 Removal from State 4 Donallon 5 Other (Specify) Hillcrest Cemetery Mar. 8 93 Annapolis Maryland
	22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. 16000 Annapolis Road Bowie, Maryland 20715
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, hock, or heart failure. List only one cause on each line.  Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Die To (OR AS A CONSEQUENCE OF):
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	CAUSE (Disease or injury that initiated events  resulting in death) LAST  d.
AL	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
I: MEDIC	1   YES 2   NO   COMPLETION OF CAUSE OF DEATH? 1   YES 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
	1   YES 2   NO   1   Inpettent 2   ER/Outpettent 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF DEATH   28e. DATE OF INJURY (Month, Dey, Year)   28b. TIME OF INJURY WORK?   28d. DESCRIBE HOW INJURY OCCURED   WORK?   W
TED BY	2 Accident investigation 3 Suicide 8 Could not be desermined City or Fown, State) 4 Homicide Security No. State)  28e. PLACE OF INJURY — At home, ferm, street, fectory, office City or Fown, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Fown, State)
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
TO BE C	296. SIGNATURE NO TITLE OF CENTURE OF CENTUR
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	MAR 0 9 1993 Like Saidson Pandale



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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR. After this certificate has been significably the attention physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. Othership and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 25 stores any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Las MARCIA J	ANDREU	US Ma	rcia	J Ar	ndre	ws		2. DATE OF DEATH DATE OF STREET		9 3	3. TIME OF DEATH  9 40 A M	
3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER		HOURS	1 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	2-	8. BIRTI Count	NPLACE (State or Foreign ry)	
TOR	90. FACILITY NAME (If not institution, give ST JOSEPH HOSPITA) RESIDENCE OF DECEDENT	L7620 York			96. CITY	TOWN C	PR LOCATI	ON OF DE		SC. COUNTY OF DEATH  BALT			
DIRECTOR	10a. STATE 10b. COUR			10c. CITY, TOWN OR LOCATION TOWSON						10d. INSIDE ( LIMITS?			
FUNERAL I	100. STREET AND NUMBER 5119 Alberta Av			101. ZIP CODE 100. CITIZEN OF WHAT U.S.A					1 ☐ YES 2 ☑ NO WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 X Divorced	T EVER IN U.S. AR YES 2 N WAR OR DATES						n, Puerto Rican, etc.)	Blac	E — American Indian, k, White, etc.			
TED	15. DECEDENT'S EI (Specify only highest gra	DUCATION ide completed)	16a. DE:	CEDENT'S	USUAL OC work done di se retired.)	CUPATIO	ON st of worki	ng	16b. KIND OF BUS	SINESS/INI			
COMPLETED	Elementary/Secondary (0-12) 12 Years	College (1-4 or 5			ate/l				st Real H	Estat	e /H	lospital	
BE CO	17. FATHER'S NAME (First, Middle, Lest)  John Dix		es tot						ME (First, Middle, Maiden e Bentz				
TO 1	19a. INFORMANT'S NAME (Type/Print)  Michael Petti		51	L19 A	ADDRESS 1ber	(Street e	nd Number AVENU	or flural fi 1eBa1	Route Number, City or Town Ltimore MD	212	Sode)		
	20a. METHOD OF DISPOSITION  1 General 2 X Cremation 3 General	movel from State	20b. PLACE A	ND DATE	OF DISPOSI	rion/Na emat	me of COTY		4/1/93 Ba.	CATION —	ore To	No. State	
9	21. SIGNATURE OF FUNERAL SERVICE  Martin	LICENSEE	00001	1	22. N	IAME AN	D ADDRE	SS OF FAC	Dippel	Fune	eral	Home	
- 3	23. PART I. Enter the diseeses, o	J. Lily	per	77	71	10 I	Bela:	ir Ro	oad Baltime	ore N	4D 21		
	shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	e. List only one ceu	ise on each line.		A	ru/		ing, suct	h as cardiac or respi	ratory an	rest,	Approximate interval Between Onset and Death	
NO	a. Weeks  Sequentially list conditions,  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	(OR AS A CONSEC										
ERTI	that initiated events resulting in death) LAST	d											
MEDICAL C	PART II. Other significant condition Disseminated	ons contributing to					g cause	given in	Part I. 24a. WAS AN PERFOR	MED?	24b	MALABLE PRIOR TO OF CAUSE OF DEATH?	
A/PTT	Sportaneous	1 Varcule		What	16		P	·	_   _ '			1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	horax		OTHER		ACE OF 0	EATH (Che	ack only one)				
PHYSI	1 TYES 2 NO  27. MANNER OF DEATN	1 Ainputient 2 28e. DATE OF		☐ DOA 28b. TIM	4 🗆 Nursi		_	sidence	8 Other (Specify) 28d. OESCRIBE NOW II	N HIRV OC	CHEED		
ву Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Ybar)	INJ	M	1   Y	PK?	] NO	Zed. DESCHIBE NOW II	NJUHT OC	CUMED		
0	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE O building,	F INJURY — A1 horests. (Specify)	me, farm, :	street, facto	ry, office			281. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural I	Route Number,	
COMPLET	one) 2 MEDICAL EXAMI	NER: On the basis of e							to the cause(e) and man time, date end place, an			e) and menner as stated.	
TO BE	286. SIGNATURE TAD TITLE OF CENTER	10-						BB6		29d. DAT	3/19	(Month, Day, Year)	
-	JOEL ME		SE OF DEATH (ITEM			~	544	<i>e</i> 1	Lethery 110	ر .	(n	2(092	
	APR 1 1993	ALL DINGS	as folding			4	1						

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		1 - STATE STATE OF MARYL	CERTIFICATE	IF HEALTH AND I OF DEATH	MENTAL HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last) LEONA Shirley	Apatoff	?	2. DATE OF DEATH DAY	7 93	3. TIME OF DEATH
			(In yrs. last birthday) IF UNDER 1 YI	EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Count	HPLACE (State or Foreign
Should		220-20-5669 1 M 2 12 F 9a. FACILITY NAME (If not institution, give street and number)	72 YRS.	OWN OR LOCATION OF DE			RYLAND
1, 2, 3 sh	DIRECTOR	Sinai Hospital		timore	ATH	9c. COUNTY OF E	PEATH
	REC	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR L	OCATION			10d. INSIDE CITY
permit, Pages		MARYLAND	BALTIMO	RE			1 XXES 2 NO
sit	FUNERAL	6317 PARK HEIGHTS AVE, APT	. 511	101. ZIP CODE 21215	5	10g. CITIZEN OF Y	WHAT COUNTRY? JSA
MARYLAND 21215-0020  * retained by the hospital are moding physician.  5 should be detached a see is the burial-transit notified at once.	ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES GIVE WAR OR D.		S DECENDENT OF HISPAN ps, specify Cuben, Mexicar YES 2 TNO Specify			E — American Indian, k, White, etc. ://y: WHITE
04 8 8 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Œ	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCU (Give kind of work done during	IPATION	16b. KIND OF BUSIN	NESS/INDUSTRY	MULTE
引起)	J.E.	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT use retired.)	ig most of working			
the hosqial detached ance.	COMPLET	17. FATNER'S NAME (First, Middle, Last)	MEDICAL SE		MEDTO ME (First, Middle, Maiden Sc		
4 5 5 E	ш	ABRAHAM FREEDMAN			NNIE POTTS	mame)	
MAR retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (St	treet and Number or Rural F	loute Number, City or Town,	State, Zip Code)	
ay be re page 5	-	DR. DAVID APATOFF	3619 N.E.	156th ST.	SEATTLE, W	A 98155	
FORE e 6 may ector, pa	1	20. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	D. PLACE AND DATE OF DISPOSITION OF THE PROPERTY OF THE PROPER	M (Name of	3-29-93 BA	TON — City or To	wn, Steta
ALTIMOR leath. Page 6 ma funeral director, xaminer must		21. SIGNATURE OF FUNERAL SERVICE LICENSEE		WE AND ADDRESS OF FAC	YTUY	JIIIONE,	TID
		Hordung L. Stellman	2 6010	SOL LEVIN	ISON & BROOMN RD. BAI	OS., INC.	
within 24 hours aff		IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  DUE TO (OR AS A	d tha death. Do not enter the	a moda of dying, auch	as cardiac or respira	tory arrest,	Approximata interval Between Onset and Deatl
P.O. BOX th certificate be lending physician in Hyglene prior to or other traur	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE OF):	DPD			
		PART II. Other significant conditions contributing to death b	ut not resulting in the under	rlying cause given in i			. WERE AUTOPSY FINDINGS
REC v requires been sign t, of Heal	N: MEDICAL				PERFORM 1   YES 2 ()		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ate ate	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF OEATH (Che	ck only one)		
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NG PHYSIC fler this ce eath with th	ВУ РР	27. MANNER OF DEATN  1 Neturel 5 Pending 2 Accident Investigation	INJURY	WORK?	28d. DEŞCRIBE NOW INJ	URY OCCUREO	
TOR: A after da after da is	旦	- Tableshi	— At home, term, street, factory,	office	28t. LOCATION (Street and City or Town, State)	l Number or Rural F	Route Number,
4 4 2 E	COMPLE	29a. CERTIFIER (Check only one)					
HOSPITAL FUNERAL WITHIN 72		2 MEDICAL EXAMINER: On the basis of axamination	1 and/or investigation, In my opink				
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	TO BE	1 net		29c. LICENSE NUM	BER	► 3 G	(Month, Pry. Year)
		AND MHZNEY SING H		Himore,	MA		
		31. DATE FILED (Month, Day, Year)  APR - 1 1993  Suha Beridon	ATURE		1 '4.		
		APR - 1 1993   Julia Davidson	1-1				

TO THE HOSPITAL OF ATTRIANGE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIFI	TMENT OF I	HEALTH AND DEATH	MENTAL HYGIEN REG. NO.		09015			
	1. DECEDENT'S NAME (First, Middle, Last) KENNETH	R, ALEX	CANDE	ER S	SR.	2. DATE OF DEATH MONTH DA	"9 q"	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 218-30-6411	5. SEX 6. AGE (III	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	8.1	BIRTHPLACE (State or Foreign Country)  NORTH CAROLI				
~	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF E	16-22-1935 DEATH	9c. COUNTY				
DE.	BON SECOURS HOSPI	TAL		BALTI	MORE CIT	ry	BA	LTIMORE			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCATE				10d. INSIDE CITY LIMITS?			
AL	10e. STREET AND NUMBER				. ZIP CODE		10g, CITIZEN	1 X YES 2 NO			
FUNERAL	201 N. WASHINGTON	STREET, APT	. 1012		21231		US				
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Maxic 2 NO Speci	NIC ORIGIN? (Specify Yes an, Puarto Rican, sic.) Ty:	or No- 14.	RACE — American Indian, Black, White, aic. Specify:			
ED	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S I	JSUAL OCCUPATION	ON .	16b. KINO OF BUS		BLACK			
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during mo retired.)	st of working	No. KINO OF BOS	INESS/INOUS I	NY .			
COMPL	17. FATHER'S NAME (First, Middle, Last)		MACHINI	ST	18. MOTHER'S N	AME (First, Middle, Maiden S	Suma mal				
BE C	HORACE AL	EXANDER				McCU					
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street a	nd Number or Rural	Route Number, City or Town	, State, Zip Cod	le)			
-	BELINDA ALEXANDER		3647 P	ARK HEI	GHTS AVE	BALTIMOI	RE, MD	. 21215			
	20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Ramov		tary, chimatory or oth	F DISPOSITION (Na	me of		CATION — City				
	4 Donallon 5 Other (Specify)	NSEE	ING MEMO		RK ID ADORESS OF F	MOOI	DLAWN.	MARYLAND			
	1 / Yu) a . (	lan				OWN JR. FUN	NERAT. I	HOME P A			
	23 PART I From the diseases or on			1913 W	<ul> <li>BALTTMOF</li> </ul>	RE ST. BALTO.	MD 2122	23. P O HOY ///3			
	23. PART I. Enter the diseases, or co shock, or heart fallure. Li	iat only one cause on asc	the death. Do no ch lina.	ot entar the mo	da of dying, aud	ch aa cardlac or respir	atory arreat,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	MA						Onset and Deat			
	resulting in death)  a.   MASSIVE  DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions, figure 1 and										
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF)		/			- 5.17			
FIC	CAUSE (Disease or injury c. that initiated events	CAN	CONCEDUENCE OF	26	LU ()	<b>-</b>					
CERTIFICATION	reaulting in death) LAST					moy, pc	_	VIRC			
2	PART II. Other significant conditions							11111			
	COPD. P	ACICREAT	1195	WED I	UX STO	Part I. 24a. WAS AN A PERFORM	AED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE			
PHYSICIAN: MEDICA	510			[10.1	1 21-	1 0 mg 21	ST. LO	DF DEATH?			
Z		,						1 TYES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Ch	eck only one)					
YSI	1 YES 2 NO	HOSPITAL: Onpetient 2 ER/Oulpeti		OTHER:  Nursing Home	5 🗆 Rasidencs	6 Other (Specify)					
PH	27. MANNER OF DEATH  16 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJL		26d. DESCRIBE HOW IN.	JURY OCCURE	D			
BY	2 Accident Investigation	20- DI ACE OF IN HUDY	40.5		ES 2 NO						
E I	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, etc. (Specify	- At noms, term, str	est, factory, office		261. LOCATION (Street an City or Town, State)	iral Route Number,				
COMPLET	29a. CERTIFIER SERTIFYING PHYSICIA	AN: To the bast of my knowled	too death assure t	of the the section							
OMI	(Check only one) 2 MEDICAL EXAMINER:	AN: To the bast of my knowled On the basis of examination a	and/or investigation,	in my opinion, de	end place, end due eth occured at the	to the ceuse(a) end mann time, data and place. and	er as stated.	(Se(a) and manner on elete-4			
ш	29b. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE NUI			NED (Month, Day, Year)			
10 8	Dan	New		MD		4055	DATE SIG				
- II	30 NAME AND ADDRESS OF DEDROM WIND	0.01450 0000 00000 0000				, , ,		P P 7 P			

20 MANE AND ADDRESS OF THE STATE OF THE STAT	2 24-011	2/53	17
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	ROW 22 CONUM	L1 00 1/2	1
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DEPT SURGERY 1 9000	W RACTO ST	R. 212	5 3

July Day door Hondard APR 1 1993

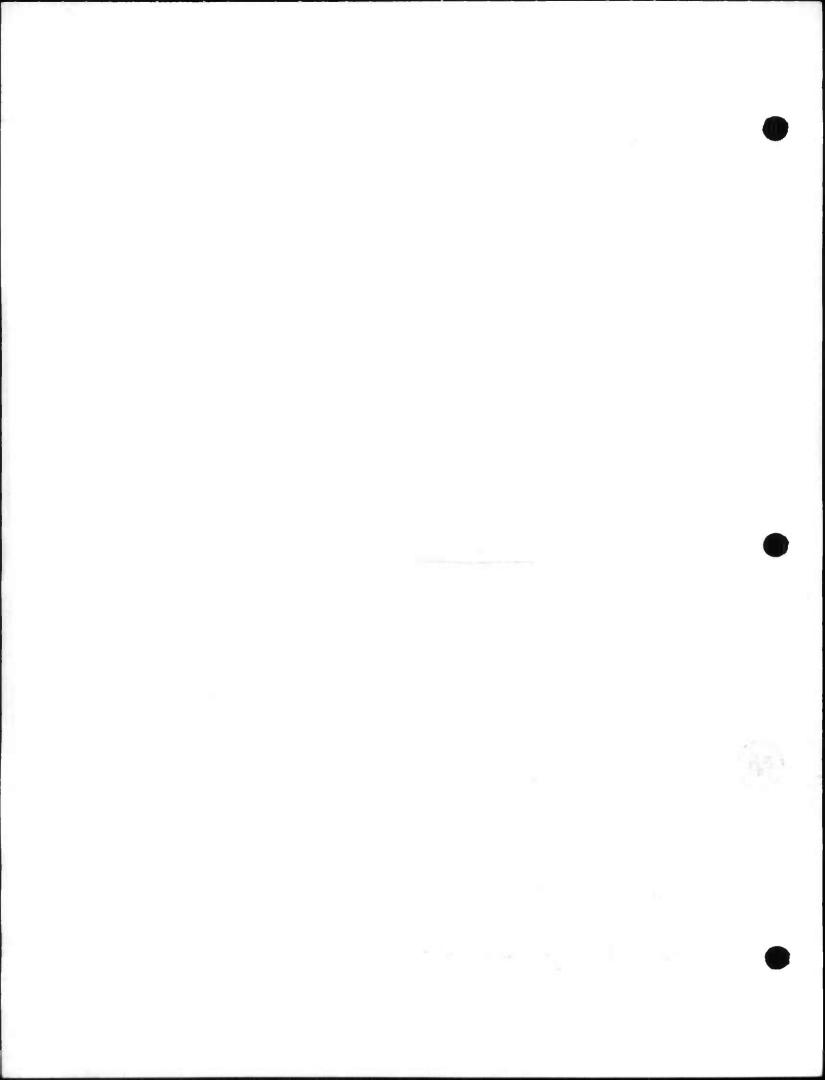
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93-1615-510 ITEM: 23 PART I, PER MEO G-700 6/18/93 t.t/m.k. ITE

							OF HEALTH					
MS:	23	PART	Ι,	27	PER	MEO	G-698	4 /	16/93	reb	93	}

	1, DECEDENT'S NAME (First, Middle, Las	11)							TE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Danielle 4. SOCIAL SECURITY NUMBER	1.00	Andre					0		7 10	93	0430
	4. SOCIAL SECURITY NUMBER	5. SEX 1 ☐ M 2 🕅 F	B. AGE (In yrs. I		IF UNDER	1 YEAR DAYS	F UNDER 24 HRS. HOURS MIN.	(Mc	TE OF BIRTN onth, Day, Year,	_	Coun	
	9e. FACILITY NAME (If not institution, giv		3 WK	S YAS.	9h CITY	TOWN C	OR LOCATION OF		4-199	_	BAI	LTIMORE,
8							imore	DEATH		96. 600	MIT OF	DEATH
RECTO	St. Agnes Hos RESIDENCE OF DECEDENT 100. STATE 100. COU			10c, CIT	Y. TOWN O							10d. INSIDE CITY
DIR	MD.				В	ALTI	MORE CI				LIMITS?	
3AL	10e. STREET AND NUMBER					101	. ZIP CODE					WHAT COUNTRY?
FUNERAL	315 S. FRANKLING	FOWN ROAD  12. WAS DECEDENT	FEVER IN ITS	OMED	149.5	MC DEC	21223	*****	200.00		USA	
,	1 Never Married 2 Merried	FORCES? 1	YES 2	NO	1	yes, spe	ENDENT OF NISP ecity Cuben, Mexi 2 NO Spec	can, Puel		Yes or No-	14. RAC Blac Spec	CE — American Indiar ck, White, etc.
р Вү	3 Widowed 4 Divorced				<u> </u>			<i></i>				ACK
TED	15. DECEDENT'S EI (Specify only highest gra	ide completed)		Give kind of a	vork done o	CUPATIO	ON st of working	1	6b. KIND OF	BUSINESS/INC	DUSTRY	
IP.	Elementary/Secondary (0-12)	College (1-4 or 5+)	'	JNEMPL								
COMPLET	17. FATHER'S NAME (First, Middle, Last)			2112111			16. MOTHER'S N	AME (Firs	t, Middle, Maic	fon Sumeme)		
BE (	DANIEL M. MOO	ORE					WANDA		DREW			
5	19a. INFORMANT'S NAME (Type/Print) WANDA ANDREW		1				nd Number or Run					D. 21223
	20a. METHOD OF DISPOSITION		20b. PLAC	EAND DATE				-		LOCATION -		
	1 N Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	cemetery, c	remetary or of ZION	ther place) CEM	ETER	RY	1		LTIMOR		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	A				O ADDRESS OF I		to E	TANIED AT	иот	ME DA
	RON	10	MC					RE ST				ME, P.A. P.O. BOX
	23. PART i. Enter the diseases, o shock, or heert feilun	r complications that	coursed the c									
		e. List only one caus	se on each iir	death. Do r ne,	ot enter	the mo-	de of dying, su	ch aa c	erdiec or re	apiratory an	rest,	Approximation interval Bet
	iMMEDIATE CAUSE (Fine) disease or condition	e. List only one caus  KLEBSIELL	se on eech iir .A	ne.						apiratory an	rest,	Approximatinterval Bet Onset and
	IMMEDIATE CAUSE (Fine)	KLEBSIELL  STREPT	se on eech iir .A	ne. <del>US</del> PN	N E U M		de of dying, su			apiratory an	rest,	intervai Be
NC	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	KLEBSIELL  STREPT  DUE TO (	A OCOCC OR AS A CONS	US PN	NEUM F):					apiratory an	rest,	intervai Be
ATION	immediate cause (Fine disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate	KLEBSIELL  STREPT  DUE TO (	A OCOCC	US PN	NEUM F):					apiratory an	rest,	intervai Be
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE PINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	
1. DECEDENT'S NAME	First, Middle, Lest)	2. DATE OF DEATH

	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEATH	20	3. TIME OF DEATH	
	Dorothy		Frede	ricka		REE	P			March 30.	1993	4:38 A M	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE / rs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH	1897	8. BIRTHPLACE (State or Formion	
	216 03 0424		1 Myey F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	Month, Day, Toan,	189	°Maryland	
e o	9a. FACILITY NAME (If not in Franklin	Sq. Ho	spital			9b. CITY		SVIL		ATH	Baltimore		
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Y		10c, CIT	Y, TOWN C	B LOCAT	ION				10d. INSIDE CITY	
E	Maryland	F	Jarford			Edge						LIMITS?	
AL	10e. STREET AND NUMBER					14300	101	ZIP CODE			10g. CIT	IZEN OF WHAT COUNTRY?	
FUNERAL	2408	8 Hans	on Rd.					2]	1040			USA	
BY FUI	11. MARITAL STATUS 1 Never Married 2 3 Mildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR YES 2 XXN WAR OR DATES	MED IO		f yes, sp	ENDENT O	n, Mexica	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify: White	
8	15, DEC	CEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CUPATIO	ON .		16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (C	-	College (1-4 or 5	life.	Do NOT u	work done (se retired.) BWife		at of workin	g	Н	ome		
BE CON	17, FATHER'S NAME (First, M		Thomas	Sprol				18, MOTH	Dora	ME (First, Middle, Malden a Eisenbe	Sumame)		
TO B	Dorothy Basi		ughter	2	MAILING	Laure	(Street	nd Mumber allej	or Rural R	noute Number, City or Tow rth Abin		, MD 21009	
	26a, METHOD OF DISPOSIT 1 & Burlel 2 Cremetic 4 Donation 6 Other	ION on 3 - Rem	oval from State	20b. PLACE A	ND DATE	OF DISPOS	ition (Na	me of	4	DATE 20c. LO	CATION	City or Town, State	
	21. SIGNATURE OF FUNERA		CENSEE /					ID ADDRES		CHLITY			
	D 00000	13	de.	ha						Funeral Ho			
	23. PART   Enter the d	Iseesea, or o	complications the	t ceused the de	eth. Do	not enter	the mo	±ast de o⊩dyl	ng, such	a es cerdiec or reep	Itimo		
Ì	IMMEDIATE CAUSE (Fir disease or condition resulting in death)		List only one cer	ecline	/	1)10	H	186	ris			Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other algorifica	nt condition	a contributing to	death but not re	sulting	In the un	derlying	cause g	iven in i	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS	
MEDICAL	Acut	UR	enal	Fail	us	2		i le constitue		PERFOR	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
_												OF DEATH?	
AN	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF DE	EATH (Che	ck only one)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	1:			8 Other (Specify)			
Y PHYSICIAN:		Pending Investigation	26e. DATE OF (Month, D		28b. TIM		28c. INJ WO			28d. DESCRIBE HOW I	NJURY OC	CURED	
TED BY	3 Suicide 6	Could not be determined	28e. PLACE O building,	F INJURY — At horetc. (Specify)	ne, ferm,	otreet, lect	ory, office			28f, LOCATION (Street a City or Town, State)	and Number	r or Rural Route Number,	
COMPLETED										to the cause(e) end mer			
00	2 L MEDI	2		xamination end/or fo	nveatigatio	on, in my o	pinion, d	eath occur	ed at the t	lime, date end place, en	d due to If	he couse(e) and menner se stated.	
TO BE	29h. SIGHATURE AND TITLE	40	1	Attend	41	Thy S	1 1/1	29c. LICE	290	60 r	29d. DAT	SIGNED (Morth, Day, Year)	
	30. HAME AND ADDRESS OF	B. K	LIGHO	4 N, M	(Type	SZ	)	HOA	RF	ond 14)	B	4CTM) 21214	
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DIVISION OF VITAL RECORDS, P.	THE HOODITAL DO ATTENDED
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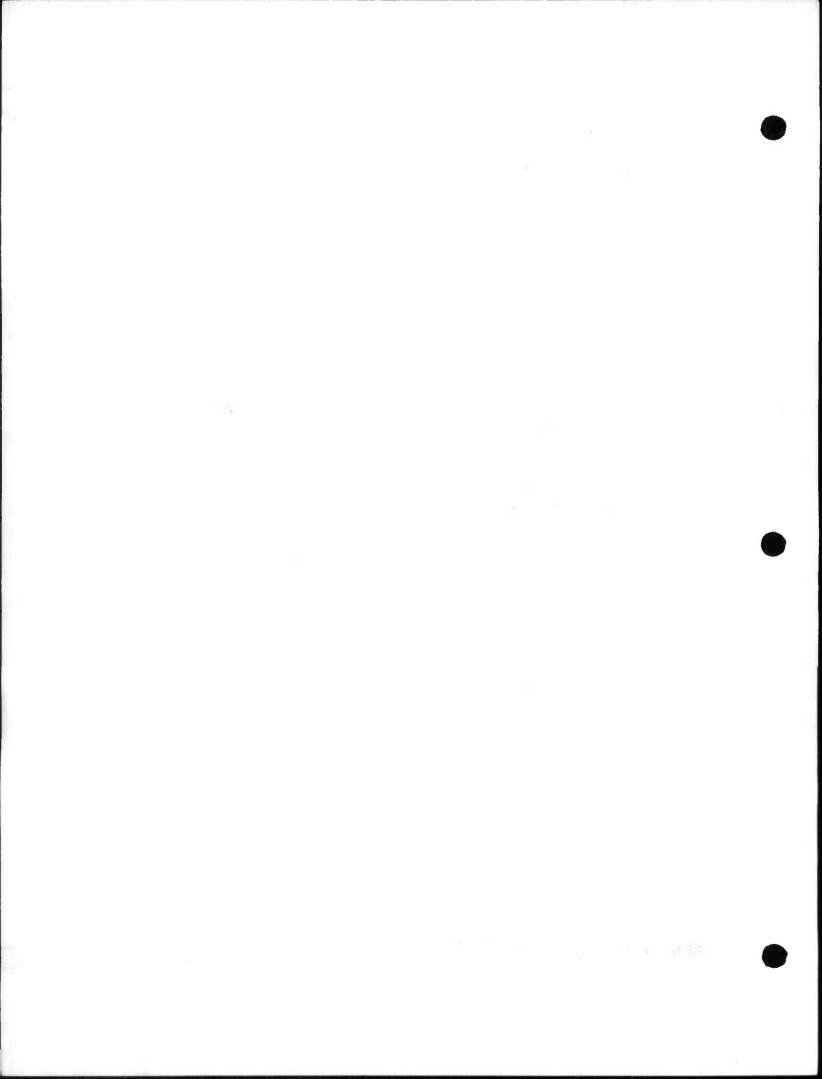
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BRUTON FRANK YEAR 93 29 4:30 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 45-22-908 14 M 2 - F 24 hours after death. Page 6 may be retained by the hospital or attending physician. Figure 1, 2, 3 should by filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOYOUT RESIDENCE OF DE CEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE WHAT COUNTRY? 10a. CITIZEN OF Colborne 4200 21229 514 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black. White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ВУ 1 TES 2 NO Specify 3 Widowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) 11th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bruton notified at 19a. INFORMANT'S NAME (Type/Print) 2 0 21229 9 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 Surial 2 Cremation 3 4 Donation 5 Other (Specify) 3 🗆 Re or other traumatic event, the medical examiner 21. SIGNATURE OF THERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY 00 or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. physician and completely filled in by Approximata interval Batween IMMEDIATE CAUSE (Final Onset and Daath cremation, disease or condition\_ MALIGNANT LYMPHOCYTIC AIMESIUS J executed within resulting in death) DUE TO (OR AS A CONSEQUENCE OF): cate has been signed by the attending physician and con State Dept. of Health and Mental Hygiene prior to burlal, SEPSIS. BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST item 23 shows any injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS PANCYTOPENIA AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO SCVE 1 | YES 2 | 100 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) OTHER: 1 TES 2 NO Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28s. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) ) THE HOSPITAL OR ATTEND ) THE FUNERAL DIRECTOR: ) filed within 72 hours after 6 Could not be determined M BE COMPLETED 4 Nomicide 28 IMPORTANT: It item 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and m 29b. SIGNATURE AND TITLE OF CERTIFIER Hope Winternance 29d. DATE SIGNEO (Month, gay, Year)

3/29/93 Rosident Senio 42723 Harror 222 MP STREAM 2 NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type.

VVERA HALL) M HARISH 3745 FOLFORP NOAD. AVVERA HALLI

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burda-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. or Health and Mental Hyglene prior removal.

IMPORTANT: Ill turfur 28 is marked. In filem 23 shows any Inlury, or inflar transmatic event the market has marked.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		TEGISTICAL					-NIIF	CAL	· UF	DEA	ın		REG. NO			
	1	1. DECEDENT'S NAME (First, MINNIE	BERRY				2, DAT	E OF DEATH	2-9	学生	3. TIME OF DEATH  23 30 P M					
	ş	4. SOCIAL SECURITY NUMBER 233-70-0592	5. SEX				IF UNDER	1 YEAR DAYS	IF UNDE	F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8-21-189			•	Count	HPLACE (State or Foreign try) T VIRGINIA	
		9e. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY	TOWN	OR LOCAT	ION OF DE		. 1001		NTY OF C	
DIBECTOR	5	75 CRESTWOOD	ROAD					ELKI						CEC		ZEATH
8	5	RESIDENCE OF DECEDENT														
1 4		10a. STATE	10b. COUNTY	1			10c. CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY LIMITS?
		MARYLAND	NEW (	CASTEL			NEV	WARK								1 YES 2X NO
FIINERAL		10s. STREET AND NUMBER  3 TAVEN KEER	CIRC	LE						1. ZIP COD				200	S.A	WHAT COUNTRY?
2		11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARI	MED	13.3	_			IC OBIG	IN? (Specify Yee			E — American Indian,
ž	5	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	YES	2X N	0	1	yes, sp	ecify Cubi	on, Mexicer Specify	n, Puerto	Rican, atc.)	U 110_	Spec	k, White, etc.
COMPLETED			EDENT'S EDU					USUAL OC		ON ost of worki	'ora'	16	b. KIND OF BUS	SINESS/INI	DUSTRY	
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Once.		8 17. FATHER'S NAME (First, M.	iddle Lest)	NONE		HOI	MEMAI	CER_		40.440			OWN HO	_		
E E		GEORGE		EFF						1	IALCI		Middle, Melden DC	sumeme) RSEY		
BE	5	19a. INFORMANT'S NAME (7)	ype/Print)	<del></del>		19b	MAILING	ADDRESS	(Street e	nd Numbe	r or Rumi R	Poute Nun	nber, City or Town	n Stutu Zir	n Corde)	
TO BE	-	JAMES C. OSE	BORNE										BURNIE,			61
150 I		20a. METHOD OF DISPOSITI 1 X Burtel 2 Cremetto 4 Donatton 5 Other	n 3 🗆 Reme	oval from State	cem	PLACE A	ND DATE (	of DISPOS	TION (No	ame of		DA	7E 20c. LO	CATION —	City or To	own, State
9	1	21. SIGNATURE OF FUNERAL		EHSEE C	161	JEN I	HAVE	_		AL P.	SS OF FAC		-	EN BURNIE, MD. TON FUNERAL HOME		
CKAIII	Į	· Horn	M.	5/m	Son	e	_	1	SEC	OND .	AVENU					AL HOME E,MD.21061
		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, abock, or heart failure. List only one cause on each line.  Approximate Interval Between														
evell,		disease or condition resulting in death)  DUE TO (OR ASIA CONSEQUENCE OF):  Onset and Death  Onset and Death														
CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING														
LIFIC		CAUSE (Disease or Inju that initiated events	γ 🥻	DUE TO	(OR AS A	CONSEQ	UENCE OF	7):								
		resulting in death) LAS		1												
		PART II. Other algnifica	nt condition	s contributing to	death be	ut not re	auiting I	n the un	dariying	g ceuse	given in F	Part i.	24s. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
EDICAL		PERFORMED? AWAI									AVAILABLE PRIOR TO COMPLETION OF CAUSE					
5 I E														,,,,,,		OF DEATH?  1 YES 2 NO
PHYSICIAN:		25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHER	_	ACE OF D	EATH (Che	ck only o	ne)			
S ≥		1 ST-VES 2 NO		1 Inpatient 2		atient 3					esidence (					
BY P.		1 Natural 5 🗆 1	Pending restigetion	28e. DATE OF (Month, D			26b. TIMI INJ	URY M	_	URY AT PRK? YES 2	□ NO	28d. DE	SCRIBE HOW IT	HJURY OC	CURED	
- 1	- 188		Could not be setermined	26e. PLACE O building,	F INJURY etc. (Speci	— At hon	ne, ferm, s	freet, facto	ry, office	•		28f, LOC City	CATION (Street a or Town, State)	nd Number	or Aural I	Route Number,
ij		29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the beet of	my knowl	edge, des	th occurre	d at the tir	ne, date	end place	and due t	to the ce	use(e) end man	Der en ete	lad .	
COMPLETED																e) and manner as stated.
BE		29b. SIGNATURE AND TITLE	OF CHITCHEN	-	N	N				29c. LICI	ENSE NUMI	BER	2	29d. DAT	E SIGNED	(Month, Day, Year)
٩	1	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEA	ATH OTEM	27) (Type,	Print)		0	7/)	1		11.1	130	77
	-	The her		THE SAL	R'S SIGNA	ATURE (	06	[]	1h	ر (	अरी (	el	e	KI	on	1(1)
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SICIA	s certif	rith the State Dept. of Health
F.	this	35
SING	After	death
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OR AT	IRECT	ours aft
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1. DECEDENT'S NAME (First, Middle, Last)  Walter E. Bouldin  2. DATE Of MONTH 3									YEAR 3. TIME OF DEA
- 2	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.		IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or F
	214-22-0533	1 💥 📈 2 🗆 F	65	YRS.	MONTHS DA	YS HOURS MIN.	1 18 192	8	Md Md
Œ	Sa. FACILITY NAME (If not institution, give					WN OR LOCATION OF I	DEATH	9c. COUNT	TY OF DEATH
CTO	3717 Wondbine	Dai	timore						
H	10e. STATE 10b. COUN	TY		15.1	Raltim				10d. INSIDE CITY
AL DI	Md 100. STREET AND NUMBER	<u></u>			Darcin	101. ZIP CODE		100 CITIZI	1 X YES 2  EN OF WHAT COUNTRY?
E	3717 Woodbine	Avenue				21207		US	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	EVER IN U.S. X YES 2 [ AT OR DATES		If yes	DECENDENT OF NISPA s, specify Cuban, Mexic YES 2 NO Spec		s or No— 1	14. RACE — American Indi Black, White, etc. Specify: Black	
G	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	180,	DECEDENT'S	USUAL OCCUP	PATION g most of working	16b. KIND OF BU	SINESS/INDU	STRY
PLET	Elementary/Secondery (0-12)	College (1-4 or 5 +)		ille. Do NOT us	e retired.)	y most or working			
COMP	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S N	AME (First, Middle, Maider	Surneme)	
BE C									
2	190. INFORMANT'S NAME (Type/Print)	ldin		196. MAILING	ADDRESS (Str	eet and Number or Rura	Route Number City or Tov Baltimore	n, State, Zip C	1207
200. METNOD OF DISPOSITION								T	
Cemetery, crametory or other place? Forest VET 4/5/9 Owings Mills,								lills, Md	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  March F/H West  4300 Wabash Avenue								
NO	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Consequence of:  b. Consequence of:  b. Consequence of:  b. Consequence of:  b. Consequence of:  consequence of:  conditions, if any, isading to immediate								
= 1		cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  d.							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		OR AL ACONS	SECULIACE OF	7):				/
: MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (	7			ying cause given is	1 Part i. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF C OF DEATH?
: MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL	ove to (	7		n tha underl	ying cause given is	PERFO	RMED?	AMILABLE PRIOR COMPLETION OF OF DEATH?
SICIAN: MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 □ YES 2 □ NO	OUE TO ( d	Seeth but no	t resulting in	on the underl	B. PLACE OF OEATN (C	PERFOI  1 YES :  heck only one)  6 Other (Specify)	RMED?	AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2
PHYSICIAN: MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	ove to (	Jesth but no	t resulting i	OTHER: 4   Nursing   E OF 28c.	B. PLACE OF GEATN (C Home 5 Residence INJURY at WORK?	PERFOI 1 YES :	RMED?	AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2
ED BY PHYSICIAN: MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATN	HOSPITAL: 1   Inpatient 2   26e. DATE OF I (Month, Da) 28e. PLACE OF	ER/Outpetient NJURY ( Year)	t resulting is	OTHER: 4   Nursing   E OF URY M 1	B. PLACE OF OEATN (C Home 5 Residence INJURY at WORK?	PERFOI  1 YES :  heck only one)  6 Other (Specify)	RMED?  NO  NJURY OCCU	AMALABLE PRIOR COMPLETION OF 0 OF DEATH?  1 YES 2
D BY PHYSICIAN: MEDICAL C	CAUSE. (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL: 1   Inpatient 2   28e. PLACE OF building, e	ER/Outpetient NJURY (, Yeer)  INJURY — At tc. (Specify)  ny knowledge,	3 DOA 28b. TilMI INJI	OTHER: 4 Nursing   E OF 28c. URY M 1 treet, factory, 4	B. PLACE OF OEATN (C) Home 5 Seesidence WORK?  YES 2 NO office	PERFO  1 YES:  heck only one)  6 Other (Specify)  28d. OE\$CRIBE NOW  28f. LOCATION (Street City or Town, State)  e to the cause(e) and ma	RMED?  NO  NJURY OCCU	ARALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 I

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

55		TIEGISTION		CERTIF	TOATE	JE DEALL	REG	. NO.	
		1. OECEDENT'S NAME (First, Middle, Lest)  ESTHER	В	RAIT	ERM	AN	2. DATE OF DEA	TH DAY	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE	•	7. DATE OF BIRT	H.	B. BIRTHPLACE (State or Foreign
-51		219-10-1679	1 □ M 2 🔯 🗶 - 8	35 YRS.	MONTHS DA	YS HOURS MIN.	APRIL APRIL		RUSSIA
pinous	~	9a. FACILITY NAME (If not institution, give st			1111	WN OR LOCATION OF D	EATH	9c. COUN	ITY OF DEATH
1, 2, 3	DIRECTOR	BALTIMORE COU	NTY GENERAL	HOSPITAL	RAND	PALLSTOWN		BAL'	PIMORE
Pages 1	REC	10a. STATE 10b. COUNTY		10c. CIT	TY, TOWN DR L	OCATION			10d. INSIDE CITY
permit. P.		MARYLAND			BALTI	MORE			LIMITS?
it per	RAL	100. STREET AND NUMBER	ADD 033			10f. ZIP CODE	035	10g. CITI	ZEN OF WHAT COUNTRY?
cian. I-trans	FUNERAL	5715 PARK HTS AVE	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WM.C	DECENDENT OF HISPA	215	tu Van an Na	USA
215-0020 ettending physician. ise as the burial-transit	B	1 Never Married 2 Married 3XXWidowed 4 Divorced	FORCES? 1   YES	2 🗶 💢	If yes	s, specify Cuban, Mexic YES 2 2140 Speci	an, Puerto Rican, el	c.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE
21 atter	띹	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of	work done during	PATION g most of working	16b. KIND C	F BUSINESS/IND	JSTRY
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<b>E</b>	WO	17. EATHER'S HAME (FIRST MILITIAL ASS) MA	17		HOODEN		AME (First Middle M		NAID.
at & & X	BE C	RAFAEL SHUGARMA	N			SADIE	"SHUGARM	AN	
MARY retained to 5 should notified	10 B	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural			
May be re or, page 5	-	MR. THEODORE BR			_	IARLES ST.	BALTIMO	RE, MD :	21218
O 6 5 E		20a. METHOD OF DISPOSITION  1XXXBurial 2 cornation 3 Ramo  4 Donation V Other (Specify)	oval from State	LKRO <sup>©</sup> RODE	SH BET	H ISRAEL .	- 3-29-9	3 BALTI	MORE, MD
ALTIM death. Page tuneral dire		21. SIGNATURE OF FUNERAL SERVICE LIC	7,00		22. NAM	OL LEVINS	ON & BRO	S., INC.	
BA after de by the fu noval.	-	Hyguny -/	tellina		6	010 REIST	ERSTOWN I	RD. BAL	FIMORE, MD 2121
60, within 24 hours npletely filled in to cremation, or rei		23. PARU I. Enter the disease or canock, pr heart trilure. I IMMEDIATE CAUSE (Finst disease or condition resulting in death)	SEPT	each line.	SHOC		ch as cardiac or	respiratory arre	Approximate Interval Between Onset and Death
O. BOX 681 ertificate be execute ing physician and co gliene prior to bunia other traumatle	RTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST		A CONSEDUENCE O					
요 등 등 등	H H	Todaming at death, EAST							
CORD; ires that the signed by the lealth and M ws any inju	EDICAL	PART II. Other significent conditions	contributing to death b	but not resulting	in the under	lying cause given in	PE	AS AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAICABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
been short	₹								1 TES 2 ND
ITAL RE V: The law requirate has been State Dept, of Item 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				8. PLACE OF DEATH (C)	neck only one)		
F VITAL RE SICIAN: The law require to certificate has been s the the State Dept, of H d, or Item 23 show	YSI	1   YES 2   XQ	HOSPITAL: Inpatient 2 - ER/Out	petiant 3 🗆 DOA	OTHER: 4   Nursing	Home 5 - Rasidenca	8 Other (Specify	')	
G PH)	ВУ РНУ	27. MANNER OF DEATH  1 Detural 5 Pending Investigation	26ii. DATE DF INJURY (Month, Day, Year)	28b. Tim	JURY	INJURY AT WORK?	28d. DESCRIBE H	IOW INJURY OCC	URED
DIVISION OR ATTENDIN DIRECTOR: Att hours after dea		3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spec	Y — At home, larm, soffy)	At home, larm, streel, factory, offica			treet and Number ( State)	or Rural Route Number,
DIV TO THE HOSPITAL OR A' TO THE FUNERAL DIREC Be filed within 72 hours IMPORTANT: It item	COMPLET		CIAN: To the best of my know R: On the basis of examination						od, cause(a) and manner as stated,
THE HO THE FU Flied with	ᇤ	29b. SIGNATURE AND TITLE OF CERTIFIER	HONS	SE		29c. LICENSE NU	MBER		SIGNED (Month, Day, Year)
223	P	30. AMI AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	Y SICIA EATH (ITEM 27) Gype	Print)	11			3.27.93
		AVTAR S. B.  31. DATE FILED (Month, Day, Year)	4 SS (N 32. REGISTRAR'S SIGN		C. U	, rt .			
		APR - 1 1993	Lulia Davidso	n fandall					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 09022 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR BROGDON 3 993 3:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 M 2 - F 250-03-0657A 79 YRS. 5-02-1913 SOUTH CAROLINA 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR 2717 W. BALTIMORE STREET BALTIMORE BALTIMORE Pages 1, 2, RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. BALTIMORE 1 X YES 2 NO use as the burial-transit permit. FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2717 W. BALTIMORE STREET 21223 USA. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES ZYNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES ZYNO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) detached for College (1-4 or 5+) CONSTRUCTION WORKER GRAY & SON (BUTLER MD. once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ funeral director, page 5 should be BE BROGDON NORA BROGDON notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 THELMA 2717 W. BALTIMORE ST. BALTIMORE, 2 TROGDON MD. pe 20a. METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Page 6 may 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERIAL SERVICE CITENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. nding physician and completely filled in by the Hygiene prior to burial, cremation, or removal. LOX 4433 the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, Approximate shock, or haart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel Ung Can Car DUE TO OR AS A CONSEQUENCE OF): disease or condition resulting in death) event. other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING SATIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events signed by the attending Health and Mental Hygier resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 TES 2 NO has been Dept. of h PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL r this certificate ha 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 THO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY After t 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 60 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 8 Could not be INERAL DIRECTOR: Ithin 72 hours after 4 Homicide MPORTANT: If Item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and plece, and due to the cause(e) and menner ea stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. filed within 7 29b. SIGNATURE AND TITLE OF CERTIFI BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 4023 3 MD 130

LE ED CAUSE OF DEATH (ITEM 27) (Type, Print)

PEGISTRARYS SIGNATURE

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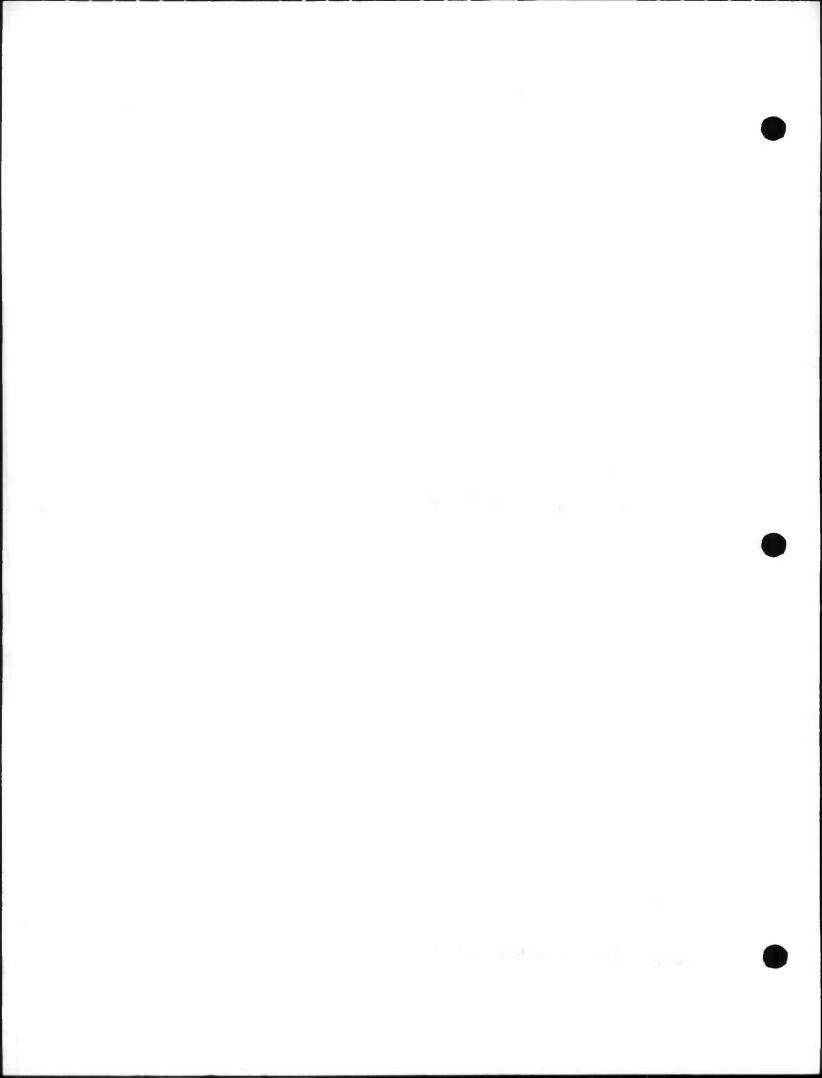
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SEPTAL OR ATTENDING PHYSICIAN. The law nemites that the death certificate be executed within
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Ξ	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla	in 72 hours after death with the State Dept, of Health and Mental Hygiene prior to b	Till them 28 is marked or them 23 shows any injury or other traumatic event the medical examinar must be notified at occur.
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1 - FOR STATE REGISTRAR 93 09023 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Ernest B. Deichgraber March 30, 1993 8:30 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 67 MONTHS DAYS HOURS 1 X M 2 | F 214-20-0528 VDS Jan. 3, 1926 Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 219 Kuethe Rd. DIRECTOR Glen Burnie Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Anne Arundel Glen Burnie 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 219 Kuethe Rd. 21060 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerio Rican, etc.)
1 ☐ YES 2 ☒ NO Specify: 14. RACE — American Indian Black, White, etc. 1 Never Married 2 Married IF YES, OIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced WW 2 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Super. of Utilities Federal Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Otto Deichgraber Ida W. Welz BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Frances T. Deichgraber 219 Kuethe Rd., Glen Burnie, Maryland 21060 20s. METHOD OF DISPOSITION

1X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Glen Haven Mem. Pk. 4-3-93 Glen Burnie, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home 421 Crain Hwy., S.E. Glen Burnie, MD 21061 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or haert failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease pr condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MRTasTaTic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 TYES 2 TONO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 1 Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 🔀 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, streel, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide 29a. CERTIFIER

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(Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

027938

30. NAME AND AUDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

APR

1 1993

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2. REGISTRAR'S SIGNATURE

Dr. Mayer Gorbaty, M.D., 795 Aquahart Rd., Glen Burnie, Maryland 21061

DHMH-16 Rev 1/89

▶ March 31, 1993

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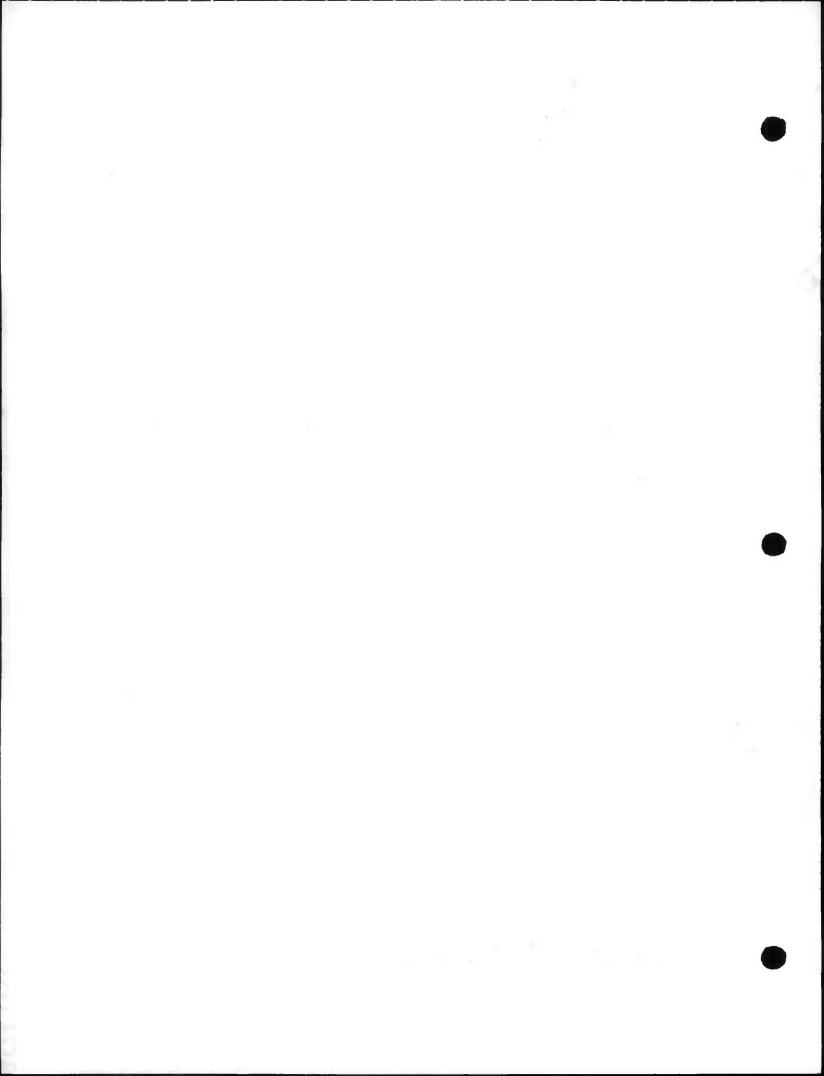
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TO THE HOSPITAL DR ATTENDING PHYSICIAN movinguines that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the Service Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, of the marked any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND M	ENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	ELIZABETH	JOYCE	FREY			03 31	1993 YEAR	10742Am
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
	151-16-4849	1 □ M 2 🐰 F 66	YRS.	MONTHS DAYS	HOURS MIN.	10-17-192	26 NEW	JERSEY
- 15	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN O	R LOCATION OF DEAT		9c. COUNTY OF	
DIRECTOR	6523 POMPANO DRI	(VE	1	GLEN BU	RNIE		ANNE A	ARUNDEL
2	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		100 CITY	, TOWN OR LOCAT				
E	2000				ion .			10d. INSIDE CITY LIMITS?
	MARYLAND ANNE 100, STREET AND NUMBER	E ARUNDEL_	GLE	BURNIE	ZIP CODE		10a CITIZEN OF	1 ☐ YES 2 💢 NO WHAT COUNTRY?
FUNERAL	6523 POMPANO DRI	TVE						WINI COUNTY
2 5	11. MARITAL STATUS	12 WAS DECEDENT EVER IN	U.S. ARMED		1061 ENDENT OF HISPANIC	ORIGIN? (Specify Yes	U.S.A.	CE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	2 NO Specify:	Puerto Rican, etc.)	Bla	ck, White, etc.
) BY	3 X Widowed 4 Divorced				X	1		WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION s completed)	(Give kind of w	OSUAL OCCUPATION OR done during mos	N st of working	16b. KIND OF BUS		
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	100000			TON NOR	THERN
N.	17. FATHER'S NAME (First, Middle, Last)	NONE	SECRETA	RY			REIGHT	
						E (First, Middle, Meiden		
BE	TSAAC  19a. INFORMANT'S NAME (Type/Print)	.IEFFERS	19h MAII ING	ADDRESS (Street or	ELIZABE	TH ute Number, City or Town	JOYCE	
임	JOYCE FIRKA	ĄL	160 J	JMPERS H	OLE ROAD,	MILLERSV	ILLE, MI	0. 21108
	20a, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rem	20b	. PLACE AND DATE O	F DISPOSITION /Na	me of	DATE 20c, LO	CATION — City or 1	Court State
	1 N Burial 2 Cremation 3 Rem 4 Donation 5 Cother (Specify)	noval from State	EADOWRIDG			1		MD 21227
	21. SIGNATURE OF FUNEIDA. SERVICE LY	Centre			O ADDRESS OF FACIL	JTY		
	· 110/10	The_			LTON FUNE			
	23. PART I. Enter the diseases, or	complications that ceused	the death. Do n	ot enter the mov	OND AVE.	S.W.GLEN	BURNIE,	MD 21061 Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one ceuse on ea	ach ilne.		, , , , , , , , , , , , , , , , , , , ,		ratory arrest,	Interval Between Onset and Death
	disease or condition resulting in death)	· Me-	tastat	" Br	east Cq.	NPS		Umonths
	rosading in doubly		CONSEQUENCE OF	):	01,11	, C V		111000110
Z	Sequentially list conditions,	a Congest		A 1911	ure			
¥	if any, leading to immediate cause. Enter UNDERLYING	DUE TO TOR AS A	CONSEQUENCE OF	1 0				
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	NY OT	1			
CERTIFICATION	resulting in death) LAST	4	Ar.	testat	in Alrei	at an	CPC	
1 1	DART II OM a claulifa da a dive	v.	110	7 7 1 1	0			
18	PART II. Other significant condition	ns contributing to death be	ut not resulting i	n the underlying	cause given in Pa	ert I. 24a. WAS AN PERFOR	AUTOPSY 24 MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC						1 - YES 2	XNO	OF OEATH?
						_		1 TYES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE DF OEATH (Check			
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	utlant 3 🗆 DOA	OTHER:	V			
Ä	27. MANNER OF OEATH	26a. DATE OF INJURY	28b. TIME	OF 28c. INJU	JRY AT 2	Other (Specify)	NJURY OCCURED	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK?			
	2 Accident investigation							
TED	4 Homicide determined					City or Town, State)		
PE	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of my knowl	ledge, death occurre	d at the time, data	and place, and due to	the cause(s) and men	ner as stated.	
COMPLET		ER: On the besis of examination						(s) and manner as stated.
I W I	296. SIGNATURE AND TITLE OF CERTIFIE	1//8	11		29c. LICENSE NUMBI	ER ,	29d. DATE SIGNE	D (Monthy Day, Year)
10 B	(Kunel)	1. 13	Lucy	MO	131	15/	D 3/2	3/193
F	30. NAME AND ADDRESS OF PERSON WE	O COMPLETE CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	۱ (ار			1/1
	WUSSEIJU B	Elecat II.	1600 C	0(4)NH	WY Suit	e 410, G/	enVami	Pre 2106/
	31. DATE FILED, (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE		,			
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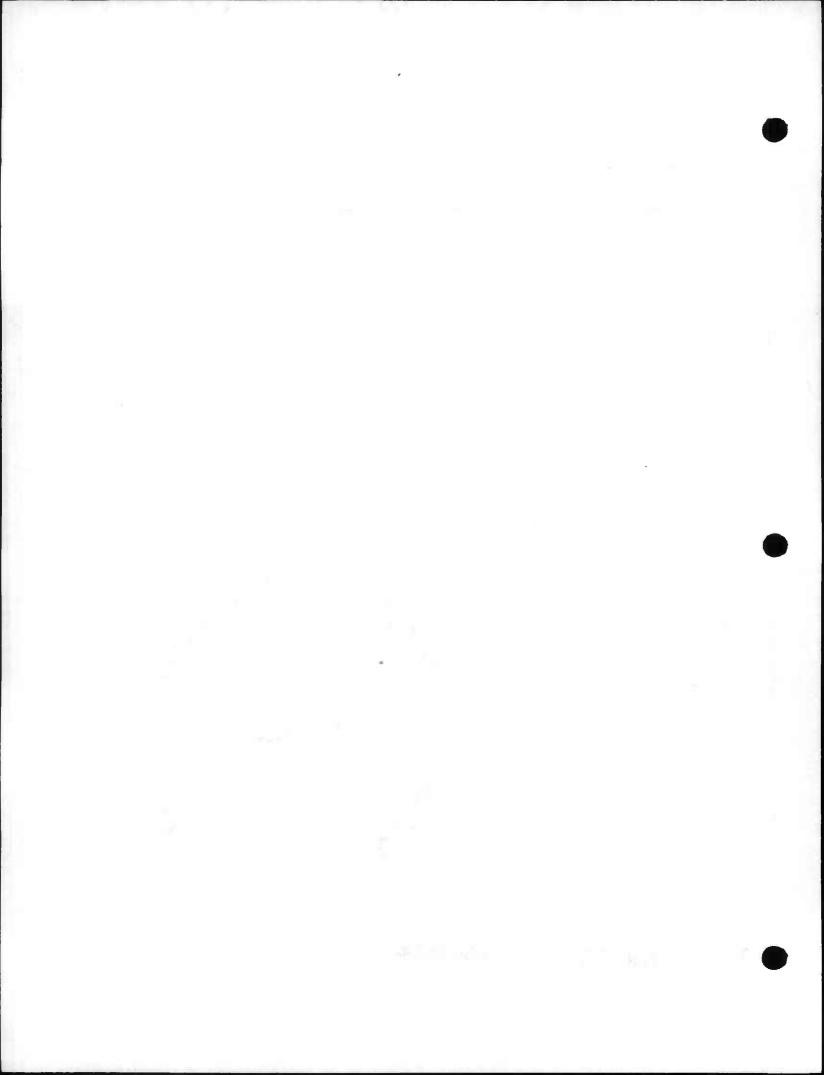


IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.		
-	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH	YEAR	3. TIME OF DEATH
	Farhat S.	Farhat			San and	3	29	93	11:00 P.
	4. SOCIAL SECURITY NUMBER  381-60-3706	5. SEX 6. AGE		WITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	BIRTH y, Ybar)	8. BIRTHP Country)	LACE (State or Foreign
-	9a. FACILITY NAME (If not institution, give a	reet and number)		b CITY TOWN O	R LOCATION OF DE		2/28	UNTY OF OE	srael
OR	Carroll County G	eneral Hosp:	ital	Westmi		-ain		Carrol	
<u></u> [	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	,	I son CITY T	OWN OR LOCATI	ON				
DIRECTOR		rroll	100. 0114, 1	Sykesv					IOd. INSIDE CITY LIMITS? I YES 2 X NO
4	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CI	TIZEN OF WH	IAT COUNTRY?
FUNERAL	4119 London Br				21784		Ţ	J.S.A.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES	2-1 NO	If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 N NG Specify: Specify					
COMPLETED	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIN	O OF BUSINESS/II		hite
E	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use n	done during mos	of working	1444	0. 50041250711	10001111	
2		College (1-4 or 5+)							
<u> </u>	17. FATHER'S NAME (First, Middle, Last)		Owr	er			Grocery		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middl	le, Maiden Surname)		
띪	Shukri Fa	rhat	Tank MARINIO AN	DDF00 (Out of	nd Number or Rural F		Nijmeh		
2	Isam Farha	4.							
	20s. METHOD OF DISPOSITION	//	b. PLACE AND DATE OF	Butler		DATE	20c. LOCATION -		e e de
	1 XBuriel 2/ Cremation 3 Remarks A Donation 5 Other (Specify)	ovel/from State Co	ardens of	place)		1			n, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEP)	ordens or		D ADDRESS OF FAC	CILITY	Balto,		004
	Monald C. A	habe Si		Ruck '	Towson F		O York I		204
	23. PART I. Enter the diseases, or o	omplications that cause	d the deeth. Do not	enter the mod	le of dying, such	n an cardiac	or respiratory a	rreat.	Approximate
	shock, or heart failure.	List only one cause on	each line.						Interval Between
1	iMMEDIATE CAUSE (Final disease or condition	( -	0 .		$\cap$	1			Onset and Death
- 1	resulting in death)	<u></u>	ndra		Ince	21	1		minues
_ 1	DUE TO (QR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
8	cause. Enter UNDERLYING	. Hy	renter		2				1715
Ē I	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	- 4					
듄	resulting in death) LAST	Di.	Jede	es!					Yrs
n n	PART II Other significant condition	a acadelleutine to dente l		D SWITTE					
EDICAL	PART II. Other aignificent condition	a contributing to deeth t	out not resulting in 1	ne underlying	cause given in	Part i. 24a	PERFORMED?	7	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă						10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
ž						_		1	☐ YES 2 ☐ NO
ä									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	Z8. PL/	ACE OF DEATH (Che	eck only one)			
<u>≥</u>	1 VES 2 NO	1 Inpatient 2 ER/Out			5 Residence	-	O'AIN!		
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	Y WOF	IK?	28d. DEŞCRIE	BE HOW INJURY O	CCURED	
B	2 Accident Investigation			M 1 1 Y	ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, larm, stre- cify)	et, factory, offica			N (Street and Numb wn, State)	er or Rural Ro	ute Number,
	4 Homicide determined								
<u> </u>	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	viedge, death occurred a	rt the time, date	and place, and dua	to the cause(s	) and manner as st	ated.	15
COMPLETE		R: On the basis of examination							and manner as stated.
	256. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NUM	IBER	29d. D/	TE SIGNED (A	Horith, Day, Year)
TO BE	M Coul	man	>		D1208	01		3-31	
-	30. NAME AND ADDRESS OF PERSON WHO				0	ings M	G110 34	3 211	17
	Nevzat E. Turkman	M.D. 10	706 Reiste	erstown	Rd. Ow	Tilds I	lills, Mo	ZII	.1 /
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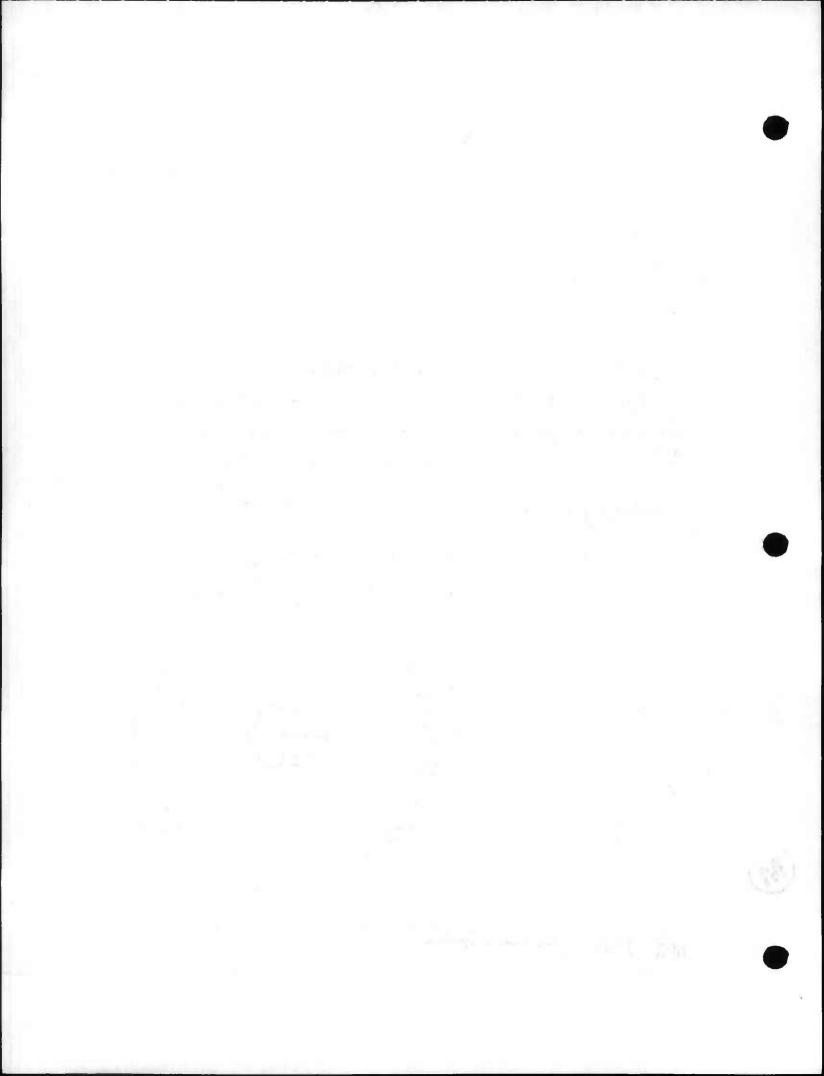
E, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are for the fune Manual Lype of the attending physician and completely filled in by the fune of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or remove IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other transmate.

_		1 - STATE REGISTRAR	STATE OF N				F HEALTH AND	D MEI	NTAL HYGIEN REG. NO	1 1 -1	-81	-82
		1. DECEDENT'S NAME (First, Middle LELMER	R.	BRE	w	E			DATE OF DEATH	0	73	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 216-24-6347	S. SEX	6. AGE (In yrs. I	lest birthday)  YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HR	7.	DATE OF BIRTH (Month, Day, Year) 4 19	30	8. BIRTHP Country)	
	OR	99. FACILITY NAME (If not institution, give street end number)  UNIVERSITY HOSPITAL  9b. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE									TY OF DE	
	DIRECTOR	RESIDENCE OF DECEDENT									1	IOd. INSIDE CITY
		MARYLAND ANNE ARUNDEL CROWNSVILLE									,	LIMITS?
	RAL	13.07 CDVIDDY 147701 DD 700									AT COUNTRY?	
	FUNER	11. MARITAL STATUS	E EYER IN U.S. / XYES 2	21032 ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN?						J.S.2		
1	À	1 Never Married 2 Married 3 Widowed 4 Divorced	NO	If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 XNO Specify:					Specify	American Indian, white, etc.		
	3	15. DECEDENT'S (Specify only highest of				USUAL OCCU			16b. KIND OF BUS	BINESS/INDI		
	COMPLE	Specify only nignest grace completed)   Give kind of work done during most of working life. Do NOT use retired.)   Cellege (1-4 or 5 +)   12   O   CHAUFFEUR						TRAN	SPOR	rtati	ION	
ouce ouce	5	17. FATHER'S NAME (First, Middle, Last					16. MOTHER'S	NAME (	First, Middle, Meiden			
a a	BE	HENRY H. GRE	WE						ALLICK			
	2	190. INFORMANT'S NAME (Type/Print) HAROLD H. GR	EWE				reet and Number or Run YSTONE I					0.21161
anst b	ı	HAROLD H. GREWE  19630 GRAYSTONE ROAD-WHITE HALL, MD.  20 METHOD OF DISPOSITION 1 Burlel 2 Cremetion Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetory or other place)  20c. LOCATION — City or Town, St										
E		MARYLAND VETERANS 4/2 CROWNSVILLE, MD.										E,MD.
ехашіпе		· Dan	y L.K	oufn	nem	RA		F.	INK FUN	ERAL LEN	HON	Æ 21061
medica		23. PART i. Effer the diseases, shock, or heart felic	of complications that	coused the c	desth. Do i	not enter the	mode of dying, s	uch as	cardiec or respi	ratory arre	est,	Approximata
E	ı	IMMEDIATE CAUSE (Final disease or condition										Interval Batween Onset and Death
event, 1		disease or condition resulting in death)  a. <a d<="" td="" v=""><td>30min</td></a>									30min	
- 1	z											
N, or other traumatic	2	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  CAUSE (Mease or Indian)									2 WE	
Par Ins	3	cause. Enter UNDERLYING CAUSE (Disease or injury		OR AS A SONS			V					1 month
0r 0t		that initieted events resulting in death) LAST	302.10	On AS A GONS	EODENCE O	r):						
		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
y injury.	3	PART II. Other significant condi	tions contributing to	death but not	resulting	in the under	lying cause given	in Part	i. 24n. WAS AN PERFOR		A	PERE AUTOPSY FINOINGS MAILABLE PRIOR TO
Shows an	ב ב	COM									OMPLETION OF CAUSE OF GEATH?	
	2										1	YES 2 NO
Ced, or item 23 shows an	3	25. WAS CASE REFERRED TO MEDICA EXAMINER?					6. PLACE OF DEATH	Check o	nly one)			N/A
10 X		1 TES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing	Home 5 🗆 Residence	e 6 🗆	Other (Specify)			
marked,		27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigati	26e. DATE OF (Month, De		26b. TIM INJ	URY	WORK?	28d	OEŞCRIBE HOW II	JURY OCC	URED	
		3 Suicide 6 Could not 4 Homicide determine	building, (	INJURY — At h itc. (Specify)	nome, farm, r	street, factory,	office	26f.	LOCATION (Street a City or Town, Stelle)	nd Number o	or Rural Rou	ite Number,
COMPLETED			HYSICIAN: To the best of st									and meaner as stated
RE C	, 11	29b. SIGNATURE AND TITLE OF CENT		-le-	114		29c. LICENSE N		A3 a		SIGNED (N	
2	- 11	30. NAME AND ADDRESS OF PERSON		E OF DEATH (IT	EM 27) (Typg.	Print)	102	- Al	332	/	3[3]	0/9-
		M. DATE FILED (Month, Day, Year)	SEUC S	S SIGNATURE	Say	tim	ore, No	D	2120	/		
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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending	THAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	POL	
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6.3	25	-62	ı

	93	09027
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH REG. N		
1 DECEMENT'S NAME (Climt Skiddle Loot)		TIME OF DEATH
	DAY 30 9 YEAR 3	8:00 4 11
214.58-8863 1 M 2 NF 77 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year, 3-28)	·16 Country)	ACE (State or Foreign
90. FACILITY NAME (If not institution, give street and number)  ST JOSEPH HOSPITAL BOLLTIMORE MD.  RESIDENCE OF DECEDENT	9c. COUNTY OF DEA	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION	11	Dd. INSIDE CITY
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMONE	1	LIMITS?
10e. STREET AND NUMBER  3201 Nor THWIND RD  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 €NO  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Upon, Maxican, Puerto Rican, etc.)	10g. CITIZEN OF WH	
320 NORTHWIND RD 2/234  11. MARITAL STATUS  12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify	USF	- American Indian,
3 ₩ Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 100 Specify:	Black, \ Specify:	White, etc.
	BUSINESS/INDUSTRY	
(Speciny only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  To me make (First, Middle, Last)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S HAME (First, Middle, Make (First, Middle		
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S HAME (First, Middle, Maid	ion Symame)	
198. INFORMAN'S HAME (Type/Print)  198. MAILING ADDRESS (Street and Number or Rural Poules Number City or	CUNGO	
Cosimo Geppi 1203 HillsHire R.	D. BALTO	2/222
AT Burlai 2 Cremation 3 Removal from State capatery, crematory or other place)	LOCATION — City or Town	, State
	ONS FUN	
23 PMM I. Enter the diffesse, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reshock, or heart failura. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Oue TO (OR AS A CONSEQUENCE OF):  COVONAVY AT LEVY DISEASE	epiratory errest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):		
d		<del> </del>
Peripheral Vascular Disease	PORMED?	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL  EXAMMER?  1  YES 2 NO  1  Yes 2 NO  1  Yes 2 NO  1  Yes 2 NO  1  Yes 3 NO  1  Yes 4 NO		
1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	W INJURY OCCURED	
27. MANHER OF DEATH 28s. OATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NO		
1 Netural 5 Pending (Month, Day, Near) NUURY WORK?		
Z Accident Investigation 28e PLACE OF IN HERY At home fear street feature of the control of the	et and Number or Rural Rou ate)	te Number,
Z Accident Investigation 28e PLACE OF IN HERY At home fear street feature of the control of the	nenner as stated.	
Z Accident 3 Suicide 4 Homicide 5 Could not be determined  28a. PLACE OF INJURY — At home, farm, street, factory, office 5 United Physician Street, factory, office 6 City or Town, Street 7 CERTIFIER (Check only one) 7 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and in the course of the time, data and place, and due to the cause(a) and in the course of the time, data and place, and due to the cause(a) and in the course of the time, data and place, and due to the cause(a) and in the course of the time, data and place, and due to the cause(a) and in the course of the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and in the time, data and place, and due to the cause(a) and due	menner as stated, and due to the cause(a) a	nd menner as stated.
Zea. Celdent   Investigation   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street, office)   28	nenner as stated.	nd menner as stated.
Zea. Centifier (Check only one)   2   MEDICAL EXAMIMER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and place, signature Ano title of Certifier   29b. Signature Ano title of Certifier   29c. License number   29c. Lice	menner as stated. and due to the cause(s) a  29d. DATE SIGNED (M	nd menner as stated.



BALTIMORE, MARYLAND 2124

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	0 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or any of the truncated invector, page 5 should be detached for use.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nows after death. Page 6 may be retained by the hospital or man TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPAR						GIENE 3. NO.		0,020
	1. DECEDENT'S NAME (First, Middle, Last)	Crilden						2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
	0.1 .0 0000	S. SEX  0. AGE (In yrs. In									ARYLAND
OR	9s. FACILITY NAME (If not institution, give street V. A. HOSPITAL	t and number)		эь. спту ВА	LTI	ORE	ON OF DE	ATH	9c. C	OUNTY OF	DEATN
DIRECTOR	RESIDENCE OF DECEDENT  106. STATE 106. COUNTY  MARYLAND		10c, CIT BA	y, town c	WN OR LOCATION LIMORE						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6940 GLENHEIGHTS	AVE.			10f, ZIP_CODE 21215 US						WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2 IF YES, GIVE WAR OR DATES WWILL—A			If was anacity Cuban Mayican Prierto Blosn etc.)						Ble	CE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	Give kind of the Do NOT ut	USUAL Of work done one retired.)	JAL OCCUPATION done during most of working tired.)  16b. KIND OF BUSINESS/INDUSTRY SOCIAL SECURITY					Y		
BE CON	17. FATHER'S NAME (First, Middle, Last) MAX GILDEN  16. MOTNER'S NAME (First, Middle, Maiden Suggested)  17. FATHER'S NAME (First, Middle, Maiden Suggested)  18. MOTNER'S NAME (First, Middle, Maiden Suggested)							riff			
2	198. INFORMANT'S NAME (Type/Print)  MRS. ROSE GILDEN  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  6940 GLENHEIGHTS AVE. BALTO., MD 21215									215	
	20e. METHOD OF DISPOSITION  1 St Burlel 2 Cremation 3 Remov  4 Donetion 5 Other (Specify)	of cometar	ARYLAI	ND VI	TER	ANS		28/93	OWING	S MIL	
	21. SIGNATURE OF FUNERAL SERVICE LICE	tellman		(	5010	REIS	STERT	& BROS OWN RD	. BAL	TO.,	MD 21215
	And Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahook, or heart foliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  But for one of the death of the control of th									Approximata interval Between Onset and Dasth 24 kg,	
CATIO	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING								44		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE O	P):							4 = 3.1
¥	PART II. Other significant conditions	contributing to death but not	reaulting	in the ur	ndarfyln	g cause (	given in i	- 1	MAS AN AUTOP PERFORMED? YES 2 NO		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
PHYSICIAN: MEDIC								_   "			OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	_	LACE OF D	EATN (Che	ock only one)			
ı Z	12 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 - ER/Outpatient	3 DOA	4 🗆 Nur	sing Non		eldence	6 Other (Spec	**	00011050	
BY Pt	1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	IN.	JURY M	1 🗆	IURY AT ORK? YES 2	ON [	26d. DEŞCRIBE			50 5
	3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJURY — At I building, atc. (Specify)	home, farm,	street, fac	tory, offic	•		26f. LOCATION City or Town		nber or Rurs	I Route Number,
COMPLETED	(oriotic orin)	AN: To the best of my knowledge, of the basis of examination and/o									e(s) and manner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	well				29c. LICI	ENSE NUN	IBER	29d.	DATE SIGNI	ED (Month/Dey, Year)
5	13RET 1	COMPLETED CAUSE OF DEATH (IT		MD		22.	. S.	GREG	ENE S	ST	BACT, MD
31. DATE FILED (Month, Day, Year)  APR - 1 1993  32 REGISTRAR'S SIGNATURE  Fulia Davidon Andres											

3 25 43 E CI a Eye AND THE PROPERTY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described for use as the burial-transit permit. Pages 1.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2, 3 should

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH LOUIS B. GROSSMAN MARCH 28, 1993 11:35 PM M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Month, Day, Year 5. SEX 6. AGE (In yrs last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 213-10-8504 1 XX X 2 | F HOURS JULY 4 YAS. 86 1906 ROMANIA 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MILFORD MANOR NURSING HOME PIKESVILLE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION
BALTIMORE 10d, INSIDE CITY LIMITS? MARYLAND 1 XXES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6932 GLENHEIGHTS RD. 21215 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WARFOR DATES W 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, etc. 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puarto Rican, atc.) ВҰ IIWW 1 TES 2XXNO Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 11 SALES SHOES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JACOB GROSSMAN BE LIBBY MARCOWITZ 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ARTHUR DRAGER, ATTY. 5 LIGHT ST., 5th FL BALTIMORE, MD 21202 201 METNOD OF DISPOSITION

1 Durisl 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE OHR KNESSETH ISRAEL ISRAEL SFARD 3-30-93BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. lensu 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or haart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition RUOMA resulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part 1. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 | YES 2 | NO OTHERA
4 Mursing Ho ne 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNEY OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, streel, factory, offica building, etc. (Specify) 3 Sulcide ETED Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide COMPL 1 🗓 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner se stated. 2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 2 IAN SUNSHINE, M.D. 31. DATE FILED (Month, Day, Year)

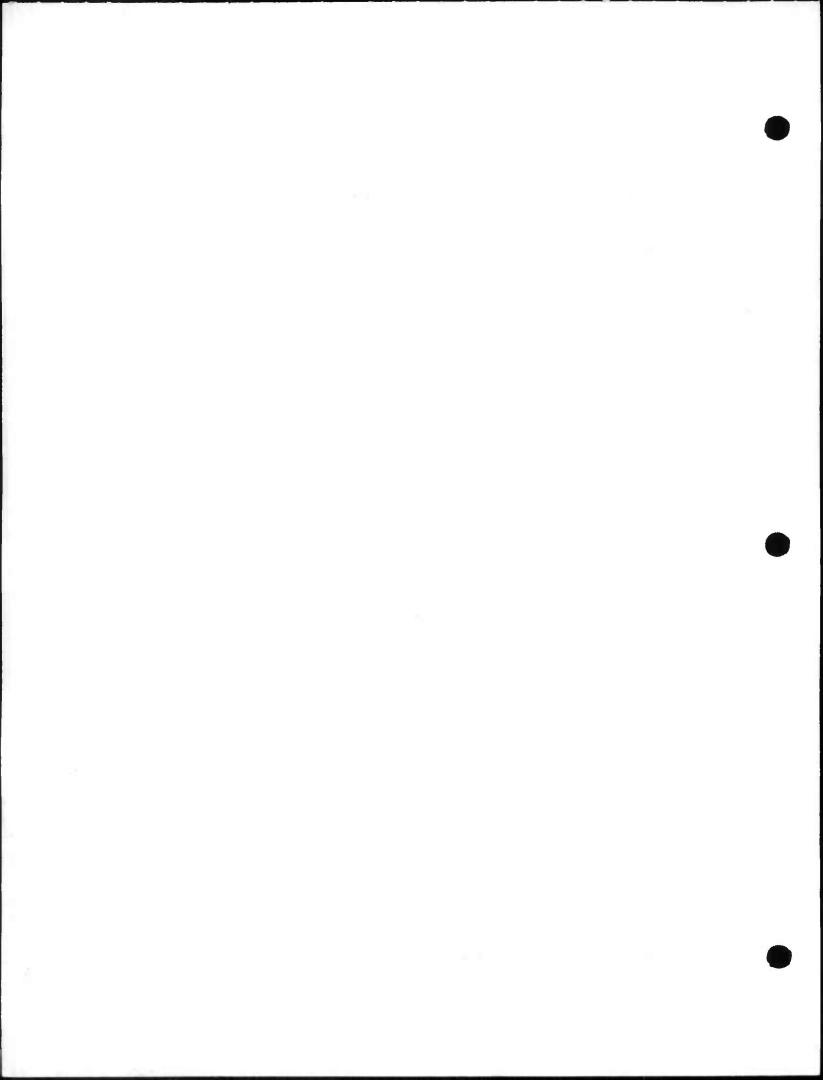
APR - 1 1993 gelie Lavidson Translate

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21215-0020	tal Marician.	Months of the August 1. 2		
BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hosp	n by the funeral director, page 5 should be detached removal.	idical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law	TO THE FUNERAL DIRECTOR: After this certificate has the filed within 72 hours after death with the State Dept	IMPORTANT: If item 28 is marked, or item 23	

	FOR 1 - STATE	STATE OF M						MENTAL HY	GIENE	93	09030	
_	REGISTRAR		CE	RTIF	ICATE OF	DEAT	H	REC	i. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	ANN GOLAN	IER					2. DATE OF DE	28, 1	993 <sup>AR</sup>	3. TIME OF DEATH 7:11 PM M	
	4. SOCIAL SECURITY HUMBER 216-05-5424	G. MOL (III y/S. MIST DIRITIONY)   IF UNDER 1 YEAR   IF UNDER 24 HRS				24 HRS. MIN.	7. DATE OF BIRTH  JAN . Day 2021, 1913  MARYLAND			HPLACE (State or Foreign		
DIRECTOR	9a. FACILITY HAME (If not institution, give s BALTIMORE COUNTY	HOSPITA	L	96. CITY, TOWN RANDALI			ATH	9c. CC	DUHTY OF I	DEATH ALTIMORE		
ប្ដ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY											
<u><u> </u></u>	INE COOK	1		10c. CI	Y, TOWN OR LOCA	TION		10d. INSIDE CITY LIMITS?				
FUNERAL D	MARYT, AND P	BALTIMORE				TMORI			10g. C	ITIZEH OF	1 YES 2 NO	
E	11 POINSETTIA CT	ı				21.	209			CICR.		
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IH U.S. ARI	MEO	13. WAS DEC		-	IC ORIGIN? (Spec		USA 14. RAC	CE — American Indian, ck, White, atc.	
В	1 Never Married 2 Married 3 Midowed 4 Divorced	IF YES, GIVE WA	YES 2 XX	0	If yes, sp 1   YES	ecify Cuber 2  NO	Specify.	n, Puerto Rican, e	lc.)	Spec	city:	
ED	15. DECEDENT'S EDU		16a. DE0	CEDENT'S	USUAL OCCUPATI	OH		16b. KIND (	F BUSINESS/I	HDUSTRY	WHITE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 12	College (1-4 or 5+)		Do NOT us	work done during mo te retired.) USEWIFE	st of working	9		3 M 1	TIOME.		
M	17. FATHER'S NAME (First, Middle, Last)			no	OSEWILE					HOME		
	CHARLES KATZEN							ME (First, Middle, A		<b>)</b>		
BE		_					REBE		DAVIS			
Pa. IHFORMANT'S HAME (Type/Print)  MRS. KAREN M. PINE  199. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code)  11 POINSETTIA CT. BALTIMORE, MD 21209								)				
20a. METHOD OF DISPOSITION  1   Source   Superior   Sup								own, State				
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUHERAL SERVICE LIC	EHSEE /	1110	DICION				3-30-93			, MD	
	NaD (	K C	0115/	1				N & BRO			, MD 21215	
	23. PART - Enter the diseasea, or o	omplications that	caused the dec	th. Do r	ot enter the mo	da of dyir	ng, auch	as cardiac or	reapiratory a	arreat,	Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	e on each line.		In ae			~		•	interval Between Onset and Death	
_	Tooling in doday	DUE NO	AS A CONSEO									
CERTIFICATION	Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (	OR AS A CONSEO	UENCE OF	7):							
띮	CAUSE (Disease or injury that initieted events	DUE TO (I	DR AS A CONSEO	UENCE OF	ን:							
	resulting in death) LAST	d										
_	PART II. Other algnificent condition	e contribution to	lanth hut ant re	audėlaa i	m Abo un double							
3	1111	in contributing to c	readil but not re	aurung i	n the underlyin	cause gi	Iven in F		AS AN AUTOPS' RFORMED?	246	AWAILABLE PRIOR TO	
								_ 1 D Y	ES 2 NO		OF DEATH?	
CIAN: MEDICAL								-			1 TES 2 HO	
A	05 WHO 0405 DESCRIPTION TO 115 WHO											
<u> </u>	1 VES 2 NO	1   Inputiant 2			4 - Nursing Hom	e 5 □ Res	idence (	5 Other (Specifi	1)			
PH≺	27. MANNER OF OEATH  1 Hetural 5 Pending	28e. DATE OF II (Month, Day		28b. TIMI		URY AT RK?		28d. OESCRIBE I	IOW INJURY O	CCUREO		
à	2 Accident Investigation					'ES 2 🗌	но					
	3 Suicide 6 Could not be determined	28e. PLACE OF building, el	INJURY — At hon ic. (Specify)	ne, farm, s	treet, factory, offic			28f. LOCATION (S City or Town,		er or Rural I	Route Number,	
MPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of	ny knowlada: d	45.4	4 44 44 44 44							
OMF	(Check only one)  2 MEDICAL EXAMINE	CIAN: To the best of m	mination end/or in	rvestigatio	n, in my opinion, d	and place,	and due t	io the cause(e) en ime, date and pla	d menner ae si ce, and dua to	ated. the ceuseli	s) and manner as stated.	
S	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICEN						
						ZWG. LICEN	/ ( )	lic	29d. D/	SIGNED	(Month Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)		UY	777		21	1112	

31. DATE FILED (Month, Day, Year)
APR - 1 1993

32. REGISTRAR'S SIGNATURE your Davidson- Handelle



1 -	STATE REGISTRAR

Ing physician. The burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 2121

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital OTHE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		CE	HIIFIC	AIE U	F DEATH		REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE O			0=	3. TIME OF DEATN		
	JACK GERBER (JACK GERBER)							93	2:57 0 .				
		5. SEX 6. AGE	(In yrs. lest	hirthday) #	UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE O				PLACE (State or Foreign		
				MO	NTHS DAY		(Month,	Day, Year)	_		YLAND		
	214-03-3330		87	YRS.			7-	26-0	25	MAL	CLLAND		
	96. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF DEATN									EATH			
1 %	SINAI HOSPITAL OF BALTIMORE BALTIMORE								Turner.				
DIRECTOR	RESIDENCE OF DECEDENT									\$11.45 mm			
l й	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION									10d, INSIDE CITY		
1 5	MADAT AND		LTIMO	DF				- 1	UMITS?				
	MARYLAND  100. STREET AND NUMBER			DA	DITIO								
<b> </b> ₹	106. STREET AND NUMBER					10f. ZIP CODE			10g. CITI		HAT COUNTRY?		
FUNERAL	5715 PARK HEIGHTS	106		- 1	21215 USA					SA			
15	11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED					DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No.   14. RACE — America						
4	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 YNO Specify:						Black	, White, etc.		
BY	3 Wildowed 4 Divorced	IF TES, GIVE WAN ON	DAIES		י וי	ES 2 TINO Spec	ary:		- 1	Spech	WHITE		
8	15. DECEDENT'S EDUCAT	TION	16a DECI	EDENT'S USI	IAL OCCUR	TION	405.5	WID OF DIE					
	(Specify only highest grade co		(Give	kind of work	done during	most of working	100.7	(IND OF BUS	IINE35/INL	JUSTRY			
1 5		College (1-4 or 5+)	W10. 2						D 011	DO T N T			
e   ₽	12		BARE	ARBER HA					TTIN	9			
Once. COMPLET	17. FATNER'S NAME (First, Middle, Last)			18. MOTNER'S N	AME (First, Mit	ddle, Maiden	Sumame)						
E   E	MAURICE GERBER REBECCA RUBENSTEIN												
2 0	19a. INFORMANT'S NAME (Type/Print)	<u> </u>	19h	MAILING AD	DBESS /Stm	et and Number or Rura	Onesta Alexandra	Oh. a. Taur	- Chut- Vi-	0-4-1			
			1.50.										
examiner must be notified at once.  TO BE COM	DEBORAH SNYDER			3 6	ALA L	ANE BALT	LMORE,	ב עניו	1200				
5	20g-METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of Complete Comp												
Ē	4 Donetton 5 Other (Specify)    A Donetton 5 Other (Specify)   BNAI ISRAEL   3-31-93   BALTIMORE, MD												
Ē	21. SIGNATURE OF FUNERAL SERVICE LICEN				22. NAME	AND ADDRESS OF F	ACILITY		-				
통	10 1 1	410				LEVINSO							
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate												
200	23. PART i. Enter the diseases, or cor	mplications thet ceuse	d the deet	th. Do not	enter the r	node of dying, su	ch ss cerdia	c or respi	ratory em	rest.	Approximete		
Ē	SHOCK, Or meant fellure. Lit	st only one ceuse on	each ilne.							,	Interval Between		
2	iMMEDIATE CAUSE (Fins) disease or condition										Onset and Death		
-	resulting in deeth) - a. SETSIS												
event, the medical	DUE TO (OR AS A CONSEQUENCE OF):												
	Sequentially list conditions b. SUSPECTED CVA												
ERTIFICATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):												
E X	csuse. Enter UNDERLYING	cause, Enter UNDERLYING PARILE SCHEMIA											
	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS	A CONSEQU			<u>-</u>			_				
	resulting in death) LAST										İ		
CE	d												
	PART II. Other significent conditions of	contributing to deeth	but not res	witing in ti	ne underly	Ing ceuse given is	Part i	4a. WAS AN	ALITOPSY	245	WERE AUTOPSY FINDINGS		
EDICAL					io underly	ing couse given i	T ditt i.	PERFOR		240.	AVAILABLE PRIOR TO		
		COMPLETION OF CAUS								COMPLETION OF CAUSE OF DEATH?			
											1 YES 2 NO		
										1			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				00	DI ACE OF DEATH :	back						
SICIAN	EXAMINER?	OSPITAL:		o	Z8.	PLACE OF DEATH (C	reck only one)			-			
S		☐ Inpetient 2 ☐ ER/Out	patient 3			ome 5 🗆 Residence	8 🗆 Other (	Specify)					
BY PHYS	27. MANNER OF DEATN	28a. OATE OF INJURY (Month, Day, Year)		28b. TIME OF		NJURY AT WORK?	28d. DESC	RIBE NOW IN	JURY OCC	CURED			
BY I	1 Amstursi 5 Pending Investigation	(		1100111		YES 2 NO							
	2 Deviates	280. PLACE OF INJUR	Y — At home	e, farm, stree	t. factory, of	fice	28f LOCAT	ION (Street e	nd Mumber	or Promi D	nuth Alumbas		
TED 1	4 Nomicide 8 Could not be	building, atc. (Spe	icify)		.,,,		City or	Town, State)	na municon	or noral n	oute Nomber,		
COMPLETED				-									
집	29a. CERTIFIER (Check only	N: To the best of my know	vledge, deati	h occurred at	the time, de	its and place, end du	e to the cause	(a) end man	ner as stat	ed.			
M	one) 2 MEDICAL EXAMINER:										end manner en stated.		
BE COMPLE	29b. SIGNATURE AND TITLE OF CERTIFIER	, _	111111111111111111111111111111111111111										
E H	250. STUMATURE AND TITLE OF CERTIFIER	1				29c. LICENSE NU	MBER				(Month, Day, Year)		
0	Wa D. D.	بج							<b>)</b> ;	3/29	193		
F	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF O	EATN (ITEM	27) (Type, Prin	()					, - 1			
	31. DATE FILED (Mosth: Day Year)	32. REGISTRAD'S SIGN	ATIE										
	31. DATE FILEA (1997) . Day. 1011) 1993	gula David	20	nde B									
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BALTIMORE, MARYLAI

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral din		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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OSP	JNES	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	N
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31. DATE FILED (Month, Day

HO COMPLETEO CAUSE OF CEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE

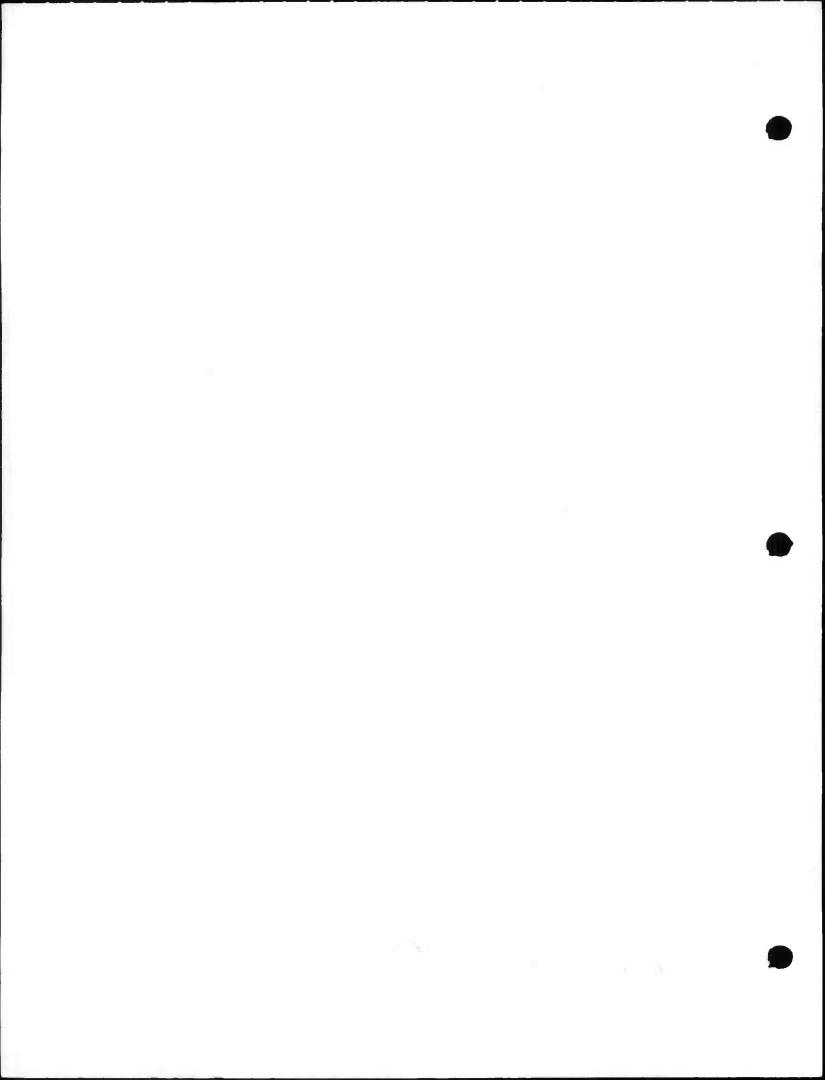
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ELAIR

93 09032 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARCH 29, YEAR RENEE GORDON 1993 2:45 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS 1 M 2 XF 057-18-0960 NOV. 28, 190\$ NEW YORK 9s. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR MERIDIAN BRIGHTWOOD NURSING HOME BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 100 FUNERAL 10e. STREET AND NUMBER 10s. CITIZEN DE WHAT COUNTRYS 12 WARREN PARK DR, APT. C2 21208 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. TRIMED FORCES? 1 YES 2 TO NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie If yes, specify Cuban, Maxican, Pr IF YES. GIVE WAR OR DATES BY 1 TES ZENO Specify: Specify 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ BE IGNATZ GREENWALD ZOLLIE FINGERHUT notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR MICHAEL GORDON 5 GLENCLIFFE CIRCLE BALTIMORE, MD 21208 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must 1 Burial 2 Cremation 3 Removel from State
4 Donation 5 Other (Specify) BETH EL MEMORIAL PARK --93 RANDALLSTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 80 ULC 6010 REISTERSTOWN RD. BALTO. 23. PART LEmer the disessea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate , or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE IFINAL Onset and Death disease or communication resulting in death) DUE TO (OR AS A COR HYDRAT CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST injury. PART II. Other aignificant conditione contributing to desth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO shows any COMPLETION DF CAUSE 1 TYES 2 WHO 1 YES 24 NO Sept. 25. WAS CASE REFERRED TO MERICAL 26 FLACE OF OEATH (Check only one EXAMINER? HOSPITAL: OTHER 1 TES 2 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 Residence 6 Other (Specify) 0 DEATH 28s. DATE OF INJUR INJURY AT WORK? marked. 1 Chatural ВУ T YES 2 NO 3 Accident 28e, PLACE OF INJURY - AT after de COMPLETED 28f. LOCATION // or Aural Assar Number 4 Thomicid 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. occured at the time, date and place, and due to the cause(a) and manner as stated ATURE MO TITLE OF CENTS BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Mornf., Day, Year) D34952 3

**OHMH-16 Rev 1/89** 

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detail	
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other traumatic event,

item 23 shows any injury, or

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93 09033 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR William 31 Horney March 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS 1 M 2 F 212-30-2403 1-2 m - - - 9e. FACILITY NAME (If not Institution, give street and number) YRS. 23. Dec Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT Middle River Baltimore County 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County 1 YES ZYNO Middle River FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3635 Glenwood Road 21220 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, P

1 YES 22 NO Specify: IF YES, GIVE WAR OR DATES BY Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 4 Contractor Home Improvements 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) must be notified at Harry F. Horney. BE Sr Blanche Leonard 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Timothy Fryge Glenwood Road Middle River, Maryland 21220 20s. METHOD OF DISPOSITION
1 Selected 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Belair Memorial Gardens 4/3/1998 Harford Co., Maryland URE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Avenue Essex, Maryland 23. PART . Enter the diseases, or cor thet ceused the deeth. Do not enter the mode of dying, auch as cerdlec or reepiratory errest, Approximate shock, or heart failure. List only one interval Batween IMMEDIATE CAUSE (Fine) Omfet and Death disesse or condition resulting in death) wee 5 DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 TES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA B C Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be PLETED NPORTMET: II Item 28 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) end manner ee stated. 2 MEDICAL EXAMINER: On the als of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(e) and menner as stated.

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31. DATE FILED (Month, Day You

29c. LICENSE NUMBER

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	OIAL OF MAIL	CERTIF	ICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)  L. V. Evolyn Elle	m Hoods (AV	'A 1777 1	Tanada N		2. DATE OF DEATH MONTH	~3 °	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
1	220 24 8832	1½2 M 2 □ F	76 YRS.	MONTHS DAYS	HOURS MIN.	10/27/191	16	North Carolin
	Se. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	OF DEATH
10	Francis Scott Key Medical Center Baltimore City Baltimore City							
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY
	Maryland Balti	more	M	iddle Ri	ver			1 TES 2 NO
AR.	10e. STREET AND NUMBER			1	Of. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	120 Larite Road	12. WAS DECEDENT EVER	IN HO ADMCD	40 400 00		220		USA
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 NO	If yes, s		NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	8 or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White
TED	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of	USUAL OCCUPAT work done during m	TON tost of working	16b. KIND OF BU	SINESS/INDUS	TRY
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	ousewife			Hor	ma
COMPL	17. FATHER'S NAME (First, Middle, Last)		6.24	Jusewile		ME (First, Middle, Maiden		
C	Thomas S. Lac	key				ude Webbe		
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
F	Shirley Phillips		8 For	rest Roa	d Baltim	ore Maryla	nd 212	20
	20s. METHOD OF DISPOSITION 14 Burlal 2 Cremation 3 Rame	oval from State	Ob. PLACE AND DATE			1 6		or Town, State County, Md.
92	4 Donation 5 Other (Specify)		ardens o.			,	CIUDIA	country, Ma
22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA								
	23. PART J. Enter the diseases, or o	omolications that cause	and the death. Do	1407 E	astern A	ve Baltimo	re Mar	vland 21221
	immediate Cause (Final disease or condition resulting in death)	ACUTE	REN	AL F	AILUR	E		Interval Betwee
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  D. Chronic CouseStive heart failure  OUE TO (OR AS A CONSEQUENCE OF):  D. Chronic CouseStive heart failure  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  d							
DICAL	PART II. Other algorificant condition	s contributing to death	but not resulting	In the underlying	ng cause given in	Part I. 24a. WAS AN PERFOI	AMED3	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: ME								1 TYES 2 NO
SICIAN:	25. WAS CASE REFERIND TO MEDICAL			26. F	PLACE OF DEATH (Ch	eck only one)		
SIC	1 YES 2 NO	HOSPITAL:	utpetient 3 DOA	OTHER:	me 5 🗆 Rasidence			
РНҮ	27. MANUSER OF DEATH	28a. DATE OF INJURY (Month, Day, Year	Y 28b. TIR	E OF 28c. IN	JURY AT	28d. OEŞCRIBE HOW	NJURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation	03		4.4	YES 2 NO			
ETED (	3 Suitcide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (S)	RY — At home, farm, pecify)	street, factory, offi	Ca	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
COMPL	28s. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  Imaginary of the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
BE C	290. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE S	GNED (Month, Day, Year)
TO B	I May Jun	700			015	FOT	▶ 3	31/97
-	30. HAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF I		His	0-1	1 ms	2122	()
	at DATE PILED (Worth, One, Year)	81 SEPSEBISTOANS	120316	0 100	1501	7 1111	2166	7
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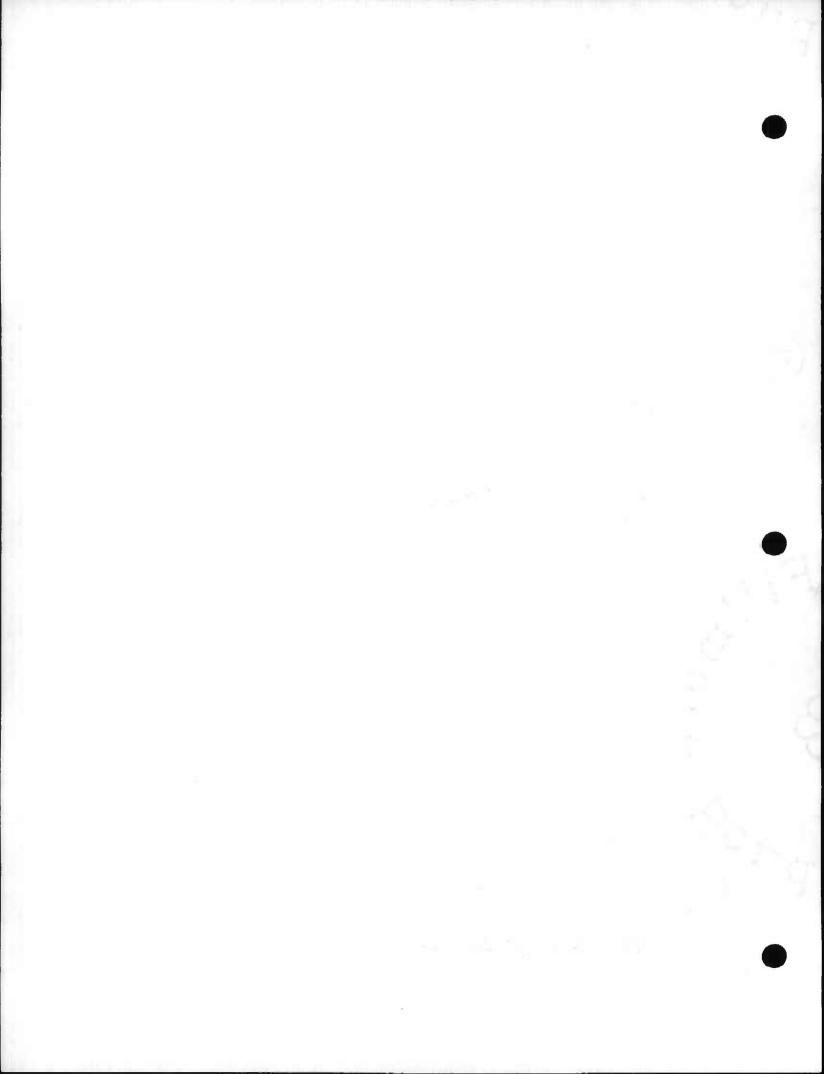
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1	E HOSPITAL DR ATTENDING PHYSICAME, The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	d within 72 hours after death with the Sista Bept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 30**-1**993 YEAR ANDERSON CLAY HATCHER 4. SOCIAL SECURITY NUMBER 5. SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 12-27-1918 1 NM 2 F YRS. 230-07-4422 74 VIRGINIA use as the burial-translt permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ANNE ARUNDEL GLEN BURNIE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL MILLERSVILLE 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 508 KENORA DRIVE 21108 U.S.A. spital or attending physician. ed for use as the bunial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify ВҰ 3XX Widowed 4 ☐ Divorced WHITE WWII COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g. Elementary/Secondary (0-12) College (1-4 or 5+) GALT BROTHERS JEWELRY 12 NONE SALES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) RICHARD W. HATCHER notified at ANNIE B. CLAY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 INGEBORG E. LASH 508 KENORA DRIVE, MILLERSVILLE, MD. 21108 Pe 20a. METHOD OF DISPOSITION
1 □ Burial 2 ☒ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 3/31 1993 20c. LOCATION — City or Town, State must BALTIMORE, MD. METRO CREMATORY 4 Donation 5 Qther (Specify) examiner 21. SIGNATURE OF UNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 medical 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory screet, Approximata shock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finsi** Onset and Death the disesse or condition elirium 12 roe ~ 1 TO THE HOSPITAL DR ATTENDING PHYSICIAR, The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Brok. Of Health and Mental Hyglene prior to burial, cremating within 128 is marked, or item 23 shows any injury, or other traumatic event, it is them 28 is marked. resulting in death) DUE TO (OR AS A CONSEQUENCE OF). 12/100 care. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING - C CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 19-M res 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER: T YES 2 NO lent 2 - ER/Outpatient 3 - DOA 4 - Nurs e 5 🗆 Rasidence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Hetural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) COMPLETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES BE 29d. DATE SIGNEO (Month, Day, Year) 1 C/A 14 3110 2 ANO ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Pri.

		BETTY M. HOWES		93 09036
		1 - STATE OF MARYLI	AND / DEPARTMENT OF HEALTH AND MEI CERTIFICATE OF DEATH	
	7	1. DECEDENT'S NAME (First, Middle, Lest)	2.	REG. NO.  DATE OF DEATH  3. TIME OF DEATH
		BETIVM.	HOWES	MAPLH27/92 11509
			MONTHS DAVE MOURE ANN	DATE OF BIRTH Month, Dey, Year)  8. BIRTHPLACE (State or Foreign Country)
pinous		9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DEATH	9c. COUNTY OF DEATH
60	8	LINI I POSS LISPIT	AL SUISESPE	ING MONTGOMERY
1, 2,	[בַּ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	10c, CITY, TOWN OR LOCATION	
. Pages	DIRECTOR	mo montanne	GUNG P S DANG	10d. INSIDE CITY LIMITS?  1  YES 2 NO
permit.		10a, STREET AND NUMBER	101. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?
ist.	FUNERAL	12822 VALEY WOOD DE	20406	USA
020 physician. burial-transit	J.	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT EVER IN FORCES? 1 1 YES	2 NO It yes, specify Cuban, Mexican, Pu	RIGIN? (Specify Yes or No— 14. RACE — American Indian, erto Rican, etc.)
215-0020 attending physic se as the burial	ВУ	3   Widowed 4   Divorced   IF YES, GIVE WAR OR DA	TES 1 ☐ YES 2 M NO Specify:	WHITE
use a	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY
C/ 2 5		Elementary/Secondary (0-12) College (1-4 or 5+)	ithe. Do NOT use retired.) SECRETARY	HARDWARE COMPANY
AND the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)	10. MOTNER'S NAME (I	First, Middle, Malden Surname)
Z & & #	ш	EDWARD WILSON GAYLOR	PEARL M	AY ZIMBRO
MAR retained 5 should	5	"STANCET "E" "HOWES	19b. MAILING ADDRESS (Street and Number or Flural Route 12822 VALLEYWOOD DR. SI	
ay be		20g. METHOD OF DISPOSITION 20b.	PLACE AND DATE OF DISPOSITION (Name of	DATE 20c. LOCATION — City or Town, State
		1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	P'ey, TTNCOLTP' CEMETERY	3/31 BRENTWOOD, MD.
22. NAME AND ADDRESS OF FACILITY TO				ER FUNERAL HOME 20882
		Mary H-17a		LLE RD. LAYTONSVILLE, MD.
hours after of in by th or remove		23. PART I. Enter the diseases, or complications that caused shock, or heart allure. List only one cause on ea	the death. Do not enter the mode of dying, such as och line.	cardiac or respiratory arrest, Approximate Interval Between
24 the file		IMMEDIATE CAUSE (Final disease or condition	nyocardial marc	Onset and Death
within mpletely cremal		resulting in death) a. DUE TO (OR AS A	CONSEQUENCE OF):	o con lay
687 ecuted ind coi burial.	Z	Sequentially list conditions.	,	
OX be en ician a rior to	CATION	if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF):	
certificate ding physical property of their transfer of tran	빌	CAUSE (Disease or injury C.	CONSEQUENCE OF):	
T = 8 = 9	ERTIFIC	resulting in death) LAST		
E Se e	LC	PART II. Other eignificant conditions contributing to death be	It not resulting in the underlying cayee given in Part	I. 24e. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS
pulres that the signed by the Health and N	MEDICAL		minley dependant	PERFORMED?  1 YES 2 NO COMPLETION OF CAUSE OF DEATH?
requires seen sign of Healt	ME			1 VES 2 NO
AL KE e faw requ has been Dept. of 123 sho	ä			
VIIAL AN: The law inficate has State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO LA Incention 2 ER/Outout	28. PLACE OF DEATH (Check of OTHER:	5 7 7 - 11
HYSICIAN: The his certificate with the State ked, or Iter	1 ≿ 1	27. MANNER OF DEATN 280. DATE OF INJURY	28b. TIME OF 28c. INJURY AT 28d	Other (Specify)  DESCRIBE NOW INJURY OCCURED
ON OP	ВУР	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY WORK?  M 1 YES 2 NO	
TTENDIN TOR: At after de	유	3 Suicide 6 Could not be 4 Nomicide determined	— At home, term, street, factory, office (28t.	LOCATION (Street and Number or Rural Route Number, City or Town, State)
DIVISION OF VITAL.  OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has b hours after death with the State Dept. Item 28 is marked, or Item 23.		And Appropriate A	edge, death occurred at the time, date and place, and due to the	
E BE	3	e cause(e) and manner as stated.  date and place, and due to the cause(e) and menner se stated.		
HOSPI FUNEF I within	8	200. Spayshight Alight TOO OF COURT HOS	DR. WALTER GOOZH OC. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 I	O BE	Walles SAM In	n 101120	28 May 1993
	70	M. NAME AND ADDRESS OF PERBON WHO COMPLETED CAUSE OF DEA	M DO 1120 and Maryland 20;	
10		31. DATE FILED (Mooth, Day, Year) 32. REGISTRAR'S SIGNA		902
10	1	31. DATE FILED (Month, Day, Visir) 32. REGISTRAR'S SIGNA	TUNE	

	1 - STATE REGISTRAR	STATE OF MARYI			OF HEALTH A OF DEATH		TAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last	HUK	WITZ	(JOSEE	H HURWIT	(Z) 2. D.	ATE OF DEATH DA	7 4	EAR 3	8/5 P	
0.	4. SOCIAL SECURITY NUMBER 220-05-0560	1 M 2 🗆 F	(In yrs. last birthday)  YRS.	MONTHS I		HRS. 7. D/	ATE OF BIRTH	. 8.	Country)	ACE (State or Foreign HUANIA	
CTOR	9e. FACILITY NAME (If not institution, give SINAI HOSPITAL				OWN OR LOCATION BALTIMOR			9c. COUNTY	OF DEA	тн	
DIRECT	100. STATE 100. COUN  MARYLAND	тү	10c. CI	TY, TOWN OR BALT	LOCATION					Od. INSIDE CITY LIMITS? XXYES 2 1 NO	
FUNERAL (	100. STREET AND NUMBER 3601 FORDS LANE	, APT. 814			10f. ZIP CODE 21.2	15		10g. CITIZEI USA		AT COUNTRY?	
BY	11. MARITAL STATUS 1 XNever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	lf y	S OECENDENT OF HOSE, specify Cuben, I	Mexican, Pue	IGIN? (Specify Yes rto Rican, etc.)	or No— 14	Black, 1 Specify:	- American Indian, White, etc. WHITE	
PLETED	15. DECEDENT'S EC (Specify only highest grad Elementary/Secondary (0-12)			S USUAL OCC work done dur ise retired.)	ing most of working		166. KINO OF BUS	INESS/INDUS		)	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) SAMUEL				16. MOTHER	IDA	rst, Middle, Maiden S ELLISON	Surname)			
5	190. INFORMANT'S NAME (Type/Print) MRS SYLVIA GIM	BEL	19b. MAJLIN	7926 S	Street and Number or STEVENSON	RD.	Number, City or Town BALTIMOR	State, Zip Co E, M	D D	21208	
	20a. METHOD OF DISPOSITION 1 Cypurial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	b. PLACE AND OATE metery, crematory or KO	of DISPOSITI	ON (Name of	3-29		EDALE,		, State	
Á	21. SIGNATURE OF FUNERAL SERVICE	noting of	ain			VINSO	N & BROS			MD 21215	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  ASPIRATION PRUTMONIA  DUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other eignificent condition  DIABETES M  SIVAKA	MELLITUS, ATHEROSUS	POLYCY	In the unde	erlying cause give MAVEKA	en in Part i	1 YES 2	MED?	0	PERE AUTOPSY FINDIN MALABLE PRIOR TO OMPLETION OF CAUSI F DEATH? YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2	HOSPITAL:	patient 3 DOA	OTHER:	26. PLACE OF DEAT						
у РНУ	27. MANNER OF DEATH  1	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 2	Bc. INJURY AT WORK?	28d.	DESCRIBE HOW IN	LJURY OCCUI	RED		
TED BY	Accident investigation    Could not be determined   A   Homicide   A   Homicide   A   Homicide   A   A   A   A   A   A   A   A   A	28a PLACE OF INHUR	Y — At home, farm, ocify)	street, factory	, office		LOCATION (Street a City or Town, State)	nd Number or	Rural Rou	te Number,	
OMPLET		SICIAN: To the best of my know								ind manner as stated	
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFI	Hou.	SETTAP		29c. LICENS	E NUMBER		29d. DATE S	19NEO (A	FK3	
٦	30. NAME AND ADDRESS OF PERSON W	U,MD, SI	LWAI Y	o, Princ)	MOP	BAL-	Moné	= M.	aky	LAND	
	APR - 1 1993	32 REGISTRAR'S SIGN	NATURE ANDRES			1					



93 09038 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH O BONTH 1993 Litvinuck 6:30 31 am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 0970771916 Country) 1 M 2 X F Ohio 9a. FACILITY NAME (If not institution, give street and number) Sc. COUNTY OF DEATH use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH Francis Scott Key MED Center **Baltimore** Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Baltimore Citv 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A 21231 2219 Essex Street 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES XXNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES YOUND Specify: 14. RACE — American Indian, Black, Whits, etc. 1 Never Married 2 Marrie BY specifikhite 4X ☑ Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUISTRY (Specify only highest grade completed) the funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12 Self Employed Tavern 12 Years 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Sophie Miginski John Litvinuck 듁 BE notified 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
P.O. Box F Chester MD 21619 ဥ Walter Litvinuck 9 20s. METHOD OF DISPOSITION
1 | Burlat 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) | 20c. LOCATION — City or Town, State Baltimore MD 20b. PLACE AND DATE OF DISPOSITION (Name of OATE examiner must Crematory Green Mount 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY Dippel Funeral 7110 Belair Road, Baltimore Md Martin J. Dupper filled in by the fullon, or removal. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ahock, or heart fallure. List only one ceuse on each line. interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, or other traumatic event, the Arnythmia - Sudden Death diseese or condition\_ executed within resulting in death) DUE TO (OR AS A CONSEQUENCE OF): (O/Oran CERTIFICATION Sequentially list conditiona, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING THE HOSPITAL OB ATTENDING PHYSICIAN: The law requires that the death certificate be of THE FUNETAN-EGIPTED. After this certificate has been signed by the attending physician filed within 72 Notice after death with the State Dept. of Health and Mental Hygiene prior to CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST or Item 23 shows any Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 040 OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Nome 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH DATE OF INJURY (Month, Day, Your) 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED Is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be TO THE HOSPITAL OF STTEND TO THE FUNEFACE DISTRIBLY STREET OF THE WITHIN 72 HOURS After (IMPORTANT: If Item 28 Is 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of szamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 15320 Ser July 3/31/83 Agril 9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the fineral director name 5 should be detached for use as the buriot branch and a completely filled in by the fineral director name.	יין דישי כי הייטיים כי מכוניים יטן נוסף בט נוזק טעוופויינו	the position of teams	as no morning at once.	
be executed within 24 nours after death. Page 6	ician and completely filled in by the funeral directr	rior to burlal, cremation, or removal.	traumatic event the medical examiner ma	ייים ייים ייים ייים ייים ייים ייים ייי	
YSICIAN: The law requires that the death certificate	s certificate has been signed by the attending phys	ith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	d. or item 23 shows any injury or other traumatic event the medical examiner must be needed to see		
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNE LINE STREET After th.	be filed within 7. mount when death w	IMPORTABLE than 28 is mark	1	- W. W.

18

30. NAME AND ADDRESS OF PERSON WHO R. KRISHNAN
31. BATE FILED (Month, Day, Year)
APR 1 1993

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NUMBER STRATES GRATURE—

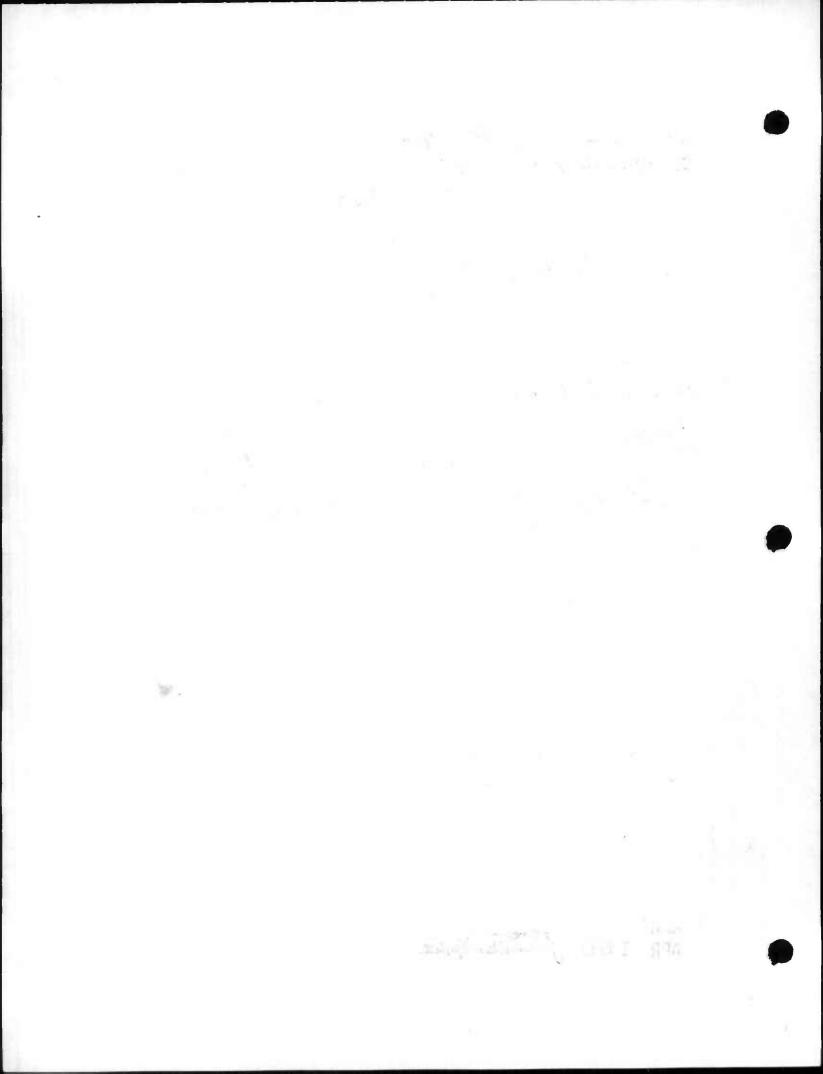
June Davidson—Administration

	FOR	STATE OF MARYLAND	/ DEPART	IMENT OF	MENITU AN	ID MENT	N UVČIENE	93	09039				
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	Ald W. L	CERTIFI	CATE O	DEATH		REG. NO.	YEA	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER  2/6-42-5471  90. FACILITY NAME (If not Institution, give str	5. SEX 6. AGE (In yrs. 11 M 2 F 4 8	"	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H HOURS MI	IN. (Mon	E OF BIRTH th, Day, Year)	/ ~	IRTHPLACE (State or Foreign puntry)				
RECTOR	BON SECULIS RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	· Hospital	10c. CITY	Bally TOWN OR LOC	e)	J- DEATH	90	c. COUNTY C	10d. INSIDE CITY				
FUNERAL DI	100. STREET AND NUMBER 2913 Prest	bury St	L	salto!	Of. ZIP CODE	6	10	g. CITIZEN (	LIMITS?  1 X YES 2 NO  DE WHAT COUNTRY?				
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED	If yes, s	pecify Cuben, Mi	SPANIC ORIGI exicen, Puerto pecify:	N? (Specify Yes or N Ricen, atc.)	8	ACE - American Indian, illack, White, etc.				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of wo	ISUAL OCCUPATION done during in retired.)	ION lost of working	16	b. KIND OF BUSINES	SS/INDUSTR					
BE	17. EATHER'S NAME (First, Middle, Last).  Richard H. Ly  190, INFORMANT'S NAME (Type/Print)	lons			Mar	4 1	Middle, Melden Surn. To Fman	31					
5	20a. METHOD OF DISPOSITION  1 Semoval from State  20b. PLACE AND DATE OF DISPOSITION (Name of Compyrey, crantalory of other place)  20c. Location — City or Town, State												
	21. SIGNATURE OF FUNERAL SERVICE LICE	H/	K	S MO	NO ADDRESS OF	F FACILITY H. MES	13 H+61	Whos,	Md				
	23. PART i. Enter the disesses, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disesse or condition resulting in death)	LVN 6	AN	CER		such as car	disc or respirator	ry errest,	Approximate Interval Between Onset and Death				
RTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
S	that initiated events resulting in death) LAST d.  PART II. Other significant conditions				a asue a short	in Book t							
MEDICA			Tabulang III	tha undarryn	g cause given		24a. WAS AN AUTO PERFORMED	?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO				
PHYSICIAN: MEDICAL	1 VES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH								
ED BY PH	27. MANNER OF DEATH  1. Netural S Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At h building, stc. (Specify)	28b. TIME (INJUR	M 1 🗆	PURY AT DRK? YES 2 NO	281. LOC	ATION (Street and No						
communicate	4 Homicide determined  29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, d	eath occurred	at the time, date	end plece, end	due to the cau	or Town, State)	is stated.					
TO BE CC	296. SIGNATURE AND TITLE OF CERTIFIER  That all  30. NAME AND ADDRESS OF PERSON WHO	Danis		y spinodi,	29c, LICENSE			. OATE SIGN	ED (Month, Day, Year)				

2/20

BALTIMORE

#305



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO FIRE TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit postulad within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
JING PHYSICIAN; The law requires that the death	After this certificate has been signed by the attend death with the State Dept. of Health and Mental H	marked, or item 23 shows any injury, or
TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: /	IMPORTANT: If Item 28 is

srmit. Pages 1, 2, 3 should

FUNERAL DIRECTOR

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PHYSICIAN: MEDICAL CERTIFICATION

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determined

COMPLETED

BE 2 MD

93 09040 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH монтн 03 WALTER
4. SOCIAL SECURITY NUMBER L EO 29 MILLER, SR 93 08:20 PM 5. SEX 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs, lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 1 💟 M 2 🗌 F 212-07-3947 06 13 1908 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY 10b. COUNTY IDC CITY TOWN OR LOCATION 10d. INSIDE CITY ANNE ARUNDEL GLEN BURNIE 1 - YES 2 1 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 213 MAPLE AVENUE 21061 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 2 X NO 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 X NO Specify: 3 Widowed 4 Divorced Specify: WHITE 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) NONE DRIVER - SALES ALLEGANY PEPSI COLA COMPANY 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HOWARD MILLER GERTRUDE **FERGUSON** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) WALTER L. MILLER, PASADENA, MD 21122 220th STREET 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE 1 \$\frac{1}{2} \Burisi 2 \subseteq Cremation 3 \subseteq Removal from State 4 \subseteq Donation 5 \subseteq Other (Specify) \_\_\_ CEDAR HILL CEMETERY BROOKLYN PARK, MD 21. SIGNATURE OF FUNERAL SERVICE LIKES 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME hatte SECOND AVE. S.W. GLEN BURNIE, MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch es cerdiec or reapiratory arrest, Approximate shock, or heert fellure. Liet only one ceuse on each line. Interval Batween IMMEDIATE CAUSE (Final **Onset and Death** ongestin DIE TO (DR A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):

disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 THO DF DEATH?

				1
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		28, PLACE OF OEATH (CTHER:  Nursing Home 5  Residence	
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not b	28a. PLACE OF INJURY — At I building, atc. (Specify)	nome, term, stre	et, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

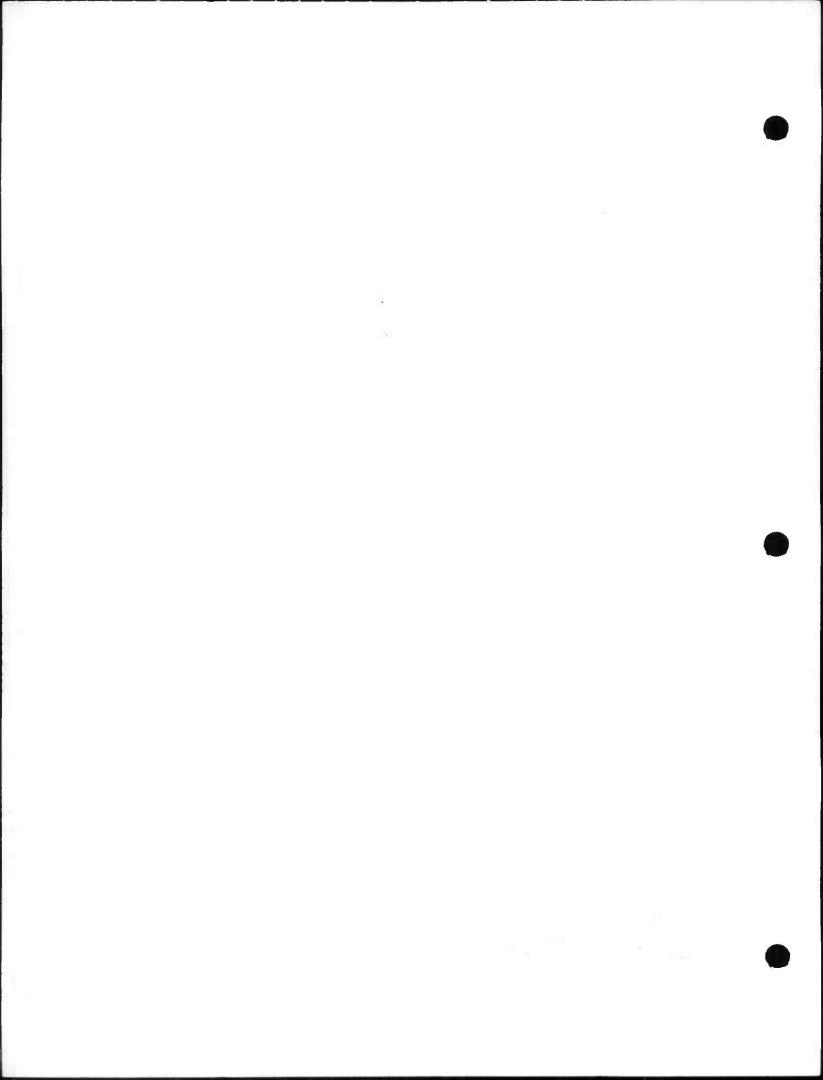
(Check only	1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner oa atsted	
one)	A MEDICAL EVANISTO, O. M. C. A.	

igation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) and manner as stated.

96. SIGNATURE AND TITLE OF CENTIFIER	),	4	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9

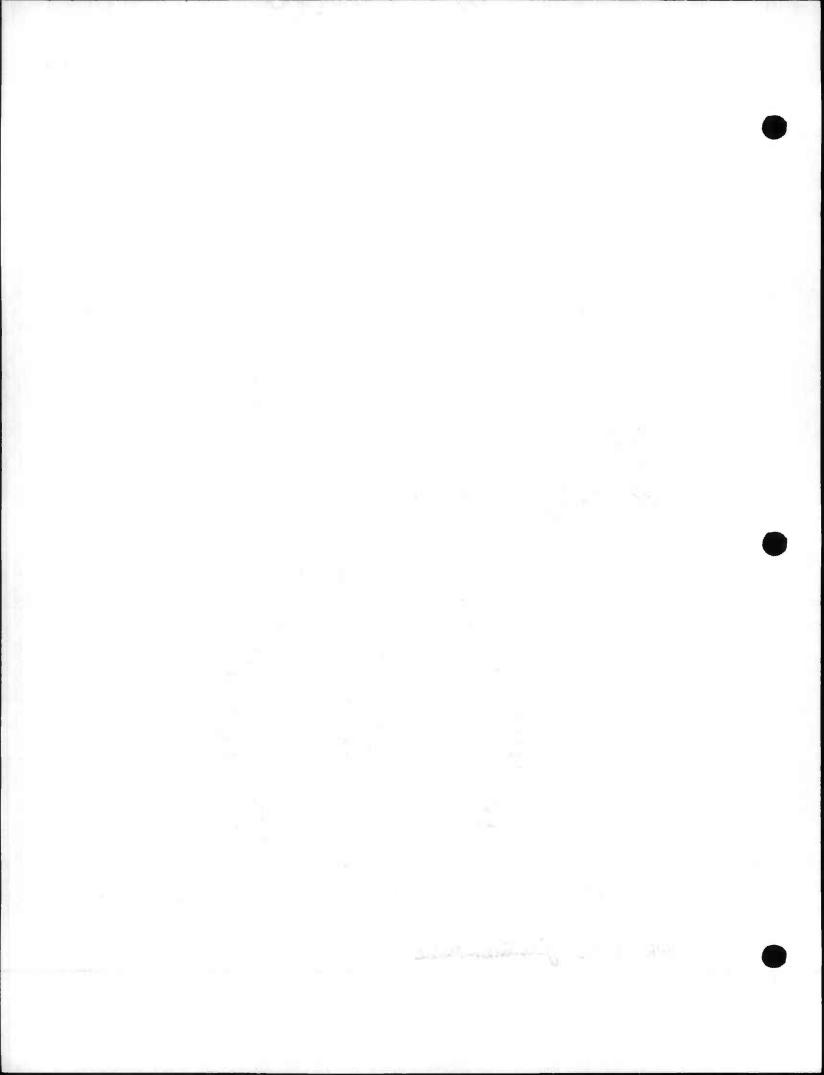
						ROAD/BALTIMORE,	MARYLAND	2121
131. DATE FILED (M	1993	Julia	A. REGISTRA	A SIGNATUR	E			



PACITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21213-0020	TO THE MOSPITAL OR ATTENDING PHYSIOAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this refine as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	'al, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF THE RECORDS, P.O. BOX 68/	ATTENDING PHYSICIAN. The law requires that the death certificate be executed	CTOR: After this certifical has been signed by the attending physician and co	be filed within 72 hours after death without safte Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, of Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	TO THE HOSPITAL OR A	TO THE FUNERAL DIRECTOR: After, this	be filed within 72 hours	IMPORTANT: If Item

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	1 - FOR STATE REGISTRAR	STATE OF I					ALTH AN DEATH	D ME	NTAL HYGIEN	E ) U	, 0	7041
	1. DECEDENT'S NAME (First, Middle, Last)				4° \$50	如水黄	No.	7 12.	DATE OF DEATH	636		IME OF DEATH
	Margaret AIII	5. SEX	CHELL 6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 H	9 7	03 29		_	9:03 a M
	216-54-4953	1 🗆 M 2 📆 🖡	92	YRS.	MONTHS	DAYS	HOURS M	N.	(Month, Day, Year)  Sarch 18,		Country)	-
ď	9e. FACILITY NAME (If not institution, give						LOCATION O	F DEATH			OF DEATH	
CTO	Franklin Square	e Hospita	1		Ro	ssvi	le Ba	ltin	nore Co.	, barti	more	
DIRECTOR	Maryland	ry				re C					10000	INSIDE CITY LIMITS?
	10e. STREET AND NUMBER						ZIP CODE			10g. CITIZEI	N OF WHAT	YES 2 NO
FUNERAL	410 S. Clinton S						21224			U.S	S.A.	
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. AR	MEO	-	If yes, spe	Hy Cuban, Me	xican, P	ORIGIN? (Specify Yes uerto Rican, etc.)	or No— 14	Black, Whi	merican Indian, ite, etc.
) BY	3 X Widowed 4 Divorced						XXVIO S	pecify:			Specify: Wh	nite
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	(Gi		work done	CCUPATION during mos			16b. KIND OF BUS	INESS/INDUS	TRY	
MPL	12 Years	College (1-4 or 5	·	me m	aker				At Ho	me		
	17. FATHER'S NAME (First, Middle, Last)				CO ACTES				(First, Middle, Maiden	,		
BE.	Conrad H. Kacher 19a. INFORMANT'S NAME (Type/Print)	•	198	b. MAILING	ADDRESS	S (Street en			aret Sto		ode)	
2	Bernard R. Hill						Bela					
	20a. METHOD OF DISPOSITION  1	noval from State	20b. PLACE A cemetery, cre	metory or o	ther place)		e of			CATION — CIT		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	- I Green	moun ,			ADDRESS O	F FACILI				
	marlin	J. De	apel f	2		7110			l Funera Rd. Balt			
	23. PART I. Enter the diseases, or shock, or heart failure.	compilcations the	it coused the de use on each line	ath. Do	not enter	the mod	e of dying,	such as	cardiac or respi	atory arres	ι,	Approximate Interval Between
1	iMMEDIATE CAUSE (Final disease or condition	Lung	g Pneumo	nia								Onset and Death
	resulting in death)	a. DUE TO	(QR AS A CONSEC	NENCE O	F):							
NO	Sequentially list conditions,	b	(OR AS A CONSEC	DUENCE O	D:							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C			. ,.						į	
TIF	that initiated events resulting in death) LAST	DUE TO	(QR AS A CONSEC	QUENCE O	F):							
		d										
CAL	PART ii. Other significant condition	ns contributing to	death but not n	esulting	in the un	nderlying	ceuse giver	in Par	PERFOR	MED?	AMAJIL	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE
MEDIC									1   YE\$ 2	V NO	OF D	YES 2 NO
N.												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER	R:	CE OF OEATH		Other (Specify)			
РНҮ	27. MANNER OF OEATH	28a. DATE OF (Month, D	INJURY	28b. TIN		28c. INJU WOR	RY AT	-	d. DESCRIBE NOW IN	JURY OCCUP	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation		F INJURY At ho		M	1 🗌 YI	S 2 NO	_			-101 - 1010	
TED	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	new, marrin,	stroot, race	ory, ornce		28	f. LOCATION (Street e City or Town, State)	nd Number or	Hurel Houte I	łumber,
COMPLET		SICIAN: To the best of	my knowledge, de	ath occurr	ed at the t	ime, date a	nd place, and	due to t	he cause(e) and man	ner as stated.		
CON		ER: On the basis of e	xamination end/or i	nvestigatio	on, in my o	pinion, de	ith occured at	the time	, date end place, and	due to the c	bns (e) erus	menner ee stated.
TO BE	29b, SIGNATURE AND THE DF CERTIFIE	o pri	de/				29c. LICENSE	NUMBE	3	29d. DATE S	Q T	193
	30. NAME AND ADDRESS OF PEBSON W	REK.	SE OF DEATH (ITER	RA	NK7	MN	500	ME	se the	71420	K	
	APR 1 1993	32. REGISTRA	A'S SIGNATURE									



detached for use as the burial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OF A TRINING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	9	be filed within 72 feets with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAR						YGIEN REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last) ANNA MOEBIN				na C. Moebuis 2. DATE OF DEATH MONTH				AY .	YEAR 92		OF DEATH				
4. SOCIAL SECURITY NUME		5. SEX		rs. last birthday)		R t YEAR					<u> </u>	1/		:010	- 14
217-01-93		1 - M 2 AF		4 YRS.	MONTHS		HOURS	MIN.	7. DATE OF (Month, D) 2 – 28	ny, Year)	99	Count	nplace ( ny) nkn	State or Foreign	
9a, FACILITY NAME (If not in					9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COI	JNTY OF D			
Friedlers 2449 Shir	Gues ley A	t House venue				Ва	ltin	nore							
Maryland	STATE 10b. COUNTY 19c. CITY, TOWN OR LOCATION Baltimore									LII	SIDE CITY MITS?				
Friedlers 2449 Shir	oo. STREET AND NUMBER Friedlers Guest House 2449 Shirley Avenue  107. ZIP CODE 21215									USA					
									rican Indian, etc. Thite						
(Specify only	EDENT'S EDUC y highest grade	completed)		e. DECEDENT'S (Give kind of w life. Do NOT us	rork done	during mos	N at of workin	g	16b. KI	ND OF BUS	SINESS/IN	DUSTRY			
Elementary/Secondary (0 unknown	1-12)	College (1-4 or 5	')			res	s			S	eam	stre	ess		
17. FATHER'S NAME (First, M	iddle, Last)						18. MOTI	IER'S NA	ME (First, Midd	lia Maidan	Sumama)		•		
Robert	Kilb	У							Clizal		,	ser	Ki]	by	
19a. INFORMANT'S NAME (7	ype/Print)	9		19b. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Number,	City or Tow	n, State, Z	ip Code)			
Joan A.		ton		PO B	ox	88,	St	. M	icha(	els,	MD	216	63		
20a. METHOD OF DISPOSIT  1 Burial 2 Crematic  4 Donation 5 Other	n 3 🗆 Rame	oval from Stata	20b. PL cemeter Me	ACEAND DATE Of the control of the co	her place L'EN	sition (Na	ne of ry		3/20			City or To			
21. SIGNATURE OF FULERA	L SERVICE LIE	H. Car	pen	tr					Road			ome	MD	21211	L
23. PART I. Enter the d shock, or h	seases, or c	complications that List only one cau	ceused the	e death. Do n	ot ente	r the mo	de of dyl	ng, suc	h aa cardled	or reapl	ratory a	rrest,		pproximate	hen
IMMEDIATE CAUSE (Fir disease or condition resulting in death)	//	R	espir	MSEQUENCE OF	2	Fa	ihr	re						nset and De	
		DUE TO		NSEQUENCE OF	ŋ:										
Sequentially list conditi	lons,	DUE TO	(OR AS A CO	NSEQUENCE OF	):								-		_

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. Mar

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY 1) WES 2 10

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNEO (Month, Day, Year)

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPI
27. MANNED OF DEATH	28a.

29b. SIGNATURE AND TITLE OF CERTIFIER

8 Could not be

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

2

1 Netural
2 Accident

3 Sulcide

4 Homicide

ITAL:
Itlent 2 ER/Outpatient 3 DOA OTHER: 4 - Nurs 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF

ng Home 5 - Residence 8 - Other (Specify) 26c. INJURY AT WORK?

26. PLACE OF DEATH (Check only one)

29c. LICENSE NUMBER

28d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(a) and menner as stated

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

Pseudominas

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, ed at the time, data and place, and due to the cause(a) and manner as stated.

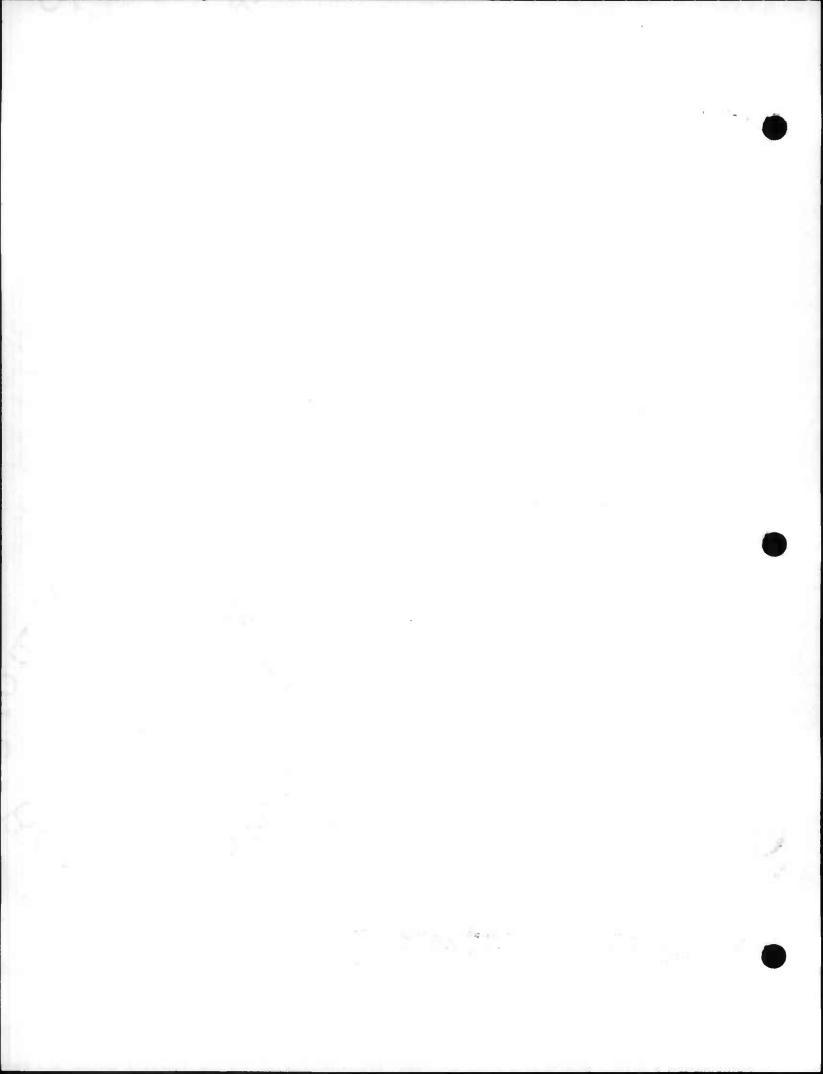
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SINA BENHO 4034. OF BALTIMORE ATARO QUE

Lilia Bundson Honor APR 1 1993

Bugias Funeral

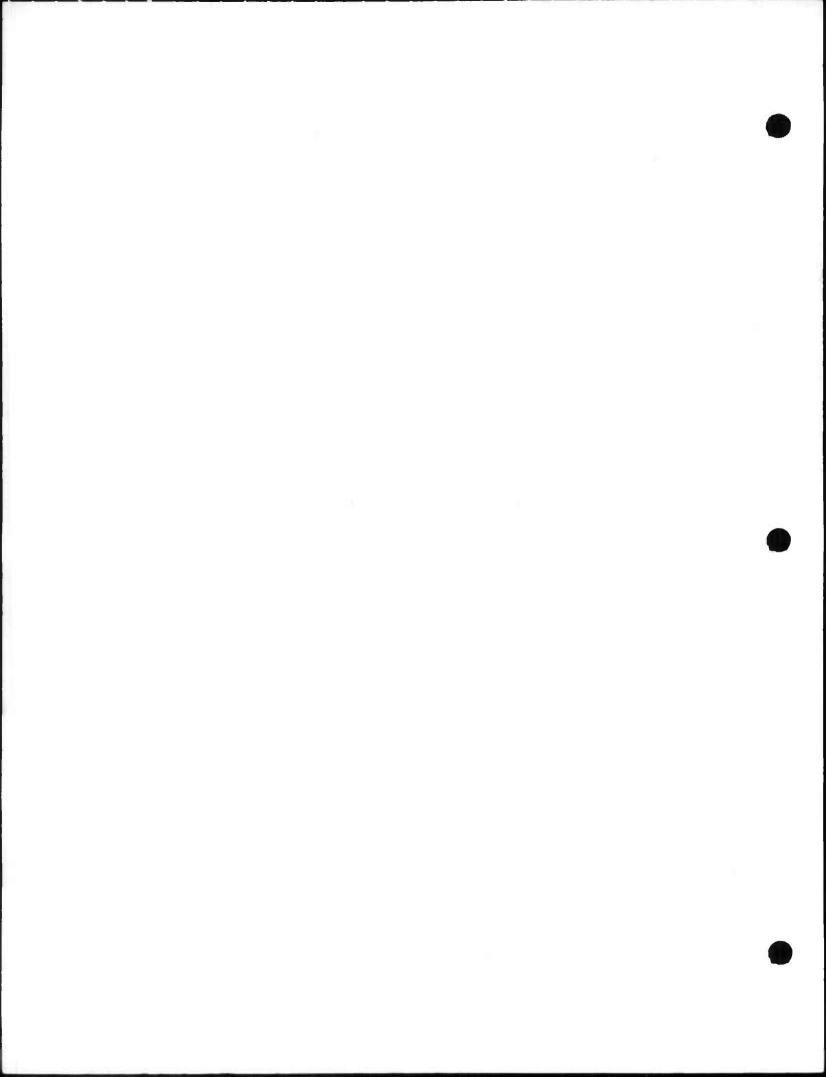
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oeam	igned by the attending physician and completely filled in by	Aental	ury. 6
חשו וויי	d by th	and h	nv ini
Julies	signe s	Healt	DWS 3
law rec	is beer	ept. of	23 sh
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SICIAN	certifi	the S	f. 0r
G PHY	er this	th with	arke
ENDIN	JR: After	ter dea	3 IS T
JH AII	MECT	ours af	em 28
J.W.	:RAL DIRECTOR: After this certificate has been signed by th	72 hc	C If Its
UTHE HOSPITAL UN ALLEN	FUNE	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	FTANT
ĬĬ	O THE	e filec	MPO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPART	MENT OF H	IEALTH AND	MENTAL	HYGIEN REG. NO		J	03043
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH	AY	VT 40	3. TIME OF DEATH
		BENJAMIN		]	MANNES	MAR.			YEAR	6:30 P. M
		SEX 6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	Day, Year)		8. BIRTH	PLACE (State or Foreign
	22 00 2001	<b>№</b> 2 □ F   80	YRS.			2/9/	/1913			
œ	9a. FACILITY NAME (If not institution, give stree CHERRYWOOD MANOR N	( and number) TURSING HOME		PEISTE	OR LOCATION OF D	EATH		9c. COUN	T MOD	EATH I
DIRECTOR	RESIDENCE OF DECEDENT							DAUI	111011	
REC	10a. STATE 10b. COUNTY		,	TOWN OR LOCAT	TION					10d. INSIDE CITY
		IMORE	BAL	TIMORE						1 TES 2 NO
RAI	4206 FALLSTAFF RD.			101	21215			USA	ZEN OF W	HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S. AR	MED	1 40 1110 050						
	1 Never Married 2 Married	FORCES? 1 YES 2 YN	0	if yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2X NO Speci	an, Puerto Ric	(Specify Yes	or No-	Black	, White, atc.
ВУ	3 X Widowed 4 Divorced	TES, GIVE WIN ON DATES		I I TES	ZAT NO Speci	ry:			WHI	TE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	npleted) (G/	ve kind of wo	SUAL OCCUPATION	ON st of working	16b. K	IND OF BU	SINESS/IND	USTRY	
J.E	Elementary/Secondary (0-12)	College (1-4 or 5+) ADN	INIS	retired.) IRATIVE	SUPERVI	SOR C	0 3	RAT	T.ROA	ח
OMF	17. FATHER'S NAME (First, Middle, Last)		_							
	MORRIS MANNE	S			18. MOTHER'S NA ROSE	AME (FIRST, MIC	ldle, Maiden		NT.	
BE	19a, INFORMANT'S NAME (Type/Print)		, MAJLINO A	DDRESS (Street a	nd Number or Rural	Route Number	City or Tow			
2	BARRY MANNES				E CIRCLE		10. MI			(
	20a. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Ramova	from State 20b. PLACEA		DISPOSITION (Na		OATE	20c. LO	CATION — C	City or To	wn, Stata
	4 Donation 5 Other (Specify)	HEBF	REW YO	DUNG MEN		0/93	BAL	rimor:	E, M	D
	21. GIGNATURE OF FUNERAL SERVICE LICEN	SEE		SOL LE	EVINSON	CILITY & BROS	S., Th	VC.		
	Joe !	Jew C	10	6010 F	REISTERT	OWN RE	). B	ALTO.	, MD	21215
	23. PART I. Enter the diseases, or com shock, or heart fallure. Lis	pilications that coused the de- t only one cause on each line.	ath. Do no	t enter the mo	de of dylng, suc	h as cerdia	c or respi	ratory arre	est,	Approximate
	IMMEDIATE CAUSE Final									Onset and Death
	resulting in death) s	DUE TO (OR AS A CONSEC	4	COLON						
_		DOE TO (OH AS A CONSEC	UENCE OF):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSEC	UENCE OF):							1
S	CAUSE (Disease or Injury									
E	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEC	UENCE OF):							
CEF	d									
AL.	PART II. Other significent conditions c				cause given in	Part 1. 2	4a. WAS AN		24b.	
Old	HIZheemens 12	mercha, Hyp	evtem	uen		_   1	☐ YES 2	No		COMPLETION OF CAUSE OF GEATH?
M		<u> </u>				_		*		1 TES 2 TONO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL									<b>V</b>
Sic	EXAMINER?	OSPITAL:  Inpatient 2 ER/Outpatient 3		OTHEB:	ACE OF OEATH (Ch	, , ,				
Η̈́	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, INJ	e 5 ☐ Rasidenca URY AT			NJURY OCC	URED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI		RK? 'ES 2 NO				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	3 Suicide 6 Could not be	28s. PLACE OF INJURY — At hor building, etc. (Specify)	ne, farm, str	eet, factory, office		281. LOCAT	ION (Street a Town, State)	and Number o	or Rural R	oute Number,
ETE	4 Homicide determined					City Ci	TOWN, Statey			
COMPLETED		N: To the best of my knowledge, des								
S I	2 MEDICAL EXAMINER: C	On the basis of examination and/or in	westigation,	In my opinion, de	eath occured at the	time, data ar	d place, an	d due to the	cause(s)	and manner as stated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUI			29d. DATE		
6	30. NAME AND AGORESS OF PERSON WHO C	OMPLETED CALLES OF DEATH COM	1 270 CE -	West .	DZS	7.00			2, 5	4-43
	GARLIA MANK	m (7) 1 1 1			RESTE	ROTTO	K. L	w al	1.30	
				- CUS	1 70013 10	100	my 1	.0 00	, , ,	
	APR - 1 1993	32. REGISTRAR'S SIGNATURE	dell						BIRTHPLACE (State or Foreign Country) WASHINGTON, DC  WASHINGTON, DC  DUNTY OF DEATH  IOd. INSIDE CITY LIMITS?  17 YES 2 NO  STIZEN OF WHAT COUNTRY?  I.A. RACE — American Indian, Black, White, atc. Specify: WHITE  NDUSTRY  ILROAD  D. MD 21215  BITCOMP.  I. 208  City or Town, Stata  RE, MD  I. Approximate interval Between Oneet and Death  Oneet and Death  OF OFATH?  1 YES 2 NO  CCURED  DEFORM THE PROOF OF CAUSE OF OFATH?  1 YES 2 NO  CCURED	



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1	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTORS AND THIS Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 15 marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ATT	5	Sat	2
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	FOR 1 . STATE	STATE OF N	MARYLAND /	DEPAR	TMEN	IT OF I	<b>TEALTH</b>	AND I	MENTAL HY	<b>GIENE</b>		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CI	ERTIF	ICAT	E OF	DEAT	ГН	RE	G. NO.		
1	•		01141201101						2. DATE OF DI MONTH	DAY		3. TIME OF DEATH
	SOPHIE (NMN  4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IE LIMPA	R 1 YEAR	IF UNDER	04.1000	0.3		993	6:00 A M
1	213-05-2165	1 M 2 TF	74	YRS.	MONTHS	-	HOURS	MIN.	(Month, Day,	Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give s	treet and number)	74		9b. CIT	Y, TOWN (	OR LOCATIO	ON OF DE		1918	-	ARYLAND OF DEATH
8	1109 WOODLAWN AV	ENIIE				PASA	DENA			-		ARUNDEL
DIRECTOR	1109 WOODLAWN AV										ANNE	
E						OR LOCA	TION					10d. INSIDE CITY LIMITS?
	MARYLAND ANNE  100. STREET AND NUMBER	ARUNDEL		I PA	SADI		. ZIP CODI			100	CETIZEN	1 ☐ YES 2 ☒ NO OF WHAT COUNTRY?
FUNERAL	1109 WOODLAWN AV	EMILE				"	211					
3	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. AR	MED	13.	. WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Spi	city Yas or N	U.S.	RACE — American Indian.
BY F	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 THE	40		If yes, sp	ecity Cuba	n, Mexica:	n, Puerto Rican,	stc.)		Black, White, stc.
	3 X Widowed 4 Divorced											WHITE
	15. DECEDENT'S EDU- (Specify only highest grade	completed)	(G	CEOENT'S ive kind of v	vork done	during mo	ON ast of workin	g	16b. KIND	OF BUSINES	S/INDUST	RY
P.E	Elementary/Secondary (0-12)	College (1-4 or 5 + NONE	,	MEMA		,			Oth	N HOME		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	NONE	110	MILLIM	KEK		1a. MOTH	IER'S NAI	ME (First, Middle,			
ш	JOSEPH KROPKOWSK	I					1		NE KAZI		-	
10 B	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	AODRES	SS (Street a	nd Number	or Rural R	Route Number, Cit	y or Town, Sta	te, Zip Coo	de)
F	PATRICIA HORA			1101	WOO	DLAW	N AV	Ε.	PASADE	NA, MD	21	122
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PLACE /	AND DATE O	OF DISPO	SITION (Ne	me of		OATE	20c. LOCATIO	N — City	or Town, Stata
	4 Donation 5 Other (Specify)	Artice .	OUR L	ADY C						MILLI	ERSVI	ILLE, MD
	and a second of the second of	A.					ETON		ERAL HO	OME		
	- X pour	lles			1	SEC	OND .	AVE.	S.W. (	GLEN B	URNI	E, MD 21061
	23. PART I. Enter the diseases, or o shock, or heart fellure.	complications that List only one cau	caused the de	ath. Do n	ot ente	r the mo	de of dyl					Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition		1-	11.	Co	ruce	er	2/1	the va	lus	ne	Onset and Death
	reaulting in death)	a. DUE TO	OR AS A CONSEC	ALL OF CHARLES	_	186	5066	Samo	11/7		0	
_	_	4	ANTE	Jan.	Na.	nl	il	in	JA X	Total -		i
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE OF	-	e sa		7	your o	es est		
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										[]
[[[	that initiated events resulting in death) LAST	DUE 10	OR AS A CONSEC	DUENCE OF	Di .							
ш	resulting in death) LAST	d										
L	PART II. Other aignificant condition	s contributing to	death but not r	eaulting I	n the u	nderlying	cause g	iven in i	Part i. 24s.	WAS AN AUTO	PSY	24b. WERE AUTOPSY FINDINGS
MEDICAL		MARCE	Keden	in						PERFORMEO? YES 2 ☑ N		AVAILABLE PRIOR TO COMPLETION OF CAUSE
		desso	tan	HUEN	Co	tin				123 2 13 14	٠	OF DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DI	ATH (Che	ck only one)			
HYSI	1 TES 2 NO	1 Inpetient 2					• 5 € Re	sidence i	a 🗆 Other (Spec	city)		
0	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, Da	INJURY ly: Year)	26b. TIMI INJ			RK?		2ad. OESCRIBE	HOW INJUR	OCCURE	ED
B	2 Accident Investigation	28a. PLACE OF	F INJURY — At ho	me form o			/ES 2 _	NO		100		
윤	4 Homicide a Could not be	building,	etc. (Specify)	iriu, tarriti, a	ereet, rac	nory, ome			City or Town		imber or R	tural Route Number,
9	29a. CERTIFIER 1 CERTIFYING PHYSI	CIANA To the best of										
COMPLET		CIAN: To the best of R: On the besis of an										use(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			Julia	,	-pinnon, 0						
BE	1/20	Zan		1		- 1	29c LICE	NSE NUM	S I	29d	DATE SIG	GNEO (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAND					V:	7 7:	37		1	21175

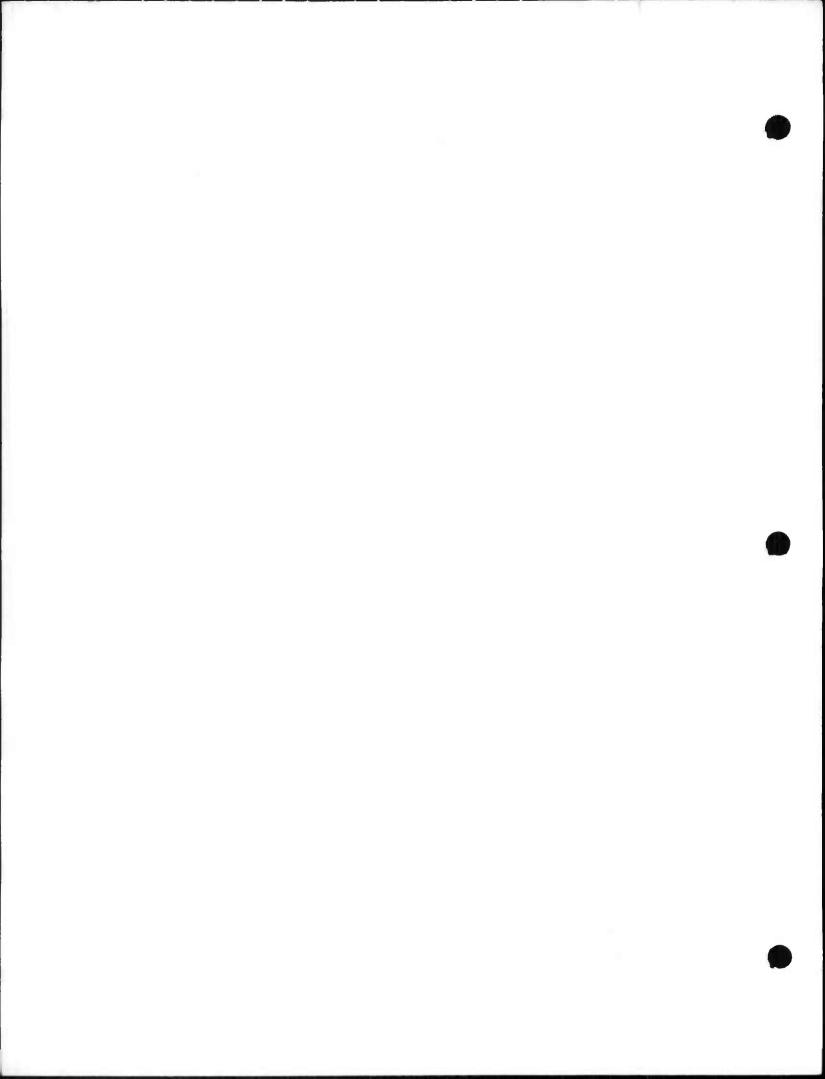
MILLERSVILLE, MD

JAMES BENJAMIN MD
31: DATE: FILED (Month, Day, Year)

APR 1 1993 July 32. REGISTRAR'S SIGNATURE Fulia Davidson-Randa M.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

653 OLD MILL ROAD



24 hours	
within	
executed	
2	
certificate	
death	
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The	
PHYSICIAN:	
R ATTENDING	
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						q	3 09045
	REGISTRAR	MARYLAND / DEP CERT	PARTMENT OF	HEALTH AND I	MENTAL HYGIEN REG. NO.	E	0 0 0 0 0 0 0
	1. oecedent's name (First, Middle, Last) Gregoria G. Ocampo				2. DATE OF DEATH	* 1993	year 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  1 □ M 2 🛣 1	8. AGE (In yrs. lest birthd	MONTHS DAY		7. DATE OF BIRTH	906	a BIRTHPLACE (State or Foreign
OR	90. FACILITY NAME (If not inetitution, give street and number)  1 Brett Court Apt.	122		N OR LOCATION OF DE	ATN		TY OF DEATH 1timore
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	10c,	CITY, TOWN OR LO	CATION			10d. INSIDE CITY
	Maryland Baltimor	e	Essex				LIMITS?
FUNERAL	1 00. STREET AND NUMBER  1 Brett Court Apt	122		101. ZIP CODE 27 227		10g. CITIZ	EN OF WHAT COUNTRY? USA
NS I		ENT EVER IN U.S. ARMED	13. WAS		IIC ORIGIN? (Specify Yes	or No T	14. RACE — American Indian,
B≺	1 Never Merried 2 X Merried FORCES?	1 YES 2 NO E WAR OR DATES	If yes	specify Cuben, Mexica YES 2 NO Specify	n, Puarto Rican, etc.)		Philippine
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind	IT'S USUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/IND	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or	5+) We. Do NO	Housewi.	fe	Ho	me	
ő	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE	Segundo D Guzmau			Flor			
2	Reynaldo T. Ocampo, Hus			Court Apt	Route Number, City or Town		ore, MD 21221
	20e. METNOD OF DISPOSITION  1 Department of the control of the con	20b. PLACE AND DA	TE OF DISPOSITION	(Neme of	DATE 20c. LO		ity or Town, State
	4 Donetion 5 Other (Specify)	ns 4/3/93	Tows	son, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ounv Uneral Hom	PA				
	Mary Brisks	h	140'	7 Eastern	Ave. Belt	imore	. MD 21221
		seuse on each line.	d co	mode of dying, auc	h ea cardlec or respi	ratory srre	st, Approximats interval Between Onset and Desti
NOI	Sequentially list conditions	TO (OR AS A CONSEQUENCE	ci Cure				
SERTIFICAT	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	TO (OR AS A CONSEQUENCE	E OF):				
MEDICAL CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing	to death but not resulting		/ing couse given in	Part I. 24e. WAS AN PERFOR 1 🗀 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing Drotein Calorie	to death but not resulting	ng in the underl	ving couse given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- 1	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing  Drotein Calorie  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	to death but not resulting	ng in the underly	ring couse given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- 1	if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing  DYDEN CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE  d  PART II. Other significent conditions contributing  DYDEN CAUSE (DISEASE)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   10   10   Inpetient   Inpetient   10   Inpetien	to death but not resulting the control of the contr	26 OTHER:	PLACE OF OSATH (Che	PERFOR  1 YES 2  ack only one)  8 Other (Specify)	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing  Drofe's Calor's  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1 Inpettent  27. MANNER OF DEATH  1 Netural 5 Pending	to death but not resulting the contract of the	OTHER: A 4   Nursing   IME OF   INJURY   28c.	. PLACE OF OBATH (Ch	PERFOR  1 YES 2	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing  DYDEW CAUY'S  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpetient 22. MANNER OF DEATH  1 Natural 5 Pending Investigation 28e. PLACE Month  2 Accident Investigation 28e. PLACE building 29e. CERTIFIER (Check only)  29e. CERTIFIER (Check only)	to death but not resulting to death but not resulting to the control of the control of my knowledge, death occ	OTHER: A 4 Nursing P TIME OF INJURY M TIME OF INJURY M TIME OF INJURY A TOTHER: A 1 P TOTHER: A 1 P TOTHER: A 1 P TOTHER: A 28c. 1 [ TOTHER: A 1 P TOTHER: A 28c. 1 [ TOTHER: A 28c. 1 [ TOTHER: A 28c. 1 [ TOTHER: A 3 P TOTHER: A 4 P TOTHER: A 4 P TOTHER: A 4 P TOTHER: A 5 P TOTHER: A 6 P TOTHER: A 6 P TOTHER: A 7 P TOTHER:	PLACE OF OSATH (Cha	PERFOR  1 YES 2  ack only one)  8 Other (Specify)  28d. DESCRIBE NOW II  28f. LOCATION (Street e City or Town, State)	MED?  NUTRY OCCU  nor no state-	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  UNDER PRIOR OF CAUSE OF DEATH OF CAUSE OF
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing  DYDEW ACCUPATION CONTRIBUTION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1 Inpetient 1 Inpetient (Month Investigation Investigation Investigation Investigation 28e. PLACE building (Check only 1 CERTIFYING PNYSICIAN: To the best (Check only 1 CERTIFYING PNYSICIAN: To the	to death but not resulting to death but not resulting to the control of the control of my knowledge, death occ	OTHER: A 4 Nursing P TIME OF INJURY M TIME OF INJURY M TIME OF INJURY A TOTHER: A 1 P TOTHER: A 1 P TOTHER: A 1 P TOTHER: A 28c. 1 [ TOTHER: A 1 P TOTHER: A 28c. 1 [ TOTHER: A 28c. 1 [ TOTHER: A 28c. 1 [ TOTHER: A 3 P TOTHER: A 4 P TOTHER: A 4 P TOTHER: A 4 P TOTHER: A 5 P TOTHER: A 6 P TOTHER: A 6 P TOTHER: A 7 P TOTHER:	PLACE OF OSATH (Cha	PERFOR  1 YES 2  8 Other (Specify)  28d. DESCRIBE NOW II  28f. LOCATION (Street of City or Town, State)  to the ceuse(e) end men time, data end place, and	NJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  UNDER PRIOR OF CAUSE OF DEATH OF CAUSE OF
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	1 . STATE	SIAIL OF M				HEALTH AI F DEATH		NTAL HYGIEN				
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		C	ERTIFIC	AIE U	F DEATH		REG. NO	).		Burene Va	
							2	DATE OF DEATH DOWNTH D	MY	YEAR	3. TIME OF DEATH	
	Josephine Plumb		0 00E (I	aria a I -					0	93	3:10 A	
		1 M 2 X F	6. AGE (In yrs. las	MOI	WITHS DAYS		HRS. 7.	DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign y)	
Pin	215-28-2424		85	YRS.		17 22-2	2		08		N.Y.	
onous m	9a. FACILITY NAME (If not institution, give s	treet and number)		96	. CITY, TOW	OR LOCATION	OF DEATH	1	9c. COUN	ITY OF D	EATH	
	6025 Hollins Ave				Ba	ltimore				_		
ECTOR	10e. STATE 10b. COUNT	1		10c, CITY, TO	OWN OR LOC	ATION				T	10d. INSIDE CITY	
g   Ë	Md.										LIMITS?	
	10e. STREET AND NUMBER			L Ball	timore	IOI. ZIP CODE			10a CITI	ZEN OE W	1 YES 2 X NO	
	CODE Halling Page											
N N	6025 Hollins Ave	12. WAS DECEDENT	EVED IN II C AD	MED	I 42 WHO O	21210	100011110	ORIGIN? (Specify Ye		.S.A		
2 (	1 Never Merried 2 Married	FORCES? 1	YES 2 XN		If yee,	specify Cuben, A	lexicen, P	uerto Rican, etc.)	s or No—	14. RACE Black	— American Indian, White, stc.	
	3 Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES		1 TES 2 NO Specify:				Specify			
	15. DECEDENT'S EDU		16a. DE	CEDENT'S USU	UAL OCCUPA	TION	_	16b. KIND OF BU	SINESS/INDI	IISTRY	White	
ETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	ve kind of work Do NOT use rel	done during i	nost of working	1	DITE 00/11101	001111			
집	12	0011080 (1-4 01 0 4)		House	wi fo			O.m.	Homo			
once.	17. FATHER'S NAME (First, Middle, Last)			use	MTTE	18. MOTHER	'S NAME	Own		-		
(a)	Ralph Plumb								30			
TO BE	19a. INFORMANT'S NAME (Type/Print)		101	, MAILING ADI	DRESS (Stree		ia C	a.ry a Number, City or Tow	n State 71-	Corfei		
1 1	Sally G. Willis											
2	20a. METHOD OF DISPOSITION				DIT Hollins Ave. Baltimore, Md. 21210  DIATEOFDISPOSITION (Name of OATE 20c. LOCATION — City or Town, State							
er must	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	matory or other i	plece)	wn, Stata							
	21. SIGNATURE OF PUNERAL SERVICE UN	ZHONES	op serv		COTP.			wson,	Md.			
examiner	N K	Uld 3	/				eral Hom	e Inc				
CG	1 Section	7597	York R	d. T	owson, M	d. 21	204					
or removal	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock or heart fallure. List only one cause on each line.										Approximete	
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final										Onset end Dea	
remation,	disease or condition	Meters	tatic	caso	c. 40,	me -	DN	C 512.00 S	)		3 mon	
	disease or condition - Maters tatic Carc. no ma - presumed  DUE TO (OR AS A CONSEQUENCE OF):  Chole do cho car comona											
burial.	Convention list and divine	b		choli	edoc	ho ca	s ci	homa				
BEL	If any, leading to immediate											
a .   U												
Hygiene or other	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST											
F -   M	resulting in death) LAST										-	
e 3 .	PART II. Other aignificant condition	a contributing to d	leath but not n	esuiting in th	he underivi	ng ceuse give	n in Par	ti. 24a. WAS AM	ALITOPSV	24h	WERE AUTOPSY FINDING	
of Health and In hows any inj	HUBERS	ens in			,			PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
E a	1753.0	41	1 "					1   YES 2   ANO			OF DEATH?	
0 = 1	V3 FCS	1001-11	L-Q								1 YES 2 NO	
Dept.	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEAT	H /Chank	national l				
State Dept. Item 23 s	EXAMINER?	HOSPITAL:			THER:							
을이수	27. MANNER OF DEATH	1 Inpatient 2 I		26b. TIME OF		Me 5 Reside						
	1 Natural 5 Pending	(Month, Day		INJURY	V	YES 2 N	-	d. DEŞCRIBE HOW I	NJUHY OCC	UHED		
death mar	2 Accident Investigation 3 Suicide a Could not be	28e PLACE OF	INJURY — At ho	no form of the		00 - 0						
~ ~   O	4 Homicide 8 Could not be determined	building, et	tc. (Specify)	ire, taitii, stree	n, rectory, on	100	28	I. LOCATION (Street of City or Town, State)		or Hunai H	oute Number,	
Within 72 hours after death ANT: If item 28 is ma COMPLETED BY	29a CERTIFIER											
	29a. CERTIFIER (Check only one)											
within 72	2 MEDICAL EXAMINE	R: On the besis of exa	mination end/or i	nveatigation, in	n my opinion,	death occured	t the time	, date end place, en	d due to the	ceuse(s)	and manner as stated.	
8 E U	296. SIGNATURE AND TITLE OF CERTIFIE			1-	_	29c. LICENS	E NUMBEI	1	29d, DATE	SIGNEO	(Month, Day, Year)	
E E	(W) THE W.	1 do	ner	1	LD,	D4	210	19	▶ :	3 - 3	8-93	
POR BE	0 1 00							1		198		
IMPOR TO BE	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type, Prin	nt)							
B R B		COMPLETED CAUSE				ty Pkv.	Bal	timore.	Md. 2	1210	)	
B 8 B			500 T	V. Uni		ty Pky.	Bal	timore,	Md. 2	1210		

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF I	HEALTH AND		IYGIENE IEG. NO.	93 (	09047	
		1. DECEDENT'S NAME (First, Middle, Last)	1 T.	Dr	TOGI	11	2. DATE OF MONTH	DAY	YEAR	4	
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF 1	BIRTH			
Ð		217-14-6161	1 M 2 F	69 YRS.	MONTHS DAYS	HOURS MIN.	4-17-	1923	Country	ARY/AND	
3 should	œ	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  St. Joseph's Hospital  Daltimore									
1, 2,	610	RESIDENCE OF DECEDENT						Ba	ltimo	re	
permit. Pages	L DIRECTOR		ltimore	10c. CIT					1	LIMITS?	
	BAL	100. STREET AND NUMBER 7438 Durwood R	bso		10	OI. ZIP CODE		10g. CIT			
020 physician. burial-transit	TO BE COMPLETED BY FUNER	11. MARITAL STATUS	12. WAS DECEOENT EVER IF	N U.S. ARMED	13. WAS DE	21222 CENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes or No-	14. RACE -	American Indian,	
21215-0020 al or attending physic for use as the burial		1 Never Married 2 Married 3 Widowed 4 Divorced	3 Wildowed 4 Divorced WW II				en, Puerto Rica: iy:	n, etc.)			
2121 al or atte		15. DECEOENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	WORK done during more retired.)	ON ost of working	16b, K#	O OF BUSINESS/IN	DUSTRY		
YLAND by the hospit be detached at once.		Elementary/Secondary (0-12)	College (1-4 or 5+)	Physic	al Lab	. Tech.	Bet	h lehem	Stee	1	
		17. FATNER'S NAME (First, Middle, Last)	Petrelli			18. MOTNER'S NA	AME (First, Midd	le, Maiden Surname)	a. BHTTHPLACE (State or Foreign Country FALLIAND)  COUNTY OF OEATH  altimore  10d. INSIDE CITY LIMITS? 1 YES 2 M NO  CITIZEN OF WHAT COUNTRY?  II. S. A.  14. RACE — American Indian, Black, White, etc. Specify, White  SINDUSTRY  The State of Country of Town, State  Emore, Maryland  Funeral Home at Balto, Md. 21  Funeral Home at Balto, Md. 2		
		Luigi  190. INFORMANT'S NAME (Type/Print)	10h MAN INC	ADDRESS (Over-	Anna		Stasano  Aber, City or Town, State, Zip Code)				
MAR ertained s 5 should notified		Mrs. Mary C. Petrelli 7438 Durwood Road Bal						ber, City or Town, State, Zip Code) Limore, Md. 2122			
may be or, page		20s. MPTHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rem		PLACE AND DATE	OF DISPOSITION (N	ame of	DATE	20c. LOCATION —	City or Town,	State	
IMOR Page 6 ma al director, p		4 Donation 5 Other (Specify)		OAK LA	WN CEM	ETERY 4	-2-93	Raltim	ore,	Maryland	
ALT death. e funerali.		/ Yorl!	Bann	ear	Jose	ph N. Z	annin	o Jr. F	unera	al Home	
BOX 68760,  cate be executed within 24 hours after hysician and completely filled in by the e prior to burial, cremation, or removal er traumatic event, the medical	CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Presse on e	ach line.		ode of dying, suc	ch an cardiac	or reapiratory ar	rest,	Intervai Between	
, P.O. BC eath certificate attending physic ntal Hygiene pri y, or other tr	RTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST									
Ty de at		PART II. Other aignificant condition	s contribution to death b			57190 × 10 •	400.	in the second			
BECORDS  The set the of the officers and M shows any Injection	MEDICAL	TAIT II. Otter agrinuan condition	contributing to death b	ut not resulting	in the underlyin	ig cause given in		NAS AN AUTOPSY PERFORMED?  YES 2 NO	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE	
23 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATN (C)	heck only one)				
F VIT SICIAN: The certificate in the State in the State i, or Item	YSIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp	estient 3 🗆 DOA	OTHER: 4  Nursing Hor	ne 5 🗆 Residence	6 Other (Sp	ecify)			
NOF VI ING PHYSICIAN: after this certifical eath with the St marked, or it	F	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY W	JURY AT ORK?	28d. DESCRI	BE HOW INJURY OC	CURED		
	BÁ	2 Accident Investigation	28s. PLACE OF INJURY	— At home, farm,		YES 2 NO	281. LOCATIO	N (Street and Numbe	r or Rural Rout	e Number,	
28 I SE	ETED	4 Homicide B Could not be detarmined	building, etc. (Spec	oify)	100			wn, State)			
Z Z Z =	COMPLE		CIAN: To the best of my know R: On the basis of examination							od manner as stated.	
TO THE HOSPI TO THE FUNER TO FILED WITHIN	ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DA1	E SIGNED (M	onth, Day, Year)	
TO THE De filed IMPOR	TO B	natinidad L 30. NAME AND ADDRESS OF PERSON WN	L' de feon	mis	5.	0199	508	▶ 3	130/9	13	
		30. NAME AND ADDRESS OF MERSON WN	DE LEOI	ATN (ITEM 27) (Type	Print) C/O	ST. 105	EPH	1+05P1	TAL	-	
_		31. DATE FILED (Month, Day, Your)	POZ. FISIST PARIS SIN	MER.	- 70W	SON	MD-2	1204			
		APR: 1 1993	A STATE OF THE PARTY OF THE PAR								

TO THE HOSPIAL OR ATTENDIAM: The law requires man the deam certificate be executed within 44 mounts after bear in any be retained by the impact of physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determent for many at the burdal-transit permit. Pages 1, 2, 3 sh be filled within 2 forum state death with the Charles and Mental Hygiene prior to burdal, cremation, or removal.  **HARDORAMENT*** If how, 29 is marging and 18 mount of the transmitter event the manifest as a note.	OR ALTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 mous after death. Page of may be related by the manner and physician.
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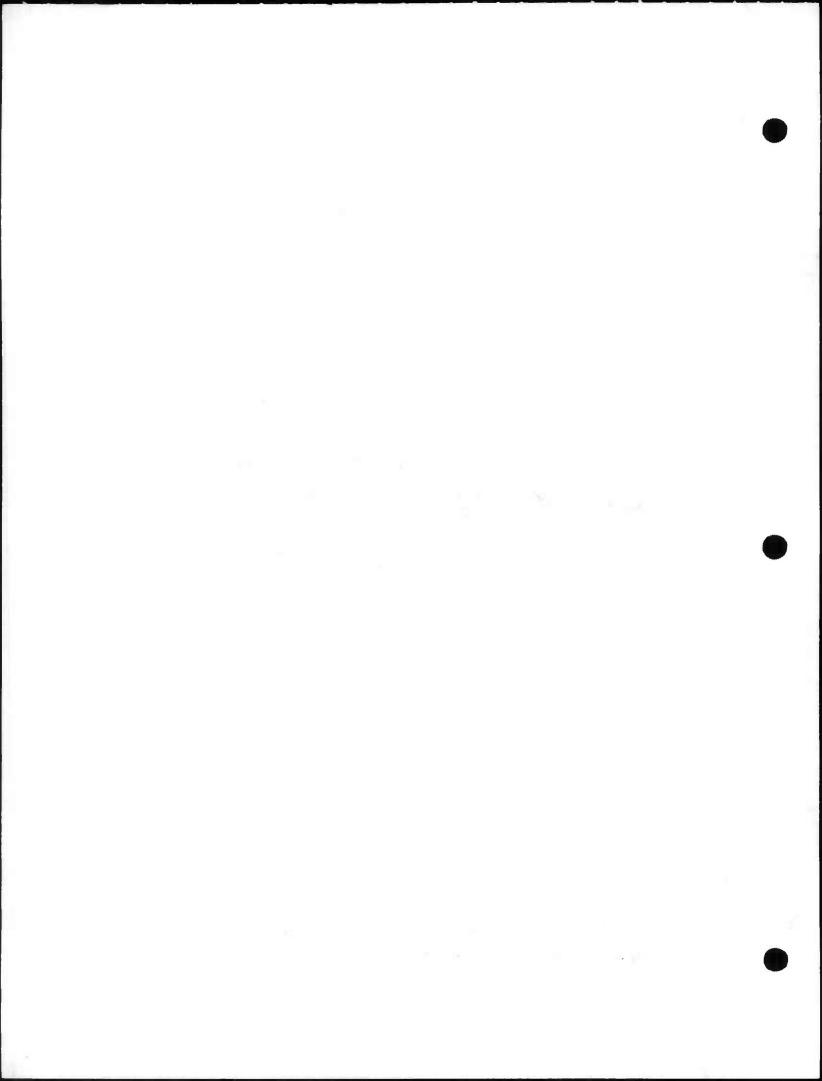
1 - STATE REGISTRAR		STATE OF MA				DEATH	REG. NO				
1. DECEDENT'S NAME (FIR	y Pa	arker	MARY I				3 8	19_	3. TIME OF DEATH		
4. SOCIAL SECURITY NUI  2/8-/0-/0  9e. FACILITY NAME (# not	656	1   M 2   F	AGE (In yrs. lest birt	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, 16ar) 1-12-02 MANYAR				
LEVIN C	dale	ereet end number)		B	1.5	more, Mi	. / /	90, 000	JNTY OF DEATH		
10e. STATE 10b. COUNTY			10	Oc. CITY, TOWN	OR LOCA	TION			10d. INSIDE CITY LIMITS?		
MARYLAND					BALTI	MORE			1 TYES 2 X NO		
10e. STREET AND NUMBER					10	r. ZIP CODE		10g. CIT	TIZEN OF WHAT COUNTRY?		
	MILE	LANE, APT.				21209		_	JSA		
1 Never Merried 2	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IN YES, GIVE WAR OR DATES			13	If yes, sp		NC ORIGIN? (Specify Yon, Puerto Rican, etc.)	es or No-	14. RACE — American Indien, Black, White, etc. Specify: WHITE		
	ECEDENT'S EDU			DENT'S USUAL			16b. KIND OF B	JSINESS/IN	IDUSTRY		
Elementary/Secondery (0-12) College (1-4 or 5+) 2				NOT use retired	JSEW]		of working PE AT HOME				
17. FATHER'S NAME (First,	Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
	RIS KIT	T				ANNA					
190. INFORMANT'S NAME							Route Number, City or To				
MR ARTHUR PARKER 11267-B AVE DE LOS LOBOS SAN DIEGO, CA 921											
20s. METHOD OF DISPOSITION  1 & Burlet 2 Cremetion 3 Removal from State  4 Danet 2 Cremetion 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeings of cemein											
4   Donation 6   Oth		CENSEE .	ARD.		_				JIIIOIGI, IID		
.()	· ( ) ( ) ( )				SOL	LEVINSON	& BROS.,	INC.			
- leu	1 / / W										
23. PART C. Enter the	diseases, or	complications that c	sused the death		5010	REISTERS	STOWN RD.	BALTO	o.,MD 21215		
23. PART Cities the shock, or iMMEDIATE CAUSE (I disease or condition resulting in death)	heart failure.	List daly one chuse	on each line.	n. Do not ent	5010 er the m	REISTERS	STOWN RD.	BALTC	rrest, Approximate interval Bets		
IMMEDIATE CAUSE (I	ditions, neclete LYING njury	a. Right DUE TO (OI	on each line.	i. Do not enti-	5010 er the m	REISTERS	TOWN RD.	BALTC	rrest, Approximate interval Bets		
iMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentielly list cond if any, leading to immoduse. Enter UNDERI CAUSE (Disease or in that initiated events	ditions, nedlete LYING along	b. DUE TO (OI  d.	R AS A CONSCOUE	in. Do not entire ince of:	5010 or the m	REISTERS ode of dying, suc	TOWN RD.  th as cardiac or rea  ACCI  Part I. 24a, WAS A	BALTC	rrest, Approximate interval Bette Onset and D		
immediate cause (I disesse or condition resulting in death)  Sequentielly list condition (I any, leading to immoduse. Enter UNDER! CAUSE (Disesse or in that initiated events resulting in death) Li	ditions, needlete LYING night of the condition of the con	b. DUE TO (OI  d	R AS A CONSCOUE	in. Do not entire ince of:	5010 or the m	REISTERS ode of dying, suc	TOWN RD.  th as cardiac or rea  ACCI  Part I. 24a, WAS A	BALTO piretory s  ALITO IN AUTOPS'S DRIMED?	Approximate interval Bette Onset and C		
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<b>DIVISION OF VITAL RECORDS, P.O. BOX 6</b>	8	8	90	H
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	TO THE HOSPITAL OH ATTLANTING PHYSICIAN: The law requires that the death certificate be exec	TO THE FUNERAL DIRECTOR OF THE CONTINUE OF SECURITIES AND SIGNED BY THE Attending physician and	vithin	IMPORTANT: If Item was made, or Item 23 shows any Injury, or other traumat
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	10	2	be fil	F

	1 - STATE REGISTRAR	STATE OF M	MARYLAN		TMENT OF H			GIENE G. NO.	73 07047
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE		3. TIME OF DEATH
		Agnes		anor	Phillo	e	03	31	93 9:00 A M
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. leal birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	MH s	BIRTHPLACE (State or Foreign Country)
	210-10-0939   10 m 2 KF   // YRS.					HOURS MIN.	07/1		ennsylvania
-	9a. FACILITY NAME (If not Institution, give				2.7	OR LOCATION OF D	DEATH	9c. COUNT	Y OF DEATH
5	3909 E. Nort	nern Par	kway		Ba1	timore			
E C	10a. STATE 10b. COUNT	ΙΥ	<del></del>	10c, CIT	Y, TOWN OR LOCAT	TION		10d. INSIDE CITY	
DIRECTOR	Maryland					Ra1	timore		LIMITS?
	10e. STREET AND NUMBER				101	I. ZIP CODE	CIMOLE	10g, CITIZE	N OF WHAT COUNTRY?
FUNERAL	3909 E. Nortl	hern Par	kwav			2	1206		USA
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN II	S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spe	cify Yea or No — 14	. BACE — American Indian
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2	XINO	If yes, sp	ecify Cuban, Maxic 2 NO Speci	an, Puerto Rican, a	rtc.)	Black, White, etc. Specify:
								White	
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUSTRY								STRY
Ä	Elementary/Secondary (0-12)	College (1-4 or 5 s	•)	life. Do NOT us	e retired.)				
COMPLET	7th Supervisor Baltimor  17. FATHER'S NAME (First, Middle, Laet)  18. MOTHER'S NAME (First, Middle, Meiden Surnal								Pizza Crust
		omas T	0.770.00			ľ		,	1
BE	19a. INFORMANT'S NAME (Type/Print)	nomas E	ower				Martha	Matilo	
Philip P. Philloe 3909 E. Northern Parkway Baltimore									
	1   Burlei 2   Cremetion 3   Removal from State   200. Location - City or lown, State   200. Location - City								
	21. SIGNATURE OF FUNERAL SERVICE LI	CHARLE AL	111	110 01	22, NAME AN	ND ADDRESS OF FA	ACILITY		nore, MD
	> Ser 2		me		Crem	ation S	Society	of Md.	, Inc.
	George E.				299	Freder:	ick Roa	d Balto	o., MD 21228
	23. PART I. Enter tha diseases, or shock, or haart failure.	List only one ceu	se on each	a death. Do r line.	ot anter tha mo	da of dyling, suc	ch ss cardiac or	respiratory arres	t, Approximete Intarval Between
	IMMEDIATE CAUSE (Fine) disease pr condition	do	1000	1 0	1100	2-0	20.1.		Onset and Death
	resulting in death)	1/2	HS(	NSEQUENCE OF	MADO	ZK L	ANCE	K	
		302 10	(011 715 71 00	NSECULINCE OF	-).				
CERTIFICATION	Sequantially liet conditions, if sny, laeding to immediate	DUE TO	(OR AS A CO	NSEOUENCE OF	7):				
8	cause. Enter UNDERLYING	C.							Į ,
E	CAUSE (Disease or Injury thet initiated events	DUE TO	(OR AS A CO	NSEQUENCE OF	7):				
	resulting in death) LAST	d							
	PART II. Other significant condition	ns contributing to	death but r	ot resulting	n the underlying	r ceuse alven in	Part I 24a V	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL	11.11	_			to one onlying	g codac given in	Р	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI							10	YES 2 NO	OF DEATH?
Σ							-		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26 PI	ACE OF DEATH (C)	back only one)		
Sic	EXAMINER?	HOSPITAL:	FB/Outnetles	3 DOA	OTHER:	1			
Ξ	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	4 Nursing Hom E OF 28c. INJ		8 Other (Speci	HOW INJURY OCCUP	REO.
	1 Natural 5 Pending	(Month, De	ay, Year)		URY WO	RK? YES 2 NO			
) A	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE O	F INJURY — /	It home, farm, a	treet, factory, office		281, LOCATION (	Street and Number or	Rural Route Number
Ä.	4 Homicide determined	building,	atc. (Specify)				City or Town	State)	,
Ä	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of	my knowledo	death occurre	ed at the time date	and alone and due		4 = 000 000 000 000 000	
COMPLETED									ause(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	3.77	1	_		29c. LICENSE NU			
8	0/ 50	D	1	1		• TALLICENSE NO	076	29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON IN	OCOMPLETED, CAUS	E OF DEATH	(ITEM 27) (Type.	Print)	4	1-1:	0	3/31/93
	· KANER	MEN	DEL	MD	201	EUX	IVERS	PKWY	BALLIUNEZ
	31. DATE FILED (Mooth Day Year)	in DEL MANERA	Posted III	E		,			
1 10	DAM F 1227 V								

		1 - STATE REGISTRAR	STATE OF		) / DEPAI Certif					MENTAL HYGIEN REG. NO					
		1. DECEDENT'S NAME (First, Middle, L								2. DATE OF DEATH	DAY	3. TIME OF DEATH			
		Paul  4. SOCIAL SECURITY NUMBER	5. SEX	erhart		T		nall			29 1	993 12:29P.M			
		212-90-7511	1 M 2 F	6. AGE (In yrs.	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 7 - 21 - 19	76	8. BIRTHPLACE (State or Foreign MARYLAND			
3 should	1	9a, FACILITY NAME (If not institution, g		10	******	9b. CITY	TOWN	OR LOCATI	ON OF DE		_	NTY OF GEATH			
	HC	Chelsea Beac		eide s	5.6+h				0.1 0. 0.						
s 1, 2,	5	RESIDENCE OF DECEDENT 10a. STATE 10b. CO		Side 6		-					1_Ani	ne Arundel			
permit. Pages	DIRECTOR	MARYLAND AN	INE ARUNDE	L	10c. CI	PASA	ADEN/					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
ist.	FUNERAL	761 G STREET				101. ZIP CODE 10g. CITIZEN OF WHAT USA				ZEN OF WHAT COUNTRY? USA					
15-0020 ending physician. as the bunal-transit	B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. 1 YES 2 ( WAR OR DATES			If yes, spe	ecify Cuba		IC ORIGIN? (Specify Ye i, Puarto Rican, atc.)	s or No—	14. RACE — American Indian, Black, White, atc. Specify: WHITE			
D 212	COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)			OECEDENT'S (Give kind of life. Do NOT u	WORK done so retired.)	during mo:	ON st of workin	ng	16b. KIND OF BUSINESS/INDUSTRY					
YLAN  I by the how  I be detach  at once.	BE CO	17. FATHER'S NAME (First, Middle, Lest) PAUL G. PASCHALL								NE (First, Middle, Maiden IICA PAFF	Surname)				
, MAR) be retained the 5 should a notified	10	190. INFORMANT'S NAME (Type/Print) PAUL G. PASCHAL	.L		761	G STF	S (Street a	, PAS	or Rural A	IA, MD 211	n, State, Zip 22	Code)			
FORE, e 6 may b ector, page		20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 5 4 Donation 5 Other (Specify)	amoval from State	20b. PLAC	GE AND DATE	OF DISPOS	ITION (Na	me of RY	4	DATE 200. LC		City or Town, State			
BALTIMORE, after death. Page 6 may be y the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE	Stir-	9.		22.	STAI 311	ADDRE LING 1 MOU	SS OF EAC	NERAL HOM N ROAD, P	E, P.	Α.			
BOX 68760,  cate be executed within 24 hours after thysician and completely filled in by the e prior to burial, cremation, or removal ar traumatic event, the medical	ATION	23. PART 1. Enter the diseases, shock, or theart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO	O (OR AS A CONS	S LOT SEOUENCE O	4 U M				as cerdiac or reep	iratory erro	est, Approximate Interval Between Onset and Death			
P.O.	CERTIFICATION	CAUSE (Disease or Injury that Initieted events resulting in death) LAST	AUSE (Disease or Injury at Initiated events DUE TO (OR AS A CON					UENCE OF):							
L RECORD: law requires that the as been signed by the bept, of Health and M 23 shows any init	MEDICAL	PART II. Other significent condi		deeth but no	ot resulting	In the un	derlylng	ceuse (	given in F	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
N: The ficate h State D	S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)	T) 4 - 1	2			
O the	PHYSICIAN:	1 XYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		3 DOA		ing Home		aldence (	28d. DESCRIBE HOW	Fiel				
NG PHYS frer this c eath with marked,	ВУ Р	1 Netural 5 Pending	59499	Q 3	, IN.	ingle	WOI	RK?	NO			ted Gunshot			
ISIC TTENDI TTOR: A after d	8	2 Accident Investigati 3 Succide 6 Could not 4 Homicide determined	28a. PLACE (	OF INJURY — At	home, farm,					28f. LOCATION (Street City or Town, State)	and Number (				
DIV OIREC DOREC DOURS HITEM	Ä	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the beat of			_			and due 1						
DI TO THE HOSPITAL OR TO THE FUNERAL OIR De filed within 72 hour IMPORTANT: If Item	COMPLET	One) 2XXMEDICAL EXAM	INER: On the basis of a									ed. a cause(a) and manner as stated.			
THE H	H	296. SIGNATURE AND TITLE OF CENT	ries						NSE NUM			E SIGNED (Month, Day, Year)			
₽ ₽ % <b>₹</b>	6	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	SE OF DEATH 41	TEM 27 /3	Deint		0.	C.M.	E.		03/30/1993			
		MARIAMOD D	160RETU	Mn111	l Pen	n S	tree	et,	Balt	imore,	Mary	land 21201			
		APR 1 199	32. REGISTRI	AVI don-	fandess	•									



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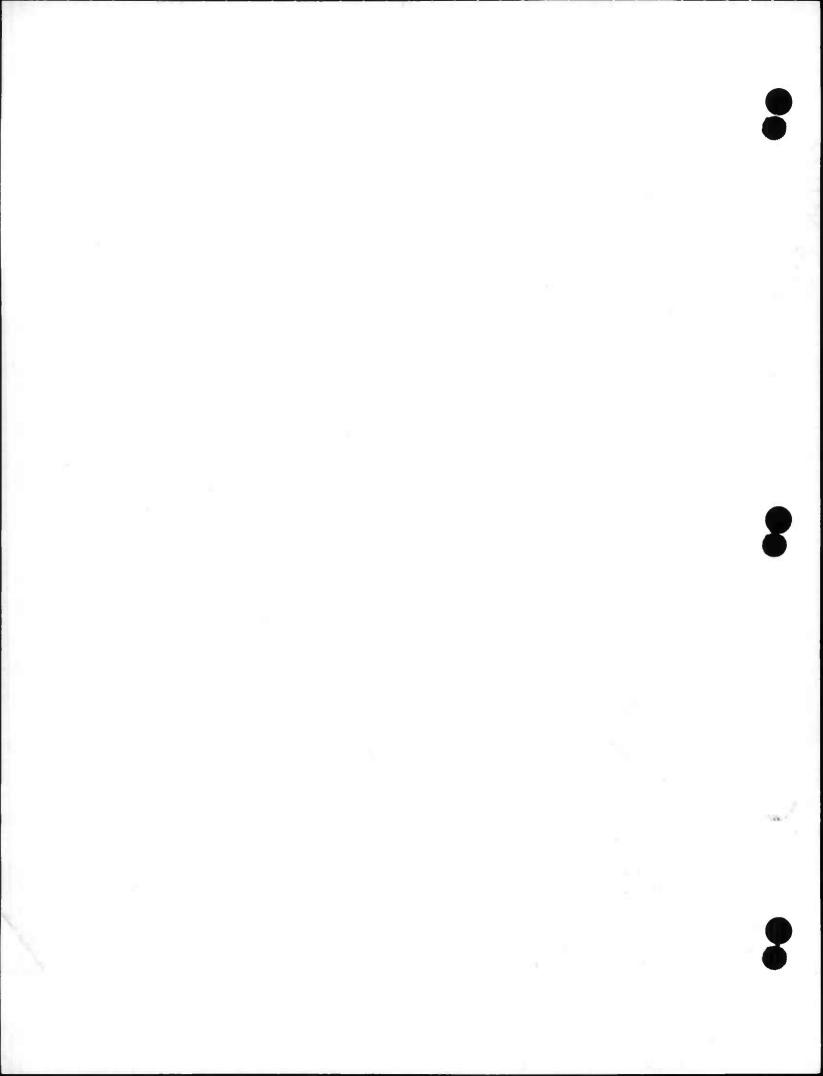
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TO THE MOSTIAL ON A MINISTER TRIBING THE LIMITED BY THE DESCRIPTION OF MINISTER AND MINISTER OF A MINISTER OF MINI	funeral d		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 93 1410 3 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yra. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 18-9727 3 1 - M 2 F 18 1899 MARYLAND 9a. FACILITY, NAME (If not institution, 96. CITY, TOWN OR LOCATION OF DEATH, 9c. COUNTY OF DEATH Home 6334 Cedar (ALL Cole-HD DIRECTOR UNSING 40. RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY OW.AN Olumbia 1 SETES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6334 ANG U. 2 1049 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES 1 TES 2" ND ВУ 3 Divorced 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 8TH COTTON MILL WORKER HOOPER MILL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) THOMAS ALISEA ADA MOORE BE 19s. INFORMANT'S NAME (Type/Print) 21043 2 ELIA BETHAN STUM 20a. METHOD OF DISPOSITION 1△ Burial 2 □ Cremation 20b. PLACE AND DATE OF DISPOSITION /Name of 26c. LOCKTION - City or Town, State DATE GOOD "SHEPHERD" CEMETERY 4/2/93 4 ☐ Donation 6 ☐ Other (Specify) ELLICOTT CITY, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME Mas 3818 ROLAND AVENUE, BALTO., MD. 21211 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? messere 1 YES 2 NO OF DEATH? 1 TYES 2 THO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 ND 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural
Accident 1 YES 2 NO 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🗌 Sulcide 6 Could not be 4 Homicide CERTIFIER

(Check only one)

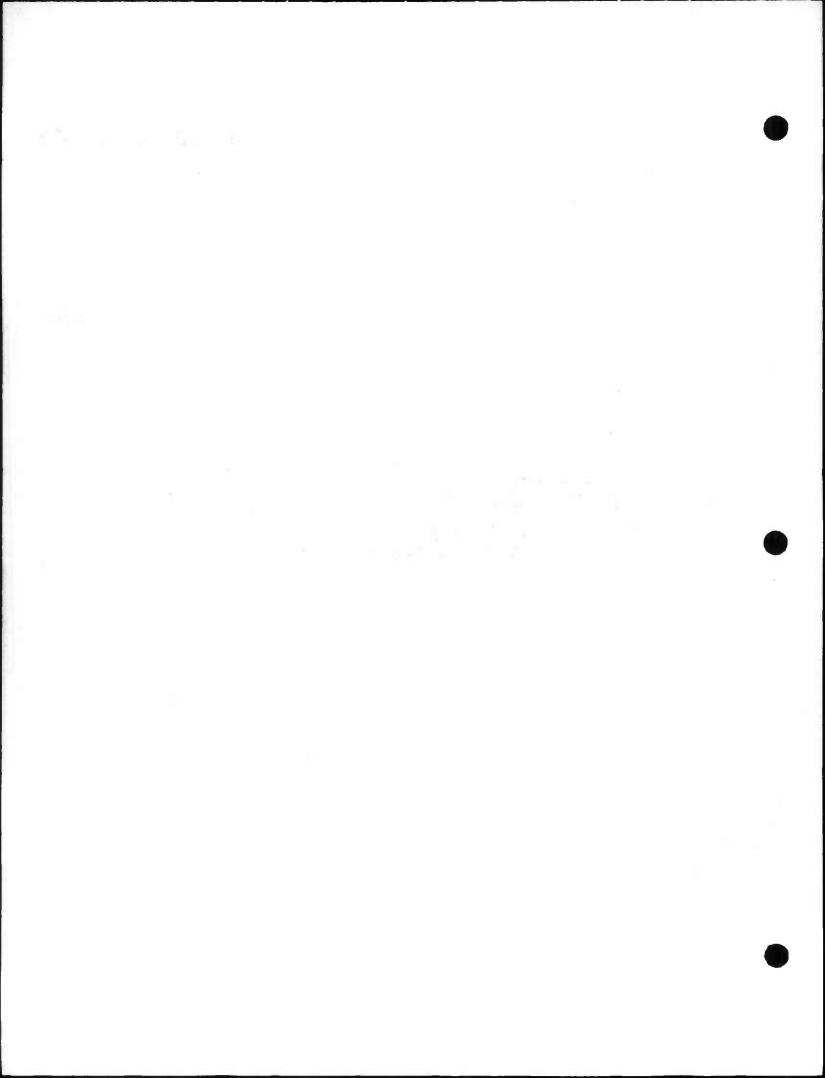
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: Dn the besis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KOLOD RUBETZ 9501 Tuha Durley 1993 APP



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tending physician.	as the burial-transit permit. Pages 1, 2, 3 should	
E. The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	defined physician and completely filled in by the faminal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 where price to burial, crimination, or removed	went, the medical examiner must be notified at once.
he death certificate be seacuted within 24 hours a	the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or nem-	sumatic e
ENDING PHYSICIAN: The law requires that if	R. After this certifi- or death with the 3	marked.
TO THE HOSPITAL OR ATTI	TO THE FUNERAL DIRECTOR be filed within 72 hours are	IMPORTANT: If Item 28 is

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	EALTH AND DEATH		GIENE		33002
	1. DECEDENT'S NAME (First, Middle, Last) MINOO	RANJI				2. DATE OF D		YEAR 93	3. TIME OF OEATH
	215-96-9628	MONTHS DAYS HOURS MAN (Mo					ATE OF BIRTH Month, Day, Year)  11-12-42    Country   Pakistan		
TOR	12912 Pickering D			ntown	EATH		tgom		
DIRECTOR	Maryland Montg		rmantov					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	12912 Pickering D	100. STREET AND NUMBER 12912 Pickering Drive				101. ZIP CODE 20874			
В	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	W NO	If yea, sp	ENOENT OF HISPAI ICUX Cuban, Maxica 2/13 NO Specif	in, Puerto Rican,	ecify Yea or No— atc.)	14. RACE Black Specif	- American Indian, White, alc. "Pakistan
COMPLETED		mpleted) College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	st of working		OF BUSINESS/INC	DUSTRY	
OMP	12 17. FATHER'S NAME (First, Middle, Last)	4+ E	lectrica	al Engi	18. MOTHER'S NA		AR Cars		
BE C	Rustumji Ranji					a Engin			
70	Zarine M. Ranji				ng Drive				0874
	20a. METHOD OF DISPOSITION  1   Buriel 2 \( \infty \) Cremation 3   Removal from State  4   Donatton 5   Other (specify)								n, State Tand
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Releade		Flec	K Funera Sandy S	1 Home,		real.	MD 20707
	23. PART I. Enter the diseases, or constitute. List immediate CAUSE (Final disease or condition resulting in death)	Acute Ly	month Bl	enter the mo	le of dying, suc	h as cardiac o	r respiratory arr	est,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	contributing to death but r	not resulting in	the underlying	cause given in		WAS AN AUTOPSY PERFORMED? YES 2 WO		MERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
SICIAN		IOSPITAL:	or 3 🗆 004	THER:	ACE OF DEATH (Ch		<b>14</b> 17 7		
ву рну	27. MANNER OF DEATH  1 Natural 5 Panding	28s. DATE OF INJURY (Month, Day, Mar)	20b. TIME C	OF 28c. INJ Y WO	IRY AT		HOW INJURY OCC	CURED	
	2 Accident investigation 3 Suicife 6 Could not be 4 Homicide defermined	M home, farm, stre				(Street and Number s, State)	et and Number or Rusel Route Number. Re)		
COMPLETED		N: To the best of my knowledge							and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	Ch2	-		29c. LICENSE NUN	4BER (67)	29d. DAT	E SIGNED	Mohito, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO C	CIA, MD	14808	PHY &	[ Leani	L11 +	+212 R	ocku:	The m
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	RE						/



	ATTENDING PHARENEY IN IAM requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CTOR: After the common is been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should after death with the state and Mental Hygiene prior to burial, cremation, or removal.	PORTANT if item 28 is marked or item 23 shows any injury or other traumatic again the medical examines request he marked as account.
4	P.	0	hear
	DING P	After t	e mar
	TTEN	after (	28 le
	OR A	DIRE	llam
	PITAL	FUNERAL within 72	Tr. If
	E HOS	FUN F	MATR
	D THE	D THE	MPD

	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH			
			t Rohr	baugh				3 6:30 PM			
	4. SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UN					RS. 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State Country)				
	174-36-6406	1 M 2 D F	MONTHS DAYS	HOURS MIN.	07/15/4	8 P	ennsylvania				
-	9e. FACILITY NAME (If not institution, give :	street end number)		9b. CITY, TOWN C	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH			
P	134 W. Read S	treet 21	201	Balt:	imore						
DIRECTOR	10e. STATE 10b. COUNT		Y, TOWN OR LOCAT	TION			10d, INSIDE CITY				
片	Maryland			Ral+	imore		LIMITS?				
A P	10e. STREET AND NUMBER		10f	. ZIP CODE	IMOLC	10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	134 W. Read S			21	201		USA				
2	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Y	e or No— 14.	RACE — American Indien, Black, White, etc.			
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	DATES	2 NO If yes, specify Cuben, Mexican 1 YES 2 NO Specify:							
	15, DECEDENT'S EDU	l carion	T		Λ		1	White			
COMPLETED	(Specify only highest grade	completed)	(Give kind of v	USUAL OCCUPATION  From retired )	ON st of working	16b. KIND OF BI	JSINESS/INDUS	ГЯУ			
PL	Elementary/Secondary (0-12)	College (1-4 or 5+)		stume I	Diciana		heatr	0			
OM	17. FATHER'S NAME (First, Middle, Last)		1 561/00	stume i		AME (First, Middle, Maide		E			
	Philip				,	stetter					
) BE	19a. INFORMANT'S NAME (Type/Print)	Infales no			nd Number or Rural	Route Number, City or To					
임	Anna L. Rohrb	augh	140	Clearv	iew Rd.	Hanove	r. PA	17331			
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ☑ Cremation 3 □ Rem	20	h PLACE AND DATE	E DISPOSITION (No.	me of	DATE 200 L	OCATION CIN	as Taura Casta			
Metro Crematory, Inc. 3/31 Baltimore,							ore, MD				
1 1	21. SIGNATURE OF JUNERAL SERVICE CO	DENSEE MA THE		22. NAME AN	ID ADDRESS OF FA	ociety o					
	George E.							, MD 21228			
	23. PART I. Enter tha diseasea, or	complications that cause	d tha death. Do n	ot anter the mo	de of dying, aud	ch ea cardiac or reas	oiratory arrest	Approximate			
1 1	IMMEDIATE CALISE (Fine)	List only one cause on						Interval Between Onset and Death			
	disease or condition resulting in death)	· Cardiop	ulmoner	ame	st.			(1200) (200)			
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions.										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	A IDS	A CONSEQUENCE OF	):							
윤	CAUSE (Disease or Injury that initiated events	C	A CONSEQUENCE OF	):							
臣	resulting in daeth) LAST	. ,		,							
		a									
¥	PART II. Other algnificant condition	a contributing to death	but not resulting i	n tha underlying	g causa given in		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
MEDIC						1 _ YES	2 NO	COMPLETION OF CAUSE OF DEATH?			
						_		1 TES 2 NO			
Ä											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (Ch	eck only one)					
HYSICIAN:	1 VES 2 NO 27. MANNER OF OEATH	1   Inpetient 2   ER/Out		4 - Nursing Home		6 Dther (Specify)					
0	1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	RK?	28d. OEŞCRIBE HOW	INJURY OCCUR	EO			
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, ferm, s		ES 2 NO	284 LOCATION (Street	and Mumber of F	Provide Davids Monthly			
W 4 Homicide determined City or Town, State)						tural Houte Number,					
١٣	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of	vladna d-sib	d at the state of							
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.    CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.											
1 <b>%</b> 1		-4-4		1							
COMPLET	29b. DIGNATURE AND 20TH F OF CONTROLS	1///19 1 11			29c. LICENSE NUI	WBER	29d. DATE SI	DALES ALL IN D. III I			
BE	296. SIGNATURE AND TITLE OF CHRESHES	Man				136		GNED (Month, Day, Year)			
l w l	· hall	5/1/mm	EATH (ITEM 27) (Torse	Print)	<ul> <li>D3r3</li> </ul>	36	<b>▶</b> 0.				
BE	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE		Print)		76	<b>.</b>				
BE	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	)	Print)		16	<b>.</b>				

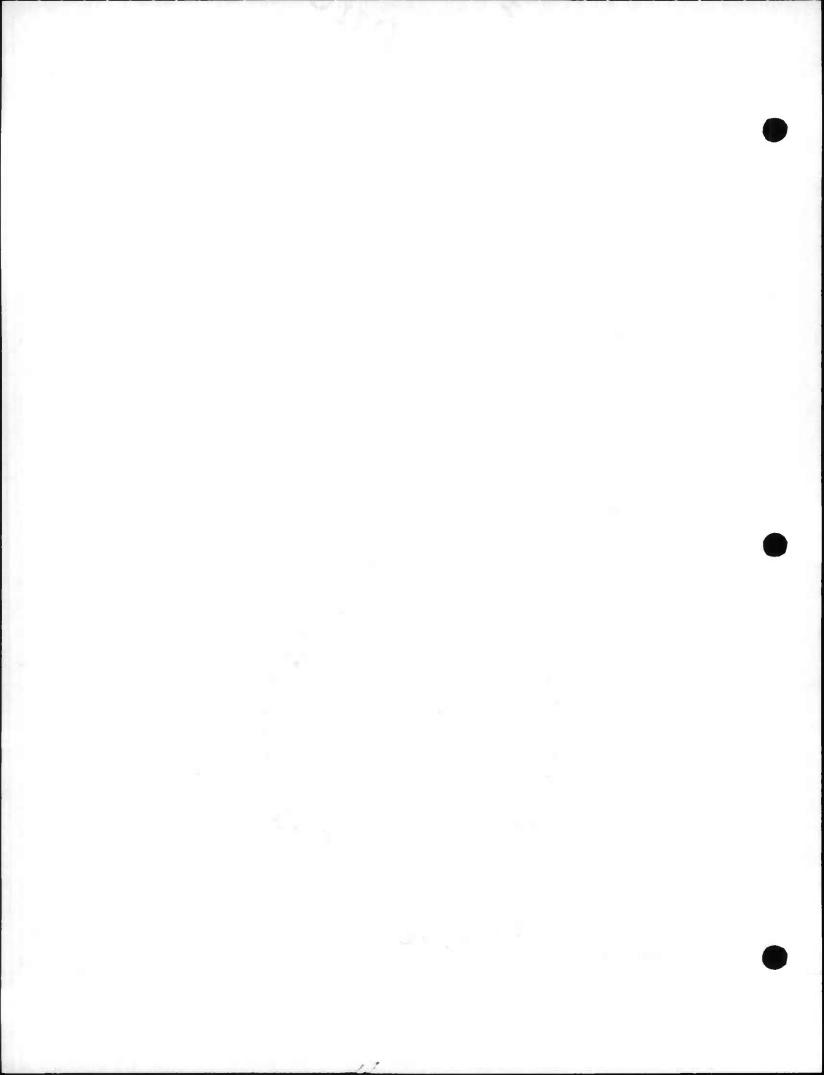
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the knowral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.
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93 09054 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E 93	09054		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Milburn	W. Soper, Jr.				March 30 1		10:30 pm		
		5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HR			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	7. DATE OF BIRTH 8. BIRTHPLACE (State			
		1 ⋈ M 2 □ F 73 YRS.			HOURS WIN.	3/6/1920 Maryland				
~	Se. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNTY	OF DEATH		
DIRECTOR	3 Cameron Court Apt. E Perry Hall Baltimore County							imore County		
뿔	10a. STATE 10b. COUNTY	ION	10d. INSIDE CITY LIMITS?							
	Maryland Balt	imore County	/	Perry H				1 TES 2 NO		
A I		A+ F		101	21236			of what country?		
FUNERAL	3 Cameron Court	APL. E	III S ADMED	42 WH C DEC		WA ADIOWA D				
	1 Never Married 2 Married	FORCES? 1 X YES 2 NO			S DECENDENT OF HISPANIC ORIGIN? (Specify Yes or is, specify Cuban, Mexican, Puerto Rican, etc.)			Black, White, etc.		
								Spec//y: White		
COMPLETED										
₹	/		Uphol	sterer		Self	-Employ	/ed		
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		,		
8	Milburn W. So  19a. INFORMANT'S NAME (Type/Print)	oper, Sr.				nie Marie		-		
일		0.20				Route Number, City or Town				
- 1	Terrance D. Sope		PLACE AND DATE OF			ue Baltim	CATION - City			
	1 X Burial 2 Cremation 3 Remov	al from State ceme	etery, crematory or oth	er place)	amatary	1/2/02 Ba	1 timore	e, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE	A Authorities			D ADDRESS OF FA	CILITY	Termore	s, Mary Turio		
	→ Mark T		. Zavoyna	LEON		Ruck, Inc.				
$\vdash$	23. PART I. Enter the diseases, or co	zamena	Man dank Danie	1 5305	Harford	Rd. Balt	imore.	Md. 21214		
	shock, or heart failure. Li	st only one cause on er	ich line.				(	Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Swall Cell July Carcinoma (8M02)									
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	:						
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	cause. Enter UNDERLYING	·								
三	CAUSE (Disease or Injury that initiated events	DUE TO (QR AS A	CONSEQUENCE OF)	:						
8	resulting in death) LAST									
2	PART II. Other significent conditions	contributing to death be	ut not resulting in	the underlying	cause given in	Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
S		72			, custo given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
EDIC						1 _ YES 2	□ NO	OF DEATH?		
. W								1 TES 2 DATO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	neck only one)				
Sic		HOSPITAL:		OTHER:		6 Other (Specify)				
РНУ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCURE	ED .		
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJU		RK7 'ES 2 NO					
	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY building, atc. (Speci	— At home, farm, sti	reet, factory, office		28f. LOCATION (Street a	nd Number or R	ural Route Number,		
ETED	4 Homicide determined		,			City or Town, State)				
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	edge, death occurred	at the time, date	and place, and due	to the cause(a) and man	ner as stated.			
COMPL								use(s) and manner as stated.		
ш	296. SIGNATURE AND TITLE OF CENTIFIER			-	29C LICENSE NU		29d. DATE SIG	NED (Month, Day, Year)		
00	VISON	min	S		D33	624	▶ 3/	3//93		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  7505 OSIER DR. St. 504 TOWSON MD 21304 JOHN C. DOWNS, M.									
	31. DATE PILED (Month, Day, Year)	Pay REGISTRANS SIGN	WHE . O. O.			4-111	2 500			
	APR 1 1993	gener variable	Marchael							



1215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by many attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be durated of use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR	RTMENT OF H	EALTH AND N	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)  MORRIS	SCHA		MORRIS S	I	2. DATE OF DEATH MONTH 2		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  114-10-2177		n yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 25,	C	RTHPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN O	OR LOCATION OF DEA		9c. COUNTY C	NEW YORK
TOR.	BALTIMORE COUNTY	GENERAL HOS	SPITAL	RAN	DALLSTOW	N		ALTIMORE
DIRECTOR		BALTIMORE		Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			RANDALLS	ZIP CODE		100 CITIZEN (	1 YES 2 MO
FUNERAL	9707 BRANCHLEIGH	RD,APT. 101			2113	3		USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO TES	13. WAS DECL If yes, spe 1 _ YES	ecity Cuban, Maxican		E	ACE — American Indian, lisek, White, etc.
9	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed	16a. DECEDENT'S	USUAL OCCUPATIO	IN st of working	16b. KIND OF BUS	SINESS/INDUSTR	Y
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	lile. Do NOT u	FFEUR	R OF WORKING	r	AXI	
SON	. 17. FATHER'S NAME (First, Middle, Last)	1				ME (First, Middle, Maiden		
BE	SOLOMON SCH	IATZ				PESACHINSK		
2	19a. INFORMANT'S NAME (Type/Print)  MRS MARION SC	HATZ				APT. 101 R		TOWN,MD 21133
	20a, METHOD OF DISPOSITION 1	val from State 20b.	PLACE AND DATE	OF DISPOSITION (National Property of The Control of	me of	0ATE 20c. LO	CATION — City o	
	21. SIGNATURE OF FUNERAL SERVICE LICE		DETII ED					
	→ Ellersu	e seven	son	6010 R	SOL LEVIN EISTERSTY	NSON & BRO OWN RD. BA	S., INC	21215
	23. PART I. Enter tha diseases, pr co ahock, pr heart fallure. L	emplications that caused	the death. Do					Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		IGE	PULMO	ONARY	FIBR	0515	intarval Between Onset and Death
NO	Sequentielly list conditions,							
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE O	r).				
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
	PART II. Other significant conditions	contributing to death bu	t not resulting	In the underlying	Cause given in f	Part i. 24s. WAS AN	ALITOPEY	24b. WERE AUTOPSY FINDINGS
MEDICAL	PROTEIN-ENE	FRAY MA	HINYT	RITIO	N	PERFOR	MEO?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N. N.								1 TES 2 NO
PHYSICIAN:		HOSPITAL:		OTHER:	ACE OF OEATH (Chec			
НУ	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpat  28a. DATE OF INJURY	28b. TIM	E OF 28c, INJU	5 Rasidence 8	28d. DESCRIBE HOW IF	NJURY OCCURE	,
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY WOF	RK7			
	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJURY - building, atc. (Specif	— At home, ferm,	street, factory, offica		28f. LOCATION (Street a City or Town, State)	ind Number or Ru	ral Route Number,
COMPLETED		IAN: To the best of my knowle						
	29b. SIGNATURE AND TITLE OF CERTIFIER	: On the basis of examination	and/or investigation	n, In my opinion, de	anth occured at the ti			te(s) and manner as stated.  #EO (Month, Day, Year)
TO BE	(. (ail	ly				333	▶ 3	2/ = 53
	30. NAME AND ADDRESS OF PERSON WHO	H, LAUTO	TH (ITEM 27) Type	Prine) 2//	133	<del></del>		
	31. DATE FILED (Month, Day, Year) $APR - 1 1993$	32. REGISTRAR'S SIGNAT						
	11 11 1223	gina Davidson	-Naulor					

The second second second 

hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

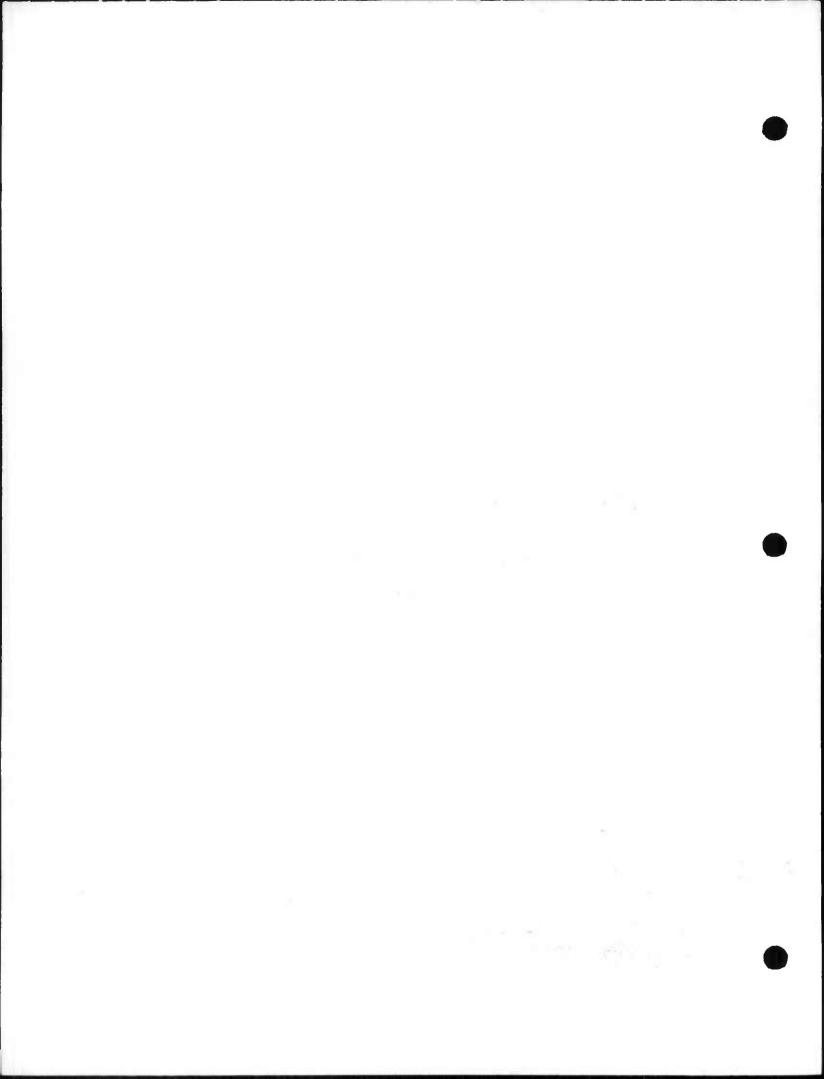
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ttending physician.	e as the bunial-transit permit. Pages 1, 2, 3 should		
PHYSHAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	In the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 s	The state of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	At them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ALTENDIN	SECTOR AN	ins after de	ım 28 is ı
	0 198	20.0	AF-File

	FOR	STATE OF MAI	RVI AND /	DCDADTMC	NT OF I	JEANTH AND	SACNITAL LIVE		3	09056
	1 - STATE REGISTRAR	STATE OF MIA	CE	RTIFICA	TE OF	DEATH		AIENE 3. NO.		
- 1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA	ATH DAY	YEAR	3. TIME OF DEATH
	EULA  4. SOCIAL SECURITY NUMBER	IDA 5. SEX 6.	SCC		_				93	3:00 P/ M
8	7	1 □ M 2 🙀 F	AGE (In yrs. lest	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, V 10-24-1	914	NORT	H CAROLINA
TOR	1210 N. BRADFORD				BALTI	OR LOCATION OF DI	EATH	111111111111111111111111111111111111111	NTY OF D	MORE
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TOW						10d. INSIDE CITY LIMITS? 1 7 YES 2 NO
	10e. STREET AND NUMBER					MORE CITY	Y	10a, CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	1210 N. BRADFORD S	STREET 12. WAS DECEDENT EV	/ED IN II C ADI	450 T	10. 11110. 027	21218		υ	JSA.	
BY	1 Never Married 2XX Married 3 Wildowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR	YES 2 XN	O	If yes, sp	CENDENT OF HISPAR ecity Cuben, Mexica 2 X NO Specifi	in, Puerto Rican, el	Ify Yes or No Ic.)	Speci	E — American Indian, k, White, atc. #y: BLACK
画	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	16a. DEC	CEDENT'S USUAL we kind of work do Do NOT use retire	OCCUPATE	ON ost of working	16b. KIND (	OF BUSINESS/INI		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		CTORY V			CA	T PAW	Ī	
00	17. FATHER'S NAME (First, Middle, Last) ALLEN JOHNSON					18. MOTHER'S NA	ME (First, Middle, N	faiden Sumeme)		
H	19e. INFORMANT'S NAME (Type/Print)	<u> </u>				FLORA		~ 21		
2	EDWARD SCOTT					ATA'S COUNTER				51056
	20a. METHOD OF DISPOSITION			ND OATE OF DISE		ORD STREE		IMURE,		
	1 ☐ Burial 2 ☐ Cremation 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	al from Stata	cemetery, cren	natory or other pla	ce)	EMETERY		OWINGS		Control of the contro
	21. SIGNATURE OF EUNERAL SERVICE LICES	NSEE	)		2. NAME A	ND ADDRESS OF FA	CILITY	100 700	1-00-	
	Charle	-10. B	n		.913 W.	PH H. BRO BALTIMORE	ST. BALT	O. MD. 2	1223;	E, P.A. P.O. BOX 4433
	23. PART I. Enter the diseases, or conshock, or heart fellure. Li	mplicetions thet ca et only one ceuse o	used the dea on each line.	nth. Do not en	ter the mo	de of dying, suc	h as cerdiac or	reapiratory an	rest,	Approximate interval Batween
- 1	iMMEDIATE CAUSE (Finel disease or condition	11- +	ml.30 -	. 110	1/1					Onset and Death
	resulting in death) a.	Heart OUE TO (OR	AS A CONSEO	UENCE OFI:	VD					
z		Essen TI	al H	1 heiten	sim	,				j
일	is any, reading to inimediate	DUE TO (OR	AS A CONSE	UENCE OF):	7000					
2	CAUSE (Disease or injury	DUE TO COR								
RTIFICATION	that initiated events resulting in death) LAST	DOE 10 (OK	AS A CONSEO	UENCE OF):						i 1
8	d.									
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions	4 4	th but not re	sulting in the	underlyin	g cause given in	Part I. 24a. W	AS AN AUTOPSY ERFORMED?	24b.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DE		NA					1 🗆 Y	ES 2 NO		COMPLETION OF CAUSE OF DEATH?
Σ							-			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26 PI	ACE OF DEATH (Chi	ack only one)			NA
Sic		HOSPITAL:	/Outpatient 3	DOA 4 DE	ER:	e 5 Pasidence		ul		
美	27. MANNEN OF DEATH	28e. DATE OF INJU (Month, Day, Y	JRY I	28b. TIME OF INJURY	28c, INJ		28d. DESCRIBE		CURED	
BY	1 Acsident 5 Pending Investigation	(		M		rES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At hon (Specify)	ne, farm, street, f	actory, offic		28t. LOCATION (S City or Town,	Street and Number State)	or Rural R	Route Number,
COMPLETED	29a. CERTIFIER   POERTFYING PHYSICIA	AN: To the bast of my I	(nowledge des	th occurred at the	a time state	and place and d	to the serve to	4		
JWC										) and manner se stated.
	296. BIGHATINE AND TITLE OF CERTIFIER					29c, AIÇENSE NUN				(Month, Day, Year)
O BE	10					2 182		•	3/=	31/23
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED SHIPE O								-

HISE OF DEATH (ITEM 27) (Type, Print) HIPP MD 238 N

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

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7	5	er th	the w	ark
ō	OIN	Aft	dea	S
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TOR.	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or remova	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
≥	RAI	REC	SUD	E
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	PITA	ERA	in 7	1
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hydlene prior to bunial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should wal. wal.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CI	ERITFIC	CATE	OF	DEAL	Н	F	REG. NO.			
1. DECEDENT'S NAME (First, Midd		ER						2. DATE OF MONTH	DEATH 2 <sup>04</sup>	Ĭ	93	3. TIME OF DEATH  3-10 A M
4. SOCIAL SECURITY NUMBER 212-30-6441	5. SEX	8. AGE (In yrs. las		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I	BIRTH 4 Year) 1	904		IPLACE (State or Foreign Cand
9a. FACILITY NAME (If not institution	on, give street end number)		1	9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH			EATH
Hebrew Home		Washingt		Rockville						Montgomery		
	COUNTY		10c. CITY,	TOWN OR	LOCAT	ION			-			10d. INSIDE CITY LIMITS?
Md.	Montgomery		Roc	Chville						LIMITS?  XX YES 2 NO  10g. CITIZEN OF WHAT COUNTRY?		
6121 Montros					101.	2085				-	u. s	. A.
11. MARITAL STATUS  1 Never Married 2 Married 5 FORCES? 1 YES 2/2/NO IF YES, GIVE WAR OR DATES  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/2/NO IF YES, GIVE WAR OR DATES  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify YI yes, specify Cuban, Mexican, Puerto Rican, atc.)  14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify YI yes, specify Cuban, Mexican, Puerto Rican, atc.)							or No—		E — American Indian, k, Whita, etc. Hy: White			
15. DECEDEN (Specify only high	T'S EDUCATION est grade completed)	16a. DE	CEDENT'S U	SUAL OCC	CUPATIO	N st of working	a	16b. KJf	O OF BUS	INESS/IN		
Elementary/Secondary (0-12) 12 Years	College (1-4 or 5	+)			rchant Clothing Store						2.	
17. FATHER'S NAME (First, Middle,	(asi)							ME (First, Midd		Sumeme)		
Joseph Wild								Kosov				0,0001
19a. INFORMANT'S NAME (Type/P) ROCHELLE WI								Route Number, g Dr.,				20901 ng, Md.
20a, METHOD OF DISPOSITION  A Burlai 2 Cremation 3 4 Donation 5 Other (Spec		Judea	of dispositions Mem	oria	e at con	ordery, crem	etory or				Mary.	own, Stata Land
21. SIGNATURE OF FUNERAL SER				22. N/				CILITY MFMORT	AI F	UNFR	AI H	OME, INC.
Donald.	C. Stor	tteny	in	23	2 C	ARROI	LS	TREET	N.W	. W	ASHI	NGTÓN. D. C.
immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	ATHER	OR AS A CONSE	RUTLO	: 2 H								Onset and Death
CAUSE (Diseese or Injury thet initiated events resulting in death) LAST	d.	(OR AS A CONSE	OUENCE OF):	:								
PART II. Other significent of	onditiona contributing to	death but not	resulting in	the und	lerlying	g cause g	iven in		a. WAS AN PERFOR	MED?	248	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO ME	DICAL				26 PI	ACE OF D	EATH (Ch	eck only one)				
EXAMINER?	HOSPITAL:	☐ ER/Outpatlant 3		OTHER:	•			6 Other (S	peclfy)			
27. MANNER OF DEATH	28a. DATE O		26b. TIME INJU	OF 2	28c. INJ			28d. DESCR	,,	NJURY OC	CCURED	
Netural   5   Pending   M   1   YES 2   NO						Route Number,						
_ 0 0000	nined building	, etc. (Specify)						City or T	own, State)			
anal .	IG PHYSICIAN: To the best of											s) and menner as stated.
29b. SIGNATURE AND TITLE OF (						29c. LICE	NSE NUI	MBER		29d. DA	TE SIGNE	(Month, Day, Year)
1. Cal	was MD					D	36	552		•	2/2	7193
30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CALL	SE OF DEATH (ITE	M 27) (Type, 1	Print)	0	Re	ck	-Mue	M	0. 20	2580	
31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE				•	-					

21215-0020	or attending physician.	use as the burdal-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAN	in 24 hours after death. Page 6 may he retained y manual	sly filled in by the funeral director, page 5 should be nation, or removal.	the medical examiner must be notified a gonce.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified by gree

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMENT	OF HE	ALTH DEA	AND I	MENTAL	HYGIENI REG. NO.	e 9 3	3 0	9058
	1. DECEDENT'S NAME (First, Middle, Last)  ARD GD	HAROLD W	OLFF WO	4	E				2. DATE OF MONTH	F DEATH DA		YEAR 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER		IF UNDER	24 HRS.	7. DATE OF (Month, I	Day, Year)	101	8. BIRTN Countr	PLACE (State or Foreign y) W YORK
œ	9a. FACILITY NAME (If not institution, give :	- 411			9b. CITY,					• - 1 / /		NTY OF D	
6	SINAI HOSPITAL												
DIRECTOR	MARYLAND 106. COUNT	BALTI	MORE		BALTI								10d. thiside city Limits?
FUNERAL	100. STREET AND NUMBER					101. 2	ZIP COD	E			10g. CIT	IZEN DF Y	VHAT COUNTRY?
JNE	6305 SHELRIC	HELRICK DRIVE 21209 USA											
BY FL	1 Never Married 2 X Married 3 Widowed 4 Divorced	2 X Married   FORCES? 1   YES 2   NO   If yes, specify Guban, Markan, Puerto Rican, etc.)   FYES, GIVE WAR OR DATES   1   YES 2   NO   Specify: Specify: Specify:						t, White, atc. fy:					
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gi	ve kind of	USUAL OC			10	16b. K	IND OF BUS	INESS/INC	DUSTRY	WHITE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT u	se retired.)			•	M	LITN	ARY		
	17. FATHER'S NAME (First, Middle, Lest)				-		18. MOT	HER'S NAI	ME (First, Mid	ldle, Maiden S	Surname)		
BE	PHTLITP  19e. INFORMANT'S NAME (Type/Print)	WOLFF	191	. MAILING	ADDRESS	(Street and			R FUR!		State 7in	Code	
TO	MRS NETTI				6305	SHE	LRI	CK DI	RIVE I	BALTI	MORE	, MD	21209
	20 SETHOD OF DISPOSITION 1 G-Gurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovet from State	20b. PLACE A cemetery, crea	MAR HAR	of disposit	ION (Name	e of	3-3	1-93 (	20c. LOC WINGS			
	21. SIGNATURE OF PUNETIAL SERVICE LIC	ENSEE	1					SS OF FAC	N & BE	205 .	INC		
	* Skey a	lay	Sur		60	10 R	EIS	TERS'	TOWN F	RD. BA	ALTT	MORE,	MD 21215
	23. PART I Enter the diseases, preference or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceu	(OR AS A CONSECUTION OF AS								retory en	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	(DR AS A CONSEC	OENCE D	r):	al		-an	hue				
	PART II. Other significent condition	s contributing to	deeth but not re	sulting	In the und	eriying o	ceuse ç	iven in i	Part I. 2			24b.	WERE AUTOPSY FINDINGS
Sign	- Hypothy	noidis	m						_   1	PERFORI			AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDICA									_				1 Tes 2 ND
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLAC	CE DF D	EATH (Che	ock only one)				
YSIC	1 WES 2 ND	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		5 🗆 Re	sidence	8 Other (S	Specify)			
	27. MANNER OF DEATN 1 ☑ Naturat 5 ☐ Pending	28a. DATE OF (Month, D.		28b. TIM INJ	E OF 2	BC, INJUR WORK 1 YES	K?	140	28d. DESCR	IIBE HOW IN	JURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At horetc. (Specify)	ne, term,	etreet, factor		3 6	NO	28t. LOCATI City or	DN (Street ar Town, State)	nd Number	or Rural R	oute Number,
	200 CERTIFIED												
COMPLET	(Check only one)  2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of a											and manner ea stated.
ш	29h STHATURE AND TITLE OF CERTIFIES							NSE NUM					(Month, Day, Year)
TO B	NO NE										<b>&gt;</b>	3/2	9/93
	30. NAME AND ADDRESS OF PERSON WH BENITU G. PAT	O COMPLETED CAUS	SE OF DEATH (ITEM	51 n/	Print)	tosp	177	r i	OF I	SAUT	mo	RE	
	APR - 1 1993	32 REGISTRA	R'S SIGNATURE	طلك									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CE	ERTIF	ICATE OI	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATN		3. TIME OF DEAT	Н
	Lillian	Dodso	n W	loodrui	ff	03	30	93	9:15	Рм
		AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF	BIOTH		HPLACE (State or For	_
	217-20-3885 1 M 2 🗓 F	67	YRS.	MONTHS DAYS	HOURS MIN.	(Month, C	20/25	Count	th Carol:	-
	9a. FACILITY NAME (If not institution, give street and number)			Oh CITY TOWN	OR LOCATION OF D					IIId
œ		02 21	201			EAIN		COUNTY OF D		
일	9 Ruxview Ct., Apt. 3	02 21	204	1	Ruxton			Balti	more	
E I	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY	
DIRECTOR	Maryland Baltim	ore			R113	kton			LIMITS?	
	10e. STREET AND NUMBER	.020			Of, ZIP CODE	10011	100	CITIZEN OF	WHAT COUNTRY?	NO
3	9 Ruxview Court, Apt.	302				L204	log.	US		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT 1		MED	12 WAS DI	ECENDENT OF NISPA		Caralla Marana Ala			
	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAF	YES 2X	10	If yes, s	pecify Cuban, Mexic	an, Puarto Rici	specify tell of No an, etc.)	Black	E — American India k, Whita, atc.	n,
┢	3 Widowed 4 Divorced	ORDATES		1 U YE	S 2 NO Speci	ify:		Spec		
요	15. DECEDENT'S EDUCATION	16a. DE	CEDENT'S	USUAL OCCUPAT	TON	16b. KI	IND OF BUSINESS	ZINDUSTRY	White	-
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(G/	ive kind of v Do NOT us	vork done during n	nost of working					
ਕੂ	12	Cor	rnor	ata Sa	cretary	Bui	ldina M	atomio	1 Cummle	- C-
ē	17. FATHER'S NAME (First, Middle, Last)	1001	DOL	are be			JUJIIZ I'll dle, Maiden Suman		T SUDDIA	/ CO.
	Julian S. Wood	ruff				Norn		Tho	rn	
B	19a. INFORMANT'S NAME (Type/Print)		b. MAILING	ADDRESS (Street	and Number or Rural				1, 11	
2	Mary W. Scott				, Apt. 3				20/1	
	20a, METNOD OF DISPOSITION	_		FDISPOSITION //		DATE	20c. LOCATION			
	1 □ Burial 2 T Cremation 3 □ Ramoval from Stata 4 □ Donation 5 □ Other (Specify)	cemetary, crei	matory or of	ther place)		3/31				
	21. SIGNATURE OF FUNERAL SERVICE LICENSPE	1/1	0 01	22. NAME	AND ADDRESS OF F	ACH ITY				-
		Me		Crem	ation S	Societ	ty of 1	Md.,	Inc.	
	George E. MacNabb				Frederi				MD 212	228
	23. PART i. Enter the diseesea, or complications that c shock, or heart fallure. List only one cause	ausad the da	eth. Do n	ot entar the m	oda of dying, au	ch aa cardlad	or reepiratory	arreat,	Approxima	
	IMMEDIATE CAUSE (Final	on each line.	)						Interval Be Onset and	
1	disease or condition reaulting in death)	Mrs +	4-40	. Cal	n Ca	nel				
İ		R AS A CONSEC	DUENCE OF	7:						
z	C b									
HIFICATION	it arry, reading to inimediate	R AS A CONSEC	VENCE OF	7:						
<u>5</u>	CAUSE (Disease or Injury									
=	that initiated events resulting in death) LAST	R AS A CONSEC	DUENCE OF	7):						
CER	d									
- 11	PART II. Other algnificant conditions contributing to de	ath but not re	esulting i	n the underivi	na cause alven in	Part I 24	a. WAS AN AUTOP	ev lash	WERE AUTOPSY FIN	1011100
DICAL				the dilddinyn	ng couse given in	- 1	PERFORMED?		AVAILABLE PRIOR T	o
						-   1	YES 2 NO	)	OF DEATH?	WSE
M M						_			1   YES 2   N	۰ <b>ا</b>
BY PHYSICIAN:	OF MAR CARE DEFENDED TO MEDICAL									
₫	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			OTHER:	LACE OF DEATH (C)	neck only one)				
2	1 YES 2 NO 1 Inpetient 2 E		□ DOA	4 - Nursing Ho	me 5 Residence	6 🗆 Other (S	pecify)			
£	27. MANNER OF DEATH  26a. DATE OF IN. (Month, Day,	JURY Year)	26b. TIMI		JURY AT ORK?	28d. DESCR	BE HOW INJURY	OCCURED	-	
5	2 Accident Investigation				YES 2 NO					- 1
_	3 Suicide 6 Could not be determined 28e. PLACE OF II building, atc	VJURY — At hor . (Specify)	ne, tarm, s	treet, factory, offi	ca	26f. LOCATIO	ON (Street and Nur. lown, State)	nber or Rural F	loute Number,	
	a nomiciae determined						, , , ,			_
3	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, des	th occurre	d at the time, dat	a and place, and dus	to the cause(	a) and manner as	stated.		
COMPLEIED	MEDICAL EXAMINER: On the basis of exem	ination and/or is	nveatigation	n, in my opinion,	death occured at the	time, data and	d place, and due t	to the cause(a	) and manner as sta	rted.
	2911 SIGNATURE AND TITLE OF CENTRIES				29c. LICENSE NU					
M N	• [				o D ?	1472	290.		(Month, Day, Year)	
2	M. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM	27) /Time	Print)	1-1/3	11,0		03/.	31/93	
	· ()M(( 2) ( 6	P A 4	CL (I)		1	2120	20			
	31. DÂTE FILED (Mogth, Day, 19ac)	The same	24	Way-	to, M)	4140	77			
	APR 1 1993 July Word	78 THE								1
- 11	711 41 - 122 // /	-								

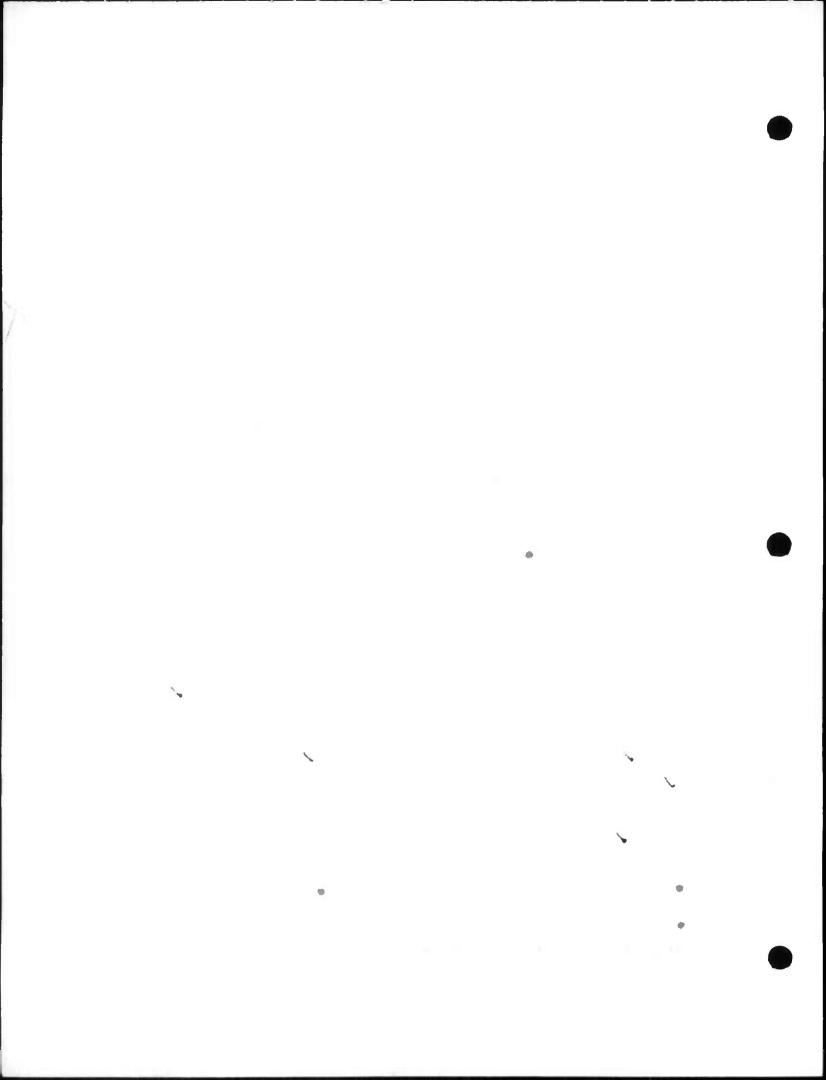
TO THE HOSPITAL OR ATTENDING, HEALOW. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After the manner is the been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death where some Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

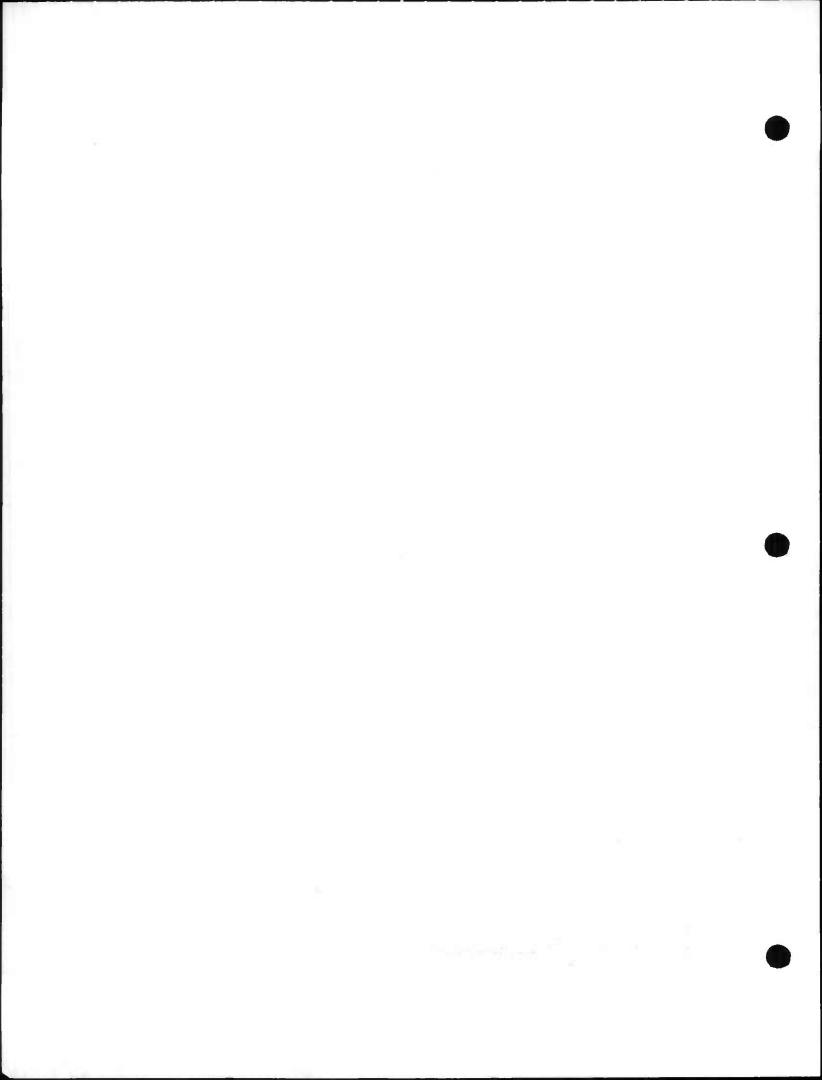
IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



	1 - STATE OF MARY		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) William Zimmermat	7 / William	Zimmerman, Jr.	2. DATE OF DEATH 3/29/0	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  141-14-5624  1 [VM 2 ] F	E (in yrs. lest birthday) F UN YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. HB DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-26-08	8. BIRTHPLACE (State or Foreign Country) NEW JEYSCY
TOR	90. FACILITY NAME (If not institution, give street end number)  Shella Maris Hospice  RESIDENCE OF DECEDENT	96. 0	TOWN OR LOCATION OF D		iltimore
JIREC	10a. STATE 10b. COUNTY  Marvland Baltimor	04-	N OR LOCATION	Λ	10d. INSIDE CITY LIMITS?
RAL	10e. STREET AND NUMBER		Glen 101. ZIP CODE	10g. CIT	1 ☐ YES 2 📉 NO IZEN OF WHAT COUNTRY?
BY FUNERAL DIRECTOR	11630 Glen Arm Road, Ap  11. MARITAL STATUS  1 Never Merried 2 Merried   IN U.S. ARMED	13. WAS OECENDENT OF HISPAI It yes, specify Cuben, Mexico		USA  14. RACE — American Indian, Black, White, etc.	
	3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL	1 TYES 2 NO Specific	16b. KIND OF BUSINESS/INI	Specify: White
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)  12 5+	Teacher/Adn	,	Morristown, Public Scho	New Jersey ool System
BE CO	17. FATHER'S NAME (First, Middle, Last) William Zimmermar	ı, Sr.	18. MOTHER'S NA	ME (First, Middle, Meiden Surneme) Esther Par	
TO B	19a. INFORMANT'S NAME (Type/Print)  Eliner S. Zimmerman			Route Number, City or Town, State, Zij	len Arm, MD 21057
	20e. METHOD OF DISPOSITION 2	0b. PLACE AND DATE OF DISE		DATE 20c, LOCATION -	
	21. SIGNATURE OF BUNIERAL SERVICE LICENSEE		2. NAME AND ADDRESS OF FA	ociety of Md	., Inc.
	George E. MacNabb  23. PART I. Entar tha diseases, or complications that cause	ed the death. Do not an			o., MD 21228
			tate with	Metastasis	intarval Between Onset and Daath
ATION	cause. Entar UNDERLYING	A CONSEQUENCE OF):			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	A CONSEQUENCE OF):			
AL	PART II. Other significant conditions contributing to death	but not resulting in the	underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC				1 _ YES 2 00 400	OF DEATH?
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТН	28. PLACE OF DEATH (Ch		0
PHYS	1   YES 2   10   1   Inpatient 2   ER/Ot  27. MANNED F DEATH   280. DATE OF INJUR (Month, Day, Year	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OC	PICE
O BV	Accident Investigation     Suicide 6 Could not be 4 Homicide determined      Accident 26e. PLACE OF INJU building, etc. (Sc	RY — At home, farm, street, fecily)	1 YES 2 NO	261. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
COMPLE	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my kno one) MEDICAL EXAMINER: On the best of examinat				
띪	296. SIGNATURE AND TITLE OF CERTIFIER  Carla A Clexand	eNO	Da 70		E SIGNED (Month, Day, Year)
5	Dr. Carla Alexander: 23		ey Yalley R	d; Towson	mo 21204
	APR 1 1993 Julia Dandson-Har	ATTIFE			



68760,
BOX
P.O.
RECORDS
VITAL
0
DIVISION

TO BE COMPL

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	100000
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	A CONTRACTOR
be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

						93	0.0	061
							UJ	001
	FOR STATE OF MA			NT OF HEALTH AND	MENTAL HYGIEN	E		
	REGISTRAR	CE	ERTIFICAT	E OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		ESLIE	ADAMS	2. DATE OF DEATH	3-27-9	3. EAR 3.	TIME OF DEATH
	Adams, Leslie	n .			Q3 2		33	1/AM M
	4. SOCIAL SECURITY NUMBER 5. SEX 6	. AGE (in yrs. les		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	O.	BIRTHPLA	CE (State or Foreign
	220-35-3641 1EM20F	45	YRS. MONTH	DAYS HOURS MIN.	(Month, Day, Year)	48	Mars	land
	Sa. FACILITY NAME (If not institution, give street and number)		9b. CI	TY, TOWN OR LOCATION OF D		9c. COUNTY		
E I	Francis Scott Key	MEd.	1+N B	Altimore		BA17	+1	
5	RESIDENCE OF DECEDENT	71/100, 0		7777770		DATI	1 111	246
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN				100	I. INSIDE CITY LIMITS?
	Md BAltimore		BALT	imore			1 (	VES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	N OF WHAT	COUNTRY?
E I	846 North EYTAW	Sti		121217		US	A	
5	11. MARITAL STATUS 12. WAS DECEDENT I			3. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		RACE -	American Indian,
	IF YES, GIVE WAS	YES 2 YES	40	If yes, specify Cuben, Mexico	nn, Puerto Rican, etc.)		Black, Wi	_
BY	3 Widowed 4 Divorced				,		L	BlACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a, DE	CEDENT'S USUAL	OCCUPATION e during most of working	16b. KIND OF BU	SINESS/INDUS	TRY	
9	Elementary/Secondary (0-12) College (1-4 or 5+)	life.	Do NOT use retired	()	Health	Provid	der	
를	12							
Ö	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden	Sumame)		
BE (	Mascrey Adams			Julia	Smith			
	19a. INFORMANT'S NAME (Type/Print)	191	b. MAILING ADDRE	SS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Co	ode)	
일								
	20a. METHOD OF DISPOSITION		AND DATE OF DISP		OATE 20c. LO	CATION — City	y or Town,	State
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cre	matory or other plac	e)	6			
- 1	21 CONATURE OF FUNERAL SERVICE LICENSEE RODAL	d Wade,	Dir 2	2. NAME AND ADDRESS OF FA	CLITY State	Anaton	ny Bo	ard
1	willy 11/1/held	3/31		555W.,Baltimo				ara
4	23 Marie Marie							
	23. PART I. Enter the diseases, or complications that c shock, or heart failure. List only one cause	aused the de on each line	eath. Do not ente	er the mode of dying, suc	th as cardiac or respi	ratory arrest	t,	Approximate Interval Between
	IMMEDIATE CAUSE (Final			•				Onset and Death
	-disease or condition resulting in death) a. C N S	10×0	plasv	MOSIS				6 mos.
	DUE TO (O	R AS A CONSEC	QUENCE OF):					
z I	Samuradally line and disease A 1 D S	>						1 year
CATION	if any, leading to immediate	R AS A CONSEC	QUENCE OF):					1
	CAUSE (Disease or Injury							
	that initiated events resulting in death) LAST	R AS A CONSEC	QUENCE OF):					
CER	d					-		
	PART II. Other aignificant conditions contributing to de	eath but not r	esuiting in the	underlying cause given in	Part i. 24a. WAS AN	ALITOROV	T net wer	
ੋਂ ∣	general paresis	1001 500 1101 1	osumy in the	underlying cause given in	PERFOR		AM	RE AUTOPSY FINDINGS ILABLE PRIOR TO
	general paresis				1 X YES 2	NO		WPLETION OF CAUSE DEATH?
Σ					_		1 [	YES 2 NO
PHYSICIAN: MEDICAL								
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		ОТН	26. PLACE OF DEATH (C)	neck only one)			
Y.S	1 YES 2 NO 1 Inpetient 2 E		□ DOA 4XN	ursing Home 5 - Residence	6 Other (Specify)			
표	27. MANNER OF DEATH  28a. DATE OF IN (Month, Dey,		28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUR	RED	
β	1 Natural 5 Pending 2 Accident Investigation		M	1 YES 2 NO				
	building, etc	NJURY — At ho :. (Specify)	me, farm, street, fa	ictory, office	281. LOCATION (Street a City or Town, State)		Rural Route	Number,
=	4 Homicide determined				2, 2, 51410)			

29d. DATE SIGNEO (Month, Day, Year)

3 | 27 | 93 MD

30. NAME AN.

COURSE STATE

31. DATE FILEO (MONTH, Day, 2007)

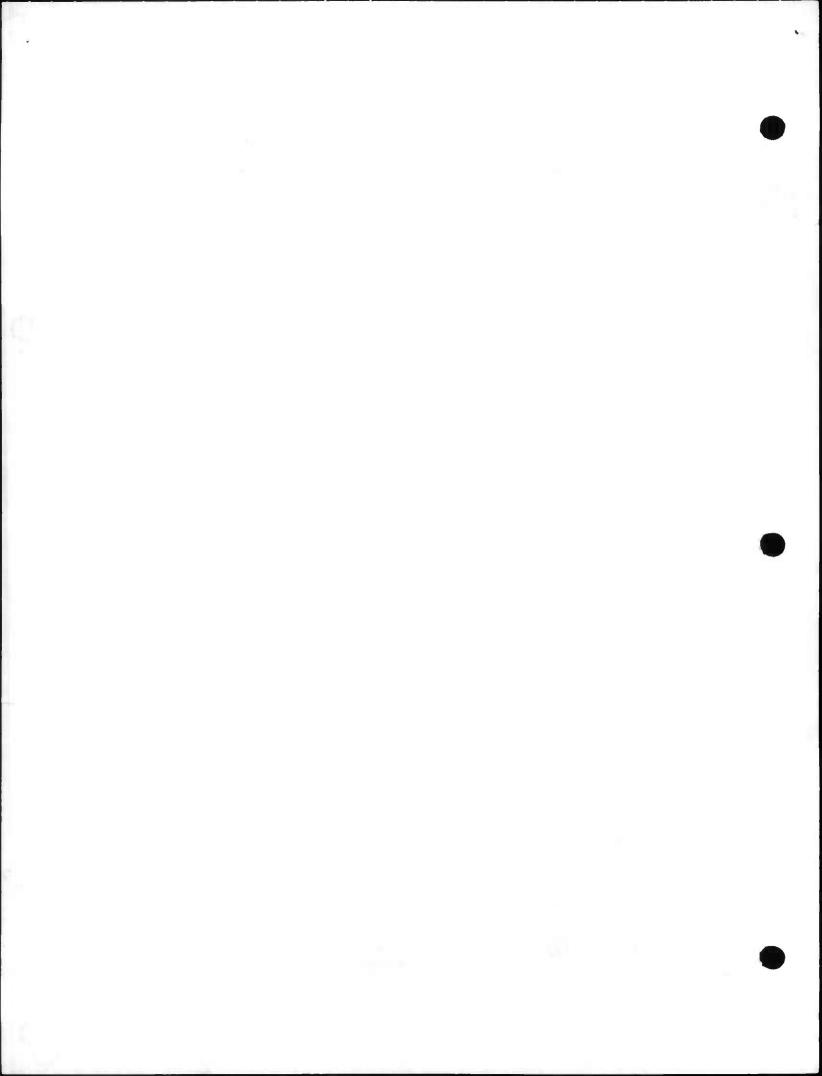
APR 05

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (8700, Print)

VI - Tunkurs Johns Hopkins Hospital

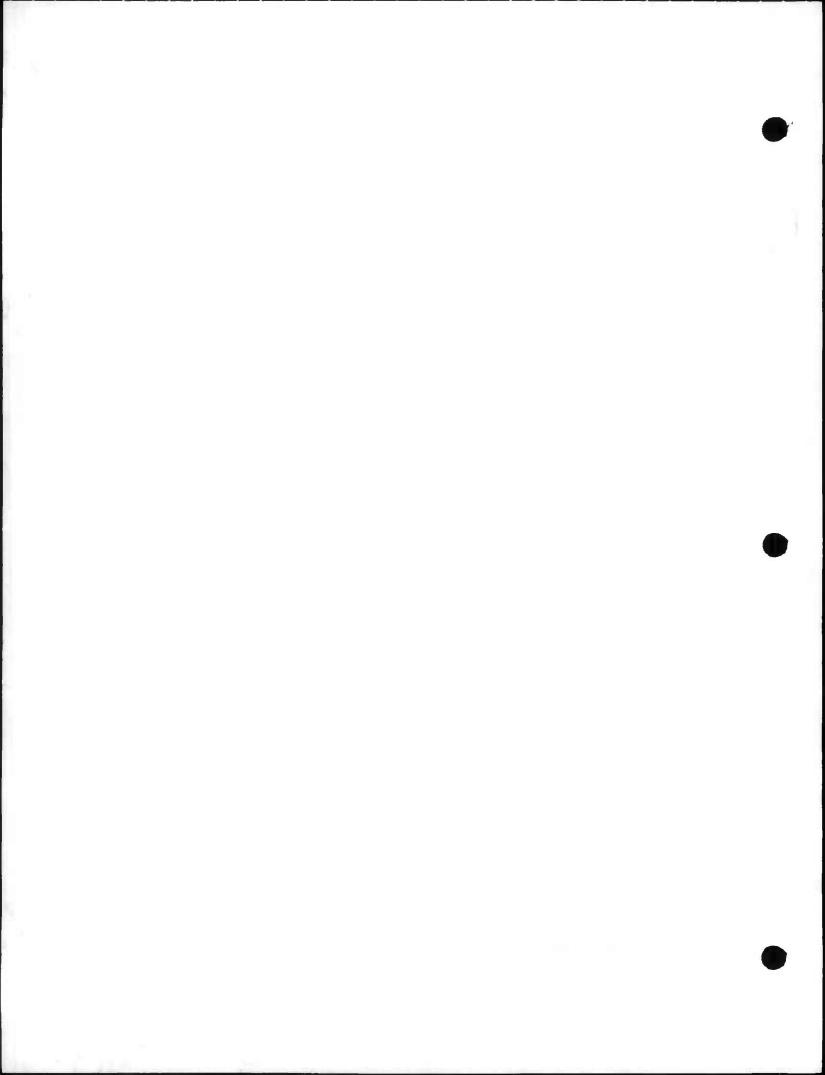
JUNICUS

32. REGISTRAR'S SIGNATURE
JULIUS AND STRANGER



<b>(3)</b>	g)	Ą.	
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	filled In by the funeral director, page 5 should be detached for use as the burial-transit perin, or removal.	e medicel examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL, OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be rotained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	HEGIOTION				OLITTI	IVAIL	_ 01	DEA	111	P	IEG. NO.	•			
Ä	1. DECEDENT'S NAME (First, M EMMETT WARRE		LL							2. DATE OF MONTH 03 3	D/	ν γ	/EAR	TIME OF DEATH	А м
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs			s. last birthday)	birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.										
				YRS.	MONTHS	ONTHE DAYS HOURS MIN. (Month, Day, Year)			.	8. BIRTHPLACE (State or Foreign Country)		eign			
	220-10-8593		41	72	1110.					01 2	1 2	-		rland	
~	9a. FACILITY NAME (If not instit	lution, give str	eet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUNTY	OF DEAT	784	
DIRECTOR	SACRED HEART		ITAL				CUM	BERL	AND			A	LLEG	ANY	
5	RESIDENCE OF DECE				$\neg$ =										
#		Ob. COUNTY			10c. CI	Y, TOWN C	-	TION					10	d. INSIDE CITY	
Ճ	Maryland	ATTe	gany Co			Lava	le						1	YES 2 0	NO
귉	10a. STREET AND NUMBER						101	. ZIP COD	E			10g. CITIZE	N OF WHA	AT COUNTRY?	
3	731 Nation	al H:	ighway					21	1502				USA		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVED IN II C	ADMED	140	WW 0 050	PHOCAGE C	DE 1410841		44 14				
田	1 Never Married 2 Ma	erried	FORCES? 1	YES 2	☐ NO	13.	if yes, sp	ecify Cubs	on, Mexica	IIC ORIGIN? (S n, Puerto Rica	pecity tes n, etc.)	or No 14	Black, V	American India Vhite, etc.	in,
BY	3 Widowed 4 Divorce		IF YES, GIVE W				1 TYES	2   NO	Specify	y:			Specify:		
			1943-45										Whi	te	
쁘	(Specify only h	ENT'S EDUC	completed)	164	(Give kind of	work done			ng	16b. KIR	ID OF BUS	SINESS/INDUS	TRY		
31	Elementary/Secondary (0-12	1)	College (1-4 or 5	+)	ille. Do NOT u	se retired.)									
9															
COMPLETED	17. FATHER'S NAME (First, Midd	lie, Last)						18. MOT	HER'S NA	ME (First, Midd	le, Maiden	Sumame)			
ш	Emmett War	ren A	Abell					Be	ssie	Jane	Belc	her			
0	19a. INFORMANT'S NAME (Type	s/Print)			19b. MAILING	ADORESS	S (Street a			Route Number, (			nde)		
2	Kathleen	M 7\1	hall							Lavale					
- 1	20a. METHOD OF DISPOSITION		pell						iway,						
	1 🗆 Burial 2 🗆 Cremation	3 🗌 Remo	val from State		CE AND DATE			ame of		OATE	20c. LO	CATION — CIT	y or Town,	, Stata	
- 1	4 Donation 5 Other (S)		1												
- 5	21. SIGNATURE OF FUNERAL S	BERVICE LICE	Rona!	ld Wad	e, Dir	22.	NAME A	ND ADDRE	SS OF FA	CILITY S	tate	Anaton	nyBoa	ırd	
	Market	1/	[] [Me	1 4	1/1/93	65	5W.1	Balti	more	St, Bal	Lto, N	1D 212	01		
1	or sure francis	///	1												
	23. PART I. Enter the dise shock, or hee	rt fallure. L	ist only one cau	t caused the	line.	not enter	the mo	de of dy	ing, suc	h as cardiac	or respi	ratory arres	t,	Approxima	
- 1	IMMEDIATE CAUSE (Final		1 .		^	0								Onset and	
	disease or condition		111	NA	10	. 1/0	10	0						2 610	06.
- 1	resulting in death)		DUE TO	(OR AS A CO	NSEQUENCE C	F):		10		. /				2 we	The state of the s
-			00	d	0	0	617	·H		Met	01	PIN		1-80	2006
CERTIFICATION	Sequentielly list condition		DUE TO	(OR AS A CO	NSEQUENCE C	h:	VV	0 • (		Iller	V	320		Dog	9
A	if any, leading to immedia cause. Enter UNDERLYING				(	).									
윤	CAUSE (Disease or Injury that initiated events	6	DUE TO	(OR AS A CO	NSEQUENCE C	F):								+	
E	resulting in death) LAST	0												İ	
與		d.												<del></del>	
	PART II. Other significant	conditions	contributing to	death but n	ot resulting	In the un	nderivin	g cause	alven In	Part I. 24	. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FIF	NDINGS
EDICAL	C/ 0			0	000	6.	04				PERFOR		AV	MILABLE PRIOR	то
ā	2/1			1		AU	M			1	YES 2	NO NO		F DEATH?	AUSE
M													1	YES 2 N	10
PHYSICIAN:	25. WAS CASE REFERRED TO I	MEDICAL					26. PI	ACE OF D	EATN (Ch	eck only one)					_
잃	EXAMINER?  1 YES 2 NO		HOSPITAL: 1 図inpatient 2 [	FB/Outpetler	× 3 □ DOA	OTHER									
¥ I	27. MANNER OF DEATN		28a. OATE OF		28b. Til	_		_	esidence	8 Other (Sp					
	1 Natural 5 Per	ndina	(Month, D			JURY		PRK?	5.19	28d. UEŞÇHI	BE HOW I	NJURY OCCUI	RED		
B		estigation				M		YES 2	NO						
		uld not be	28e. PLACE O building,	F INJURY — A etc. (Specify)	At home, ferm,	street, fact	tory, offic	•			N (Street a	and Number or	<b>Aural Rout</b>	te Number,	
Ë	4 Homicide det	termined								.,	, , , ,				
COMPLETED	29a. CERTIFIER	YING PNYSIC	IAN: To the best of	my knowledo	a death accur	and at the t	dana data	and alone	and due	to the second					
불			: On the basis of a												
8			Of the basis of a	AMERICAN STR	d/or investigati	on, in my c	opinion, c	emn occu	red at the	time, date and	l place, an	d due to the c	;ause(a) ar	nd manner as st	ated.
ш	296. SIGNATURE AND TITLE OF	FCERTIFIER	1 11					29c. LIC	ENSE NU			29d. DATE S	IGNED (M	lonth, Day, Year)	
8	Croun	M	06	J M	na	7	C	D	-17	752	6	▶ 3	-31	-93	
유	30. HAME AND ADDRESS OF P	ERSON WHO	COMPLETED CAU	DE OF DEATH	(ITEM 27) Type	, Print)							- 1		
	DR. JOHN ME	_					Æ, (	CUMBI	ERLAI	ND, MD	2150	02			
	APR 05	1993	315/MEGISTRA	H'S SIGNATU	Frederica										



Pages 1, 2, 3 should

permit.

use as the burial-transit

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31. DATE FILED (Month, Day, Year) APR 02 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 09063 FOR STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 29 DAY 3. TIME OF DEATH 1993 0 3 CALEB HAMPTON ALLEN, III 2:30  $P_{M}$ 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign Nov. 4, DAYS HOURS 173-40-3908 1 M 2 - F Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PARTNERSHIP ROAD RIVER ROAD & POOLESVILLE MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Montgomery Germantown 1 YES 2 NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 19515 Frederick Rd., #73 20874 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE - American Indian, Black, White, etc. Il yes, specify Cuben, Mexican, Pt 1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: white ΒY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (S) Elementary/Sect 12 College (1-4 or 5+) Owner Allen Air Self-employed HVAC Contractor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Caleb Hampton Allen. Sr. B Virginia M. Cain 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Caleb Hampton Allen, Sr. 1460 Maple Avenue, Verona, Pa. 15147 4 PATE 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State
Hymdan, Bedford Co.,
Pennsylvania Hymdan Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart igliure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disesse or condition UUMPLE GUISHOT YOUNDS resulting in death) OUE TO (OR AS A CONSEQUENCE OF). CERTIFICATION Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) Cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? PERFORMED? IL YES 2 | NO 1 YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 - NO e 5 □ Residence 6 M Other (Specify) PARKING LOT 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28h. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 03/29/1993 1 YES 2 XND SUBJECT SHOT В 2 Accident 28e. PLACE OF INJURY - At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 X Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 X MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ea stated. 296. SIGNATURE AND TITLE OF GERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE O.C.M.E. 03/30/1993 2 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland

Pilia Davidson Mandall

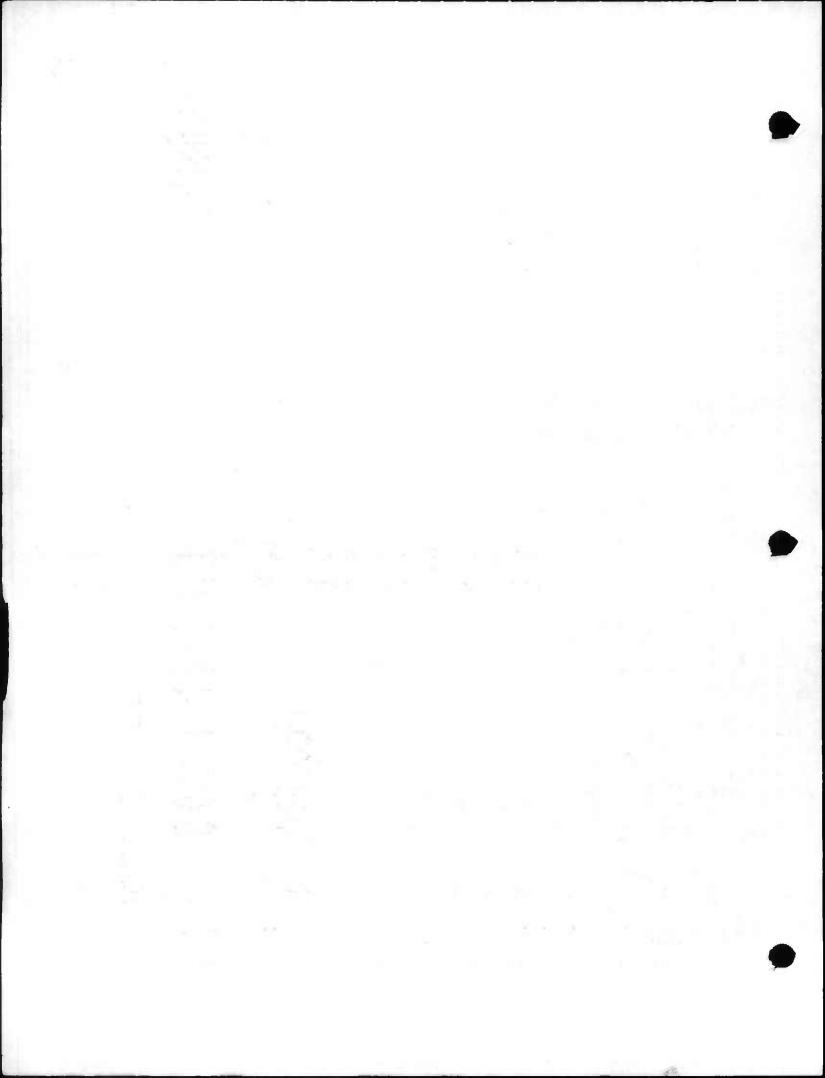
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and the second of the State of ... ... the first seed to be and the and the same of the same new Ada " to a not to a to the state of the

	FOR STATE REGISTRAR
I	1. DECEDENT'S NA
	Harv
	4. SOCIAL SECURIT
	577 18
ľ	9a. FACILITY NAME
	5511
I	RESIDENCE C
	Maryl
	5511
I	11. MARITAL STATU
	1 Never Married

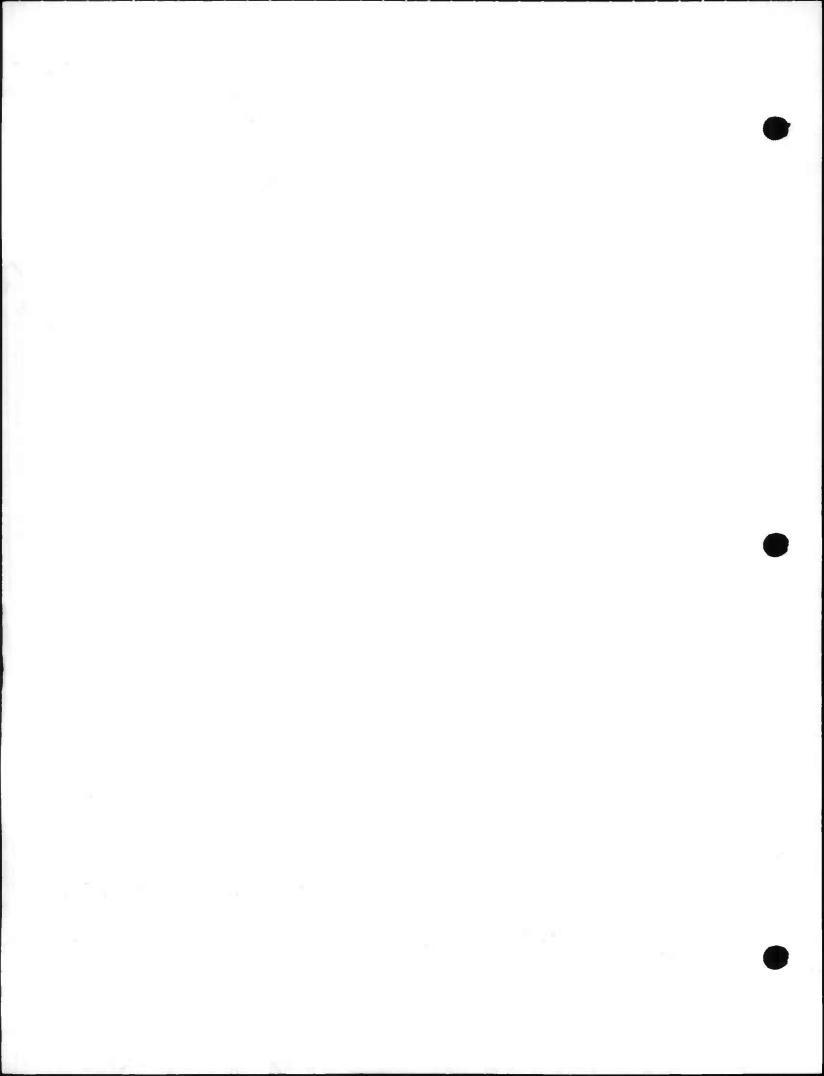
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.

1. DEC	EDENT'S NAME (First, Middle, Last)					- 0.			2. DATE OF DEATH	Av	WEAR	3. TIME OF DEATH
	Harvey	Am	merman	n					March 28	,19	93	Ам
	CAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTI	HPLACE (State or Foreign
	7 18 8634	1 💹 📜 2 🗆 F	75	YRS.					Nov.5,1			ew Haven,
N .	9a. FACILITY NAME (If not institution, give street and number)						OR LOCATI				NTY OF E	
5	511 Upingham	Street			Cr	1evy	y Ch	ase	r	Mo	ntgo	omery
10a, ST	TATE 10b. COUNT	tgomery		10c. CIT	hevv Chase					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10e. S1	REET AND NUMBER 511 Upingham	Stroot		Ť.		19	01. ZIP COD	E E		10g. CIT	IZEN OF	WHAT COUNTRY?
3	obingham	street					2001	,		Un	ited	States
1   N	RITAL STATUS  lever Married 2   Married  Vidowed 4   Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	XXES 2			If yes, s		n, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	a or No	1000	E — American Indian, k, Whita, etc. Macasian
	15. DECEDENT'S EDU (Specify only highest grade		18a. C	DECEDENT'S	USUAL O	CCUPAT	ION oast of working	na	186. KIND OF BU	SINESS/IN	OUSTRY	
Ele	mentary/Secondary (0-12)	College (1-4 or 5 +	)	(Give kind of vide. Do NOT us			oot or mortal	.9				
	5	+	Ph	ysic	ian					vate	P	ractice
17. FAT	HER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)		
W1	lliam Ammerm	an							Saltzer			
19a, IN	FORMANT'S NAME (Type/Print)		1						Route Number, City or Tov	vn, State, Z	ip Code)	
DC.	nelle Ammerm	an					ss a	s #				
#C#9 4 □ D	20a, METHOD OF DISPOSITION *CPBurlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND of generality, crematically contained to the					<sub>place)</sub> Mem	oria		3-28 F	alls Vi	City or To Ch	urch,
21. SIG	A A LET THE SERVICE OF	CENSEE			22.		ves-		rson Fun IIs Chur	eral	L Ho	mes 22046
if smy cause CAUS that i	y, leading to immediate e. Enter UNDERLYING SE (Disease or injury initiated events	DUE TO	OR AS A CONS	SEQUENCE O	F):	186	esso.	+ d	Usciss	<u> </u>		inviedin.
	ting in death) LAST	d	death but not	t resulting	in the u	nderiyi	ng cause	given in			24	b. WERE AUTOPSY FINOINGS
PART									1 TYES	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WA	AS CASE REFERRED TO MEDICAL				-	26.	PLACE OF E	DEATH (C/	neck only one)		-	
E)	CAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHE	FR:	me 5 XR	esidence	8 Other (Specify)	4	100	
27. MA	NNER OF OEATH  Natural 5 Pending Accident Investigation	28a. DATE OF (Month, D	INJURY	28b. TIN		28c. II	YURY AT YORK?		28d. OEŞCRIBE HOW	INJURY O	CCUREO	
	Suicide 8 Could not be Homicide determined	28a. PLACE C building,	F INJURY — AI etc. (Specify)	home, farm,	street, fac	ctory, off	fice	¥	281. LOCATION (Street City or Town, State		er or Runal	Route Number,
. (0	milet only								e to the cause(a) and me e time, data and placa, a			(a) and manner as stated.
29b. S	IGNATURE AND TITLE OF CERTIFIE	rele	M	7.			29c. LIC	38	MBER 8	29d, D/	TE SIGNE	0 (Month, Day, Year)
Ga	ary Fasher, I	M . D .	5 5	30 W		ons	in A	ve.	, Chevy	Chas	se,M	d.
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.0020	ng physician.	eral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
<b>TIMORE, MARYLAND 21215-0020</b>	th. Page 6 may be retained by the hospital or attending physician	tached for use as th
IRYL/	ned by the	onld be de
E, MA	ay be retai	page 5 sh.
LIMOR	. Page 6 m.	ral director,
	5	0

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMENT CERTIFICATI		MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	4.	BUTCH	FR	2. DATE OF DEATH MONTH DAY 3 - 26 - 93	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-36-6794	1 - M 2	(In yrs. last birthday) IF UNDER MONTHS	R I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		Country) MIGN-4/BMC
TOR	99. FACILITY NAME (If not institution, give st 3909 E0 mon CRESIDENCE OF DECEDENT	Son Au	e. \$500 CTM	ATTIMOY	e City Sc. COUNT	TY OF DEATH
- DIRECTOR	Mary/and 106, COUNTY		10c. CITY TOWN	Timore	/	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		nd son	Ave.	2/22	9 10g. CITIZE	EN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (	2. NO	WAS DECENDENT OF HISPAL If yes, specify Cuben, Mexico 1 YES 2 170 Specif	in, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)		16b. KIND DE BUSINEBS/INDU	STRY
	17. FATHER'S NAME (First, Middle, Last)	1- 1.	NURS	18. MOTHER'S NA	ME (First, Middle, Maldag Surriame)	170me
TO BE	190 INFORMANT'S NAME (Type/Print)	Butcher	19b. MAILING ADDRESS	S (Street and Number or Rural	Aoute Number, City or Town, State, Zip C	2000 ml 21220
	20a. METHOD OF DISPOSITION 1		bb. PLACE AND DATE OF DISPOS metary, crematory or other place)		DATE 20c. LOCATION — CI	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Pusa	22.	NAME AND ADDRESS OF FA	TUSS FUNET	15, md. 2016
	23. PART I. Enter the diseasea, proshock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Me Aa S	ed the death. Do not enteresch line.  A CONSEQUENCE OF):	the mode of dying, suc	th as cardiac or respiratory arres	st, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):			
A P	PART II. Other significant conditions	a contributing to death	but not resulting in the ur	nderlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5  Pending	HOSPITAL: 1   Inpetient 2   ER/Out 28a. DATE OF INJURY (Month, Day, Year)	Ipatient 3 DOA OTHE		11	E HOSPICS
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE OF INJUR building, atc. (Spi			281. LOCATION (Street and Number of City or Yown, State)	r Rurel Route Number,
COMPLET					to the cause(s) and manner as stated time, date and place, and due to the	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	~ Kont	-mo	20c. LICENSE NU	PART DOOD > 3	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	IT. KONT	EATH (ITEM 27) (Type, Print)  OR MD DE	PT, OF MEDICI	NE VMMS 20	25.61221/EST
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CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 29 JOSEPH BAILEY 4. SOCIAL SECURITY NUMBER or Foreign S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. Pages 1. 2, 3 should 9s. FACILITY NAME (If not institution, give 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DE 10b. COUNTY 10c. CITY, TOWN-OR LOCATION 10d. INSIDE CITY for use as the burial-transit permit. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1217 owers ew this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the humanimum. With the State Dept. of Health and Mental Hygliene prior to burial. cremation or remaind. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Mexican, Puerio Rican, etc.) 14. RACE American Indian. ORCES? 1 YES 2 NO FORCES? 1 Never Married 2 Married 87 1 YES 2 AND Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) en once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Ħ BE notified MANT'S NAME (Type/Print) 19b. MAILING ADDRESS (S 20001 2 EBB ATHERINE 1100 MARAD1712 pe 20a. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State CEAND DATE OF DEPOSITION (Name of must OATE 4 Donation 5 Other (Specify) 1 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner event, the medical 23. PART I. Enter the dispesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata intarvai Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition Dronau Artery resulting in death) DUE TO (OR AS A CONSEQUENCE OF year traumatic Maric Ushuch CERTIFICATION Sequentially list conditions, Hears DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Injury, or other OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS Item 23 shows any AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 Inpetient 2 ER/Outpetient 3 DDA ne 5 🗆 Realdence 0 6 C Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? marked. 28d. DESCRIBE NOW INJURY OCCURED TO THE FUNERAL DIRECTOR: After this of 1 Natural 5 Pending 8 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — building, etc. (Specify) 3 Suicide At home, farm, street, factory, office 28 is 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) BE COMPLETED 6 Could not be IMPORTANT: If Item 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as attated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion occured at the time, date and place, and due to the ceuse(a) end mann 29b. SIGNATURE AND TITLE OF CERTIFIE THE 29c. LICENSE NUMBER 표 29d. DATE SIGNEO (Month, Day, Year) bast D 33211 2 100 31 0 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print) 302 Suite Station ntensprip uthewille Md 21092 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1993 02

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12th  Self-Employed  15. MOTHER'S NAME (First, Middle, Madden Surrame)  Annie Simmons  16a. MFORMANT'S NAME (First, Middle, Madden Surrame)  Annie Simmons  16a. MFORMANT'S NAME (First, Middle, Madden Surrame)  Annie Simmons  16a. MFORMANT'S NAME (First, Middle, Madden Surrame)  Annie Simmons  16a. MFORMANT'S NAME (First, Middle, Madden Surrame)  Annie Simmons  16a. MFORMANT'S NAME (First, Middle, Madden Surrame)  Annie Simmons  16b. MALLING ADDRESS (Street and Number or Rural Route Number City or Rown, Steele, Zip Code)  Annie Simmons  16a. MFORMANT'S NAME (First, Middle, Madden Surrame)  Annie Simmons  16b. MALLING ADDRESS (Street and Number or Rural Route Number City or Rown, Steele, Zip Code)  16b. MALLING ADDRESS (Street and Number or Rural Route Number City or Rown, Steele, Zip Code)  16b. MOTHER'S NAME (First, Middle, Madden Surrame)  Annie Simmons  16b. MALLING ADDRESS (Street and Number or Rural Route Number City or Rown, Steele, Zip Code)  16b. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16b. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden Surrame)  16c. MOTHER'S NAME (First, Middle, Madden S	WILLIAM J. BURTON S	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
A SOCIAL SECURITY NUMBER A 1 S. P. S. C.  13.32-0562  15 M 2 T F 6 NYS.  15 N. C.  15 N. MOTTER BUTCH.  15 N. MOTTER DEATH  BALTIMORE CITY  15 S. C.  15 S. C.  15 S. C.  15 S. C.  15 S. C.  16 NYS.  17 S. C.  17 S. C.  18 S. C	4. SOCIAL SECURITY NUMBER 213-32-0562  1	AR									
213-32-0562   10 M 2   P 56 VIB.   MONTHS   MONT	213-32-0562  1 M 2 F 56 VRS. WOMTHS DAYS HOURS MAIL.  30. FITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY  100. STATE 100. COUNTY 100. STATE 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. COUNTY 100. STATE 100. STATE 100. COUNTY 100. STATE 100. COUNT										
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The State of the S	10a. STATE  10b. COUNTY  10c. STREET AND NUMBER  11c. MASS OCCADENT OF HISPANIC ORIGIN? (Specify Yes or No— 11 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  11 yes 2 (No Specify)  12 yes 2 (No Specify)  13 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  11 yes 2 (No Specify)  14 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  11 yes 2 (No Specify)  12 yes 2 (No Specify)  13 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  14 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  15 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  16 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  16 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  16 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  16 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  16 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  16 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  16 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  16 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  16 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  16 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  16 yes a psecify Cubben, Marcican, Puerto Rican, etc.)  16 yes a psecify Cubben, Marcican, Puerto Ric										
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The street and number 18.1 N. Montford Ave.  18.1 N. Montford Ave.  18.1 N. Montford Ave.  18.1 MARITAL STATUS  19. Never Married 2 [X] Married  3   Widowed 4   Obvorced  19. VES, GIVE WAR OR DATES  19. DECEDENT'S EQUARDON  19. DECEDENT'S EQUARDON  19. DECEDENT'S EQUARDON  19. DECEDENT'S EQUARDON  19. DECEDENT'S EQUARDON  19. DECEDENT'S EQUARDON  19. DECEDENT'S EQUARDON  19. DECEDENT'S SUBJECT (Specify the or No)  19. DECEDENT'S EQUARDON  19. DECEDENT'S SUBJECT (Specify the or No)  19. DECEDENT'S EQUARDON  19. DECEDENT'S SUBJECT (Specify the or No)  19. DECEDENT'S SUBJECT (Specify the or No)  19. DECEDENT'S SUBJECT (Specify the or No)  19. DECEDENT'S SUBJECT (Specify the or No)  19. DECEDENT'S SUBJECT (Specify the or No)  19. DECEDENT'S SUBJECT (Specify the or No)  19. DECEDENT'S SUBJECT (Specify the or No)  19. DECEDENT'S SUBJECT (Specify the or No)  19. DECEDENT'S SUBJECT (Specify the or No)  19. DECEDENT'S SUBJECT (Specify the or No)  19. DECEDENT'S SUBJECT (Specify the or No)  19. DECEDENT'S SUBJECT (Specify the or No)  19. MAILING ADDRESS (Specify the or No	106. STREET AND NUMBER  1815 N. MONTFORD AVe.  11. MARITAL STATUS 1   Never Married   2   X Married   12. WAS DECEOENT EVER IN U.S. ARMED POPCES?     YES   2   NO   11 yes, specify Cuban, Marican, Puerto Rican, etc.)   14.   17 yes   2   X No   11 yes, specify Cuban, Marican, Puerto Rican, etc.)   14.   17 yes   2   X No   11 yes, specify Cuban, Marican, Puerto Rican, etc.)   14.   18.   DECEDENT'S EDUCATION   18.   MOTHER'S NAME (First, Middle, Maiden Surname)   18.   MOTHER'S NAME (First, Middle, Maiden Surname)   19.   NAME (First, Middle, Maiden Surname)   19.   NAME (First, Middle, Maiden Surname)   18.   MOTHER'S NAME (First, Middle, Maiden Surn										
1815 N. Montford Ave.   21213   USA   II. MARITAL STATUS   II. MARY MARIE 2 [X Married 3   WEST AMERICAN   VES 2   WO   IF YES, GIVE WAR OR DATES   I   YES 2   WO   If YES	1815 N. Montford Ave.  11. MARITAL STATUS 11. MARITAL STATUS 11. Never Married 2 [X Married FORCES? 1 [Y YES 2 ] MO II Yes, specify Cuben, Markean, Puerto Rican, etc.) 11. Never Married 2 [X Married Forces? 1 [Y YES 2 ] MO II Yes, specify Cuben, Markean, Puerto Rican, etc.) 12. Wildowed 4 [Divorced FYES, GIVE WAR OR DATES 13. Wildowed 4 [Divorced FYES, GIVE WAR OR DATES] 14. Middle 4 [Divorced FYES, GIVE WAR OR DATES] 15. DECEDENT'S EDUCATION (Specify Me) Married for work clone during most of working file Do working file Do work clone during most of working file Do working file Do working file Do working file Do working file Do working file Do working file Do working file Do working file Do working file Do working file Do working file Do working file Do working file Do workin										
TI. MARITAL STATUS    NAME OF CENTER TO FIRST NAME (From Modes, Acc.)   12. WAS DECEMBET EVER IN U.S. ARMED   Specify Coulon, Mastern, Pourto Rices, arc.)   14. RACE — American Indian, Black, White, arc.	11. MARITAL STATUS    Never Married   2   Married   12. WAS DECEOENT EVER IN U.S. ARMED FORCES?   VES   2   NO   14. Wes specify Quisan, Marican, Puerto Rican, etc.)   14. Wes specify Cuban, Marican, Puerto Rican, etc.)   15. DECEOENT'S EDUCATION   15. DECEOENT'S USUAL OCCUPATION   17. For Marican y Secondary (0-12)   College (1-4 or 5+)   S 2   F - Employed   16. Kind of work done during most of working life. Do NOT use retired.)   S 2   F - Employed   18. MOTHER'S NAME (First, Middle, Maiden Surname)   Annie Simmons   19. Marican y Secondary (0-12)   S 2   F - Employed   18. MOTHER'S NAME (First, Middle, Maiden Surname)   Annie Simmons   19. Marican y Secondary (0-12)   S 2   F - Employed   18. MOTHER'S NAME (First, Middle, Maiden Surname)   Annie Simmons   19. Marican y Secondary (0-12)   S 2   S - Employed   18. MOTHER'S NAME (First, Middle, Maiden Surname)   Annie Simmons   19. Marican y Secondary y Secondary (0-12)   S - Employed   18. MOTHER'S NAME (First, Middle, Maiden Surname)   Annie Simmons   19. Marican y Secondary	OF WHAT COUNTRY?									
Specify   Spec	Second   Specify:	RACE — American Indian									
18. DECEDENT'S EDUCATION  To provide a provided completed on the provided completed on the provided completed on the provided completed on the provided completed on the provided provi	16b. KIND OF BUSINESS/INDUST  18c. DECCEPT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12th  12th  15c. DeCCEPT'S USUAL OCCUPATION (Clive kind of work done during most of working life. Do NOT use retired.)  Self-Employed  17c. FATHER'S NAME (First, Middle, Last)  Freddie Burton  18d. MOTHER'S NAME (First, Middle, Malden Surmame)  Annie Simmons  19a. INFORMANT'S NAME (Fyrat Print)  Annie Burton  19a. INFORMANT'S NAME (Fyrat Print)  Annie Burton  20a. METHOD OF DISPOSITION 1 (M Burlat 2   Gremation 3   Removal from State)  20b. PLACE AND DATE OF DISPOSITION (Name of completed) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM C. MARCH F.H./1101 E.  23. PART I. Enter the diseases, or complications that caused the death Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Oue Toucher As a Consequence of:  10 DUE Toucher As a Consequence of:  10 DUE Toucher As a Consequence of:  11 December of work done during most of working during most of working work done during most of working work done during most of working like. Burling most of working during most of working like. Burling most of working during most of working like. Burling mo	Specify:									
12th Self-Employed  17. FATHER'S NAME (First, Middle, Last) Freddie Burton  18. MOTHER'S NAME (First, Middle, Maiden Surname) Annie Simmons  190. MARCH F. Middle, Maiden Surname) Annie Simmons  190. MAILING ADDRESS (Street and Number or Pural Poute Number, City or Rown, State, Zip Code) Annie Burton  200. METHOD OF DISPOSITION 10 Burtat 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY WM C. MARCH F. H. / 1101 E. NORTH AVE Approximate diseases or conditions, if any, leading to immediate cause on each line.  IMMEDIATE CAUSE (Final diseases or Conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part II. 24a. WAS AN AUTOPSY FAM.  24b. WAS AN AUTOPSY FAM.  24b. WERE AUTOPSY FAM.	12th  Self-Employed  17. FATHER'S NAME (First, Middle, Last) Freddie Burton  19a. INFORMANT'S NAME (Type/Frint) Annie Burton  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cod 1815 N. Montford Ave./Baltimore  20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of capeter) Competent of a capeter of capete	Black									
Preddie Burton  196. INFORMANT'S NAME (**per*Print**)  Annie Burton  190. MARCH F. H. / 1101 E. NORTH AVE  200. METHOD OF DISPOSITION 10 Burlet 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)  1815 N. Montford Ave. / Baltimore, MD 2121  200. PLACE AND DATE DESPOSITION (Name of Cargosign or other place) 10 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM C. MARCH F. H. / 1101 E. NORTH AVE  23. PART I. Enter the diseases, or complications that caused the death Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Beautinterval B	Preddie Burton  19a. INFORMANT'S NAME (Type/Print)  Annie Burton  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cod  1815 N. Montford Ave./Baltimore  20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of capeter) Competent of C										
Preddie Burton  196. INFORMANT'S NAME (**per*Print**)  Annie Burton  190. MAILING ADDRESS (**Street and Number or Rural Route Number, City or Rown, State, Zip Code)  1815 N. Montford Ave./Baltimore, MD 2121  206. METHOD OF DISPOSITION 10 Burlat 2 Cremation 3 Ramoval from State 4 Densition 5 Other (**specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM C. MARCH F.H./1101 E. NORTH AVE  23. PART I. Enter the diseases, of complications that caused the death Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Bet onset failure. List only one cause on each line.  10 IMMEDIATE CAUSE (Final disease or condition)  10 IVEY Failure  DUE TO (OR AS A CONSEQUENCE OF):  240. WERE AUTOPSY FINAL PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY 240. WERE AUTOPSY FINAL PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY FINAL PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY FINAL PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY FINAL PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part II. 248. WAS AN AUTOPSY FINAL PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. 248. WAS AN AUTOPSY FINAL PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. 248. WAS AN AUTOPSY FINAL PART III. Part III. 248. WAS AN AUTOPSY FINAL PART III. Part III. Part III. Part III. Part III. Part III. Part III. Part III. Part III. Part III. Part III. Part III. Part IIII. Part III. Part III. Part IIII. Part III. Part IIIII. Part III. Part III. Part	Preddie Burton  19a. INFORMANT'S NAME (Type/Print)  Annie Burton  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cod  1815 N. Montford Ave./Baltimore  20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of capeter) Competent of C										
196. INFORMANT'S NAME (TypesPrint)  Annie Burton  1815 N. Montford Ave./Baltimore, MD 2121  206. PLACE AND DATE OF DISPOSITION 10 Burder of Cherry (Specify)  206. PLACE AND DATE OF DISPOSITION (Name of Competing) Competing of other (Specify)  207. PLACE AND DATE OF DISPOSITION (Name of Competing) Competing of other (Specify)  208. PLACE AND DATE OF DISPOSITION (Name of Competing) Competing of other (Specify)  209. PLACE AND DATE OF DISPOSITION (Name of Competing) Competing of other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM C. MARCH F.H./1101 E. NORTH AVE  23. PART I. Enter the diseases, or complications that caused the death Do not enter the mode of dying, such as cerdiac or respiratory arrest, Interval Bet Onset and I class or condition resulting in death)  Sequentially list conditions, if siny, leading to immediate cause on each line.  Sequentially list conditions, if siny, leading to immediate cause on each line.  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):  ALCOHOLUSM  DUE TO (OR AS A CONSEQUENCE OF):	196. INFORMANT'S NAME (TyperPrint)  Annie Burton  1815 N. Montford Ave./Baltimore  20a. METHOD OF DISPOSITION 10 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM C. MARCH F. H. / 1101 E.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due Toulon as a consequence of:  1815 N. Montford Ave./Baltimore  20b. PLACE AND DISPOSITION (Name of cause of place)  PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  1815 N. MONTford Ave./Baltimore  20a. MARCH F. H. / 1101 E.  21. NAME AND ADDRESS OF FACILITY  WM C. MARCH F. H. / 1101 E.  22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  1815 N. MONTford Ave./Baltimore										
Annie Burton    1815 N. Montford Ave./Baltimore, MD 212.   20a. METHOD OF DISPOSITION   1	Annie Burton  1815 N. Montford Ave./Baltimore  20a. METHOD OF DISPOSITION 1 M Burial 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM C. MARCH F.H./1101 E.  23. PART I. Enter the diseases, or complications that caused the death Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  3										
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	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)		0									
27. MANNER OF OEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. OESCRIBE HOW INJURY OCCUREO	2 Accident  3 Suicide 6 Could not be 4 Homicide detarmined  4 Homicide detarmined										
27. MANNER OF OEATH  1											
27. MANNER OF OEATH  1 Natural 5 Pending Inventigation  2 Accident Inventigation  3 Suicide 6 Could not be detarmined  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28b. INJURY AT WORK?  1 YES 2 NO  28b. INJURY AT WORK?  1 YES 2 NO  28b. INJURY AT WORK?  28c. INJURY AT WORK?  28d. OESCRIBE HOW INJURY OCCUREO  City or Town, State)		ree(s) and manner as ata									
27. MANNER OF OEATH  1	NO CONTRACTOR OF THE PROPERTY	NED (Month, Day, Year)									
27. MANNER OF OEATH  1											
27. MANNER OF CEATH  1. Netural 5 Pending Investigation  28a. DATE OF INJURY M 1 YES 2 NO  28a. PLACE OF INJURY — At home, farm, atreet, factory, office  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER On the basis of axamination and/or investigation, in my opinion, daeth occurred at that time, data and place, and due to the cause(a) and manner as attended one of the cause(a) and manner as attended one of the cause(b) one of the cause(a) and manner as attended one of the cause(b) one of th	3) DATE ELLED (Month of Mar)										
27. MANNER OF DEATH    28a. DATE OF INJURY   28b. TIME OF INJURY   28c. INJURY AT WORK?   1   YES 2   NO   1   YES 2   NO   28a. PLACE OF INJURY — A1 home, farm, street, factory, office   28a. LOCATION (Street and Number or Rural Route Number, City or Town, State)    28a. PLACE OF INJURY — A1 home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)    28a. PLACE OF INJURY — A1 home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)    28a. PLACE OF INJURY — A1 home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)    28a. PLACE OF INJURY — A1 home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)    28a. PLACE OF INJURY — A1 home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)    28a. PLACE OF INJURY — A1 home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)    28a. PLACE OF INJURY — A1 home, farm, street, factory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)    28b. Sulcide	APR 02 1993										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

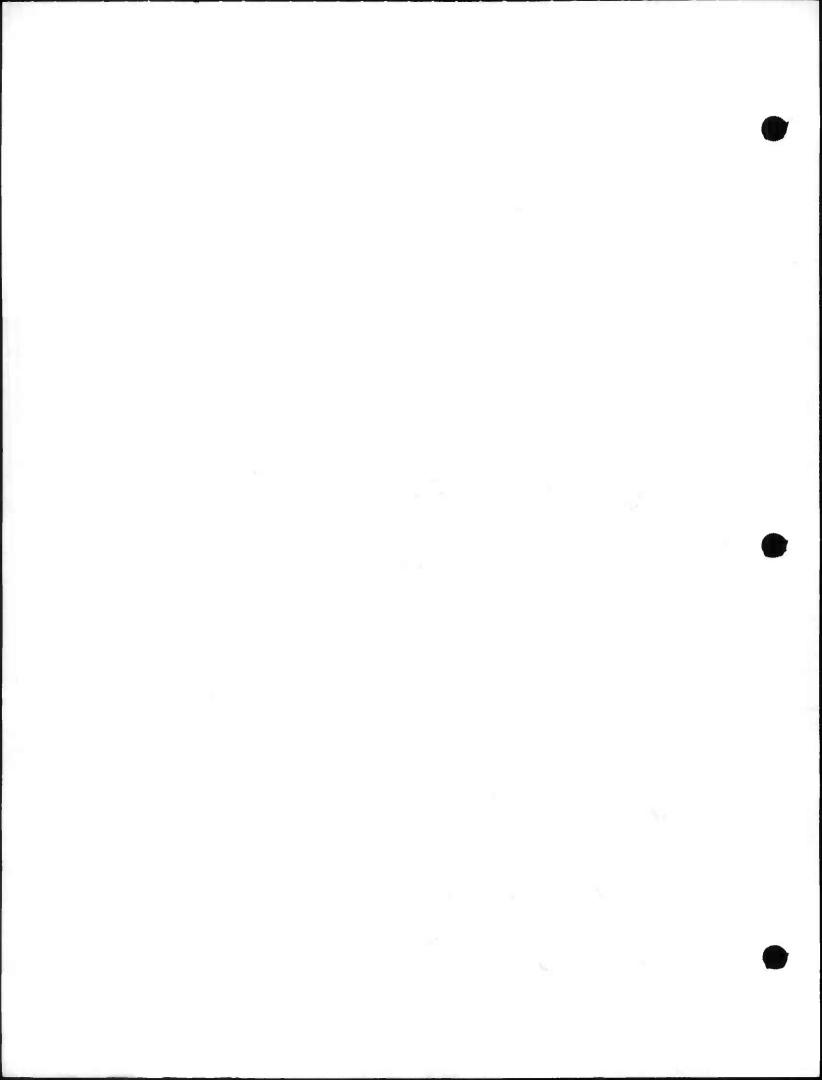
	REGISTRAR		CERTIFIC	CALE OF	DEATH	REG. I	10.				
		ice Ma	rgaret	Blyth	ne	2. DATE OF DEATH MONTH	31 9	YEAR 3. TIME OF DEATH			
- 5				F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 8-23-19		BIRTHPLACE (State or Foreign Country) Penna			
3	9e. FACILITY NAME (If not institution, give street	and number)		96. CITY, TOWN O	R LOCATION OF DE			TY OF DEATH			
TOR	Frostburg Village	Nur Home		Frostb	ırg		All	egany County			
Ä	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ON			10d. INSIDE CITY			
0	Maryland Alleg		LIMITS? 1 YES 2 NO								
FUNERAL DIRECTOR	1 Kaylor Circle		10g. CITIZ	EN OF WHAT COUNTRY? USA							
ВУ	11. MARITAL STATUS 12 1 2 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF HISPAN octry Cuben, Mexican 2 NO Specify	IC ORIGIN? (Specify n, Puerto Rican, etc.)	Yea or No—	4. RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ION npleted) college (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPATIO rk done during mos retired.)	N It of working	16b. KIND OF	BUSINESS/INDU				
MP			Tea	cher			cation	<u> </u>			
8	17. FATHER'S NAME (First, Middle, Last) William Blythe					ME (First, Middle, Maid	en Sumeme)				
BE	19e. INFORMANT'S NAME (Type/Print)		10h MARINO A	DODESS (O		Roberts					
2	Janet Knieriam		1			noute Number, City or		Code)			
	200. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF					ty or Town, State			
	1 Buriel 2 Cremation 3 Removal	7	metery, crematory or other	er place)		1					
	21. SEGMATURE OF FUNERAL SERVICE LICENS	Ronald T	Wade, Dir 4/1/93		altimore	Sta St, Balto		comy Board			
1	23 PART I, Enter the diseases, or com	polications that cause									
	INMEDIATE CAUSE (Final disease Dr condition accuse Dr acch line.  INMEDIATE CAUSE (Final disease Dr condition accuse Dr acch line.  CARDIO RESPIRATORY FAILURE.										
NO	Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury)  ARTER 103 CLERO TIC LEART DISEASE										
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	ARTER	103 Cler a conseduence of):	0 Tic	HEAR-	T Dise	ASE				
ERT	resulting in death) LAST			·							
	PART II. Other aignificent conditions of	ontributing to death i	out not resulting in	the underlying	cause given in I	Part i. 24e. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
EDICAL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I.    10   10   10   10   10   10   10   1										
Σ	Severe Peripheral VASCULAR DISEASE 10 YES 20 NO										
PHYSICIAN:	WITH IS CHEMIC Legs.  28. PLACE OF DEATH (Check only one)										
S	EXAMINER?										
H	27. MANNER OF DEATH	Inpetient 2 ER/Out	28b, TIME				Other (Specify)  8d. DESCRIBE HOW INJURY OCCURED				
ВУ Р	1 Natural 5 Pending 2 Accident trivestigation	(Month, Day, Year)	INJU	RY WOF			E HOW INJURY OCCURED				
	2 Accordent 3 Suicide 8 Could not be datermined  28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)										
COMPLETED		To the best of my known the basis of examination						l. ceuse(e) end manner ee stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			SIGNED (Month, Day, Year)			
38 C	S. Char	rem.	D.		1256	38	<b>&gt;</b>	3/3//93			
5	30. NAME AND ADDRESS OF PERSON WHO CO	MANG H	D. FROS	TBUEZ	PLAZA	FRA	TBUK	26 HD21532			
	31. DATE FILED (Month, Day, Day, Day)	32. REGISTRAR'S SIGN	IATURE REALISM		0		7	, , , , , , , , , , ,			

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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
CEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	

		1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	SIAIE UP II	MARYLAND C	ERTIF						REG. NO.	t .		
				-						MONTH			YEAR	3. TIME OF DEATH
		Jonathan  4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	Butcl					0.3		19	93	0111 M
						IF UNDER	DAYS	HOURS	24 HRS.		Day, Year)		6. BIRTHI	PLACE (State or Foreign
pinous		221-4804894  se. FACILITY NAME (If not institution, give s	1 M 2 F	16	YAS.	9b. CITY	, TOWN O	R LOCATION	ON OF DE		22-19	-	WILI	MINGTON, DE
1, 2, 3	DIRECTOR	2400 blk. Keyw	orth Av	enue	Baltimore MD 21215									
	Ĭ.	10e. STATE 10b. COUNT	Y		10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY
2	E C	MD			BA	LTIM	T T O							LIMITS? 1 X YES 2 NO
permit. Pages	AL	10e. STREET AND NUMBER			LDA			ZIP CODE	E			10g. CITI		HAT COUNTRY?
ışı	6	2604 KEYWORTH	AVENII	7				2121	5			TT (	Z A	
020 physician. burial-transit	FUN	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A		13.		-	_	IC ORIGIN	(Specify Yes	or No-	14. RACE	- American Indian, White, etc.
Duri Duri		1 Never Married 2 Married	FORCES? 1	YES 2 MAR OR DATES	NO			2 NO		n, Puerto R	Ican, etc.)		Black, Specifi	
215-0 attending	D BY	3 Widowed 4 Divorced												LACK
1215 r attend use as	ETEC	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(0	ECEDENT'S	work done			g	16b.	KIND OF BUS	SINESS/IND	USTRY	
AND 21: the hospital or detached for u	m l	Elementary/Secondary (0-12)	College (1-4 or 5 a	+) "	e. Do NOT u	ise retired.)						,		
AND the hospital detached fo	COMPL	8			N/A						N/	a		
LAN the hose detach	8	17. FATHER'S NAME (First, Middle, Last)									iddle, Meiden	,		y
RYL and by	B	Phillip Thorn	con								Butch			nton
MAR retained to 5 should	6	19e. INFORMANT'S NAME (Type/Print)			9b. MAILING						er, City or Town			
y be		ELIZABETH BUT	CHER MO'						rth	Ave	nue 2			
FOR may rector, p		20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 1 Cremation 3 ☐ Rem	oval from State	20b. PLACE cametary, cr				me of		02		CATION —		
Mec direct		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIG	PENECE	MET	RO C				INC	4	Bal	timo	re,	Md 21229
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial val.		2001	PENGEE	DU	^	22.	NAME AN	O ADÓRES	SS OF FAC		NTTV	FIIMI	TAGE	HOME
BA after dea by the fu moval.		20.C P4	one	er	d	10	)8 W	. N	ORTH	IAV	ENUE	BALT	CMTT	RE,MD 212
hours after d in by the or removal		23. PART i. Enter the disesses, or shock, or heart fallure.	complications that	t caused tha d	eath. Do	not entar	the mod	da of dyl	ng, such	as cardi	ac or respin	retory arre	est,	Approximats
D o E		iMMEDIATE CAUSE (Final	List Offiny Offia Cau	ise un each iin	€,									intarvai Batween Onset and Death
in 24 tille ety fille nation,		disease or condition resulting in death)	. Hous	new 1	C. UL	SULO	WO	UM	2					
760, omplete i, crem; event,			OUE TO	(OR AS A CONSE	QUENCE O	F):								
	Z	Sequentially list conditions,	b										,	
OX 68 be execute the execute of the control of the	CATION	if any, leading to immediate	OUE TO	(OR AS A CONSE	OUENCE O	F):								
	5	CAUSE (Disease or injury	C	IOB AS A CONST	OUTNOT O									
certifical nding phy Hygiene p	Ē	that initiated events resulting in death) LAST	00210	(OR AS A CONSE	OUENCE O	<del></del>								
- 5 5 -	CERTIFI		d											
日本年	CAL	PART ii. Other significant condition	s contributing to	death but not	resulting	in the un	derlying	cause g	iven in i	Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS
s that she by lifth and by	음									_	1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
w requires the been signed of Health 3 shows an	MEDI												- 1	1 D YES 2 NO
. 3 D G m														
TAL The lan rite has ate Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ck only one	)			
ATSION OF VITA ATTENDING PHYSICIAN: The CTOR: After this certificate his after death with the State D 28 Is marked, or Nem	YSI	1 X YES 2 NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER 4 - Nun	R: sing Home	5 🗆 Re	sidence (	6 Xother	(Specify)	on s	tree	et
HYSIC Phis ce with the	표	27. MANNER OF DEATH	28e. DATE OF (Month, De		28b. TIN	IE OF JURY	28c. INJU	JRY AT		26d. DE\$0	RIBE HOW IN	URY OCC	URED	
NG PHYS frer this sath with	B≼	1 Netural 5 Pending 2 Accident Investigation	03 28	1993	01.0	7 M	1 🗌 Y	ES 2X	NO	Sub	ject	sho	t	
ATTENDIN ATTENDIN ECTOR: Aft is after dea		3 Suicide 6 Could not be determined	26e. PLACE Of building,	F INJURY — At he etc. (Specify)	ome, ferm,	street, fact	ory, office			281. LOCA	TION (Street at Town, Stete)			ute Number,
ATTENI ATTENI ECTOR: rs after m 28 Is	ETE	4 (1) Homicide determined		on str	eet							. Ke	ywor	th Avenu
P Pon	P	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, d	eath occurr	ed at the t	me, date	end place,						
22 H	COMPL	One) 2X MEDICAL EXAMINE	R: On the basis of ex	camination end/or	Investigation	on, in my o	pinion, de	ath occur	ed at the t	time, date e	end place, end	due to the	ceuse(e)	end menner se stated.
M with		29b. SIGNATURE AND TITLE OF CERTIFIER	1/					29c. LICE	NSE NUM	BER		29d. DATE	SIGNEO	Month, Day, Year)
TO THE HORE TO THE BE filed within 7 IMPORTANT:	BE C	Mante In	eyhell	MO				0	C.M.	r		<b>▶</b> 03	29	1993
	임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUS	SE OF OEATH (ITE	EM 27) (Туре	, Print)		U.	C a M.	<u> </u>		0.3	- 48	1773
		Margarita A. K	orell, I	MD. 1	11 P	enn	Str	reet	, B	alti	more,	. Ma	rvl=	nd 21201
		31. DATE, FILED (Month, Day, Year)	The second secon	A'S SIGNATURE	100								_ /	21201
		APR 02 1993	CHEMA VILLE	Mark Land	1									



MPORTANT: If Item 28 is mar

31. DATE FILED (Month, Day, Year)

0 9 1993

2 32. RECIDERAD S

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THE HORETAL OF ATTENDING PHYSICIAN: The law requires that the death certificate THE FUNEWAL DIRECTOR. After this certificate has been signed by the attending physicial within 72 hours after death with the State Dept. of Health and Mental Hygiene propretative. If them 28 is marked on them 23 shows any lattery or other.
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BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RALPH 93ª OLYARD : 25 A .. 31 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF IMDER 24 HRS 6. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH 1XXM 2 | F 233-34-0711 YRS. 68 4-24-1924 West Virginia Sa. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Sinai Hospital Baltimore City Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Finksburg 1 YES 2 NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1719 Uhler Lane 21048 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes. specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XXYES 2 □ NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, P 1 ☐ YES 2 ☐ NO Specify: IF YES, GIVE WAR OR DATES BY 3€XWidowed 4 ☐ Divorced WW 2 White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Television Technician Baltimore Gas & Electric 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Vance H. Bolyard Leo Renshaw 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Deborah S. Adams 1719 Uhler Lane Finksburg, 20e. METHOD OF DISPOSITION

T∑DBuriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION - City or Town, State DATE Lake View Mem. ☐ Donation 5 ☐ Other (Specify) Park 4-2-93 Sykesville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. olm K Ay 8728 Liberty Rd. Randallstown, MD 21133 23. PART 1. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) allure disease or condition resulting in death) ES Rings DUE TO (OR AS A CONSEQUENCE OF): U ETOS FATT MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause givan in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? PERFORMED? 1 YES 2 NO 1 | YES 2 | NO COMPLETED BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | YES 2 | 16 Inpatient 2 - ER/Outpatient 3 - DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. TO BE Ptysicum 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

011001

FOR STATE REGISTRAR

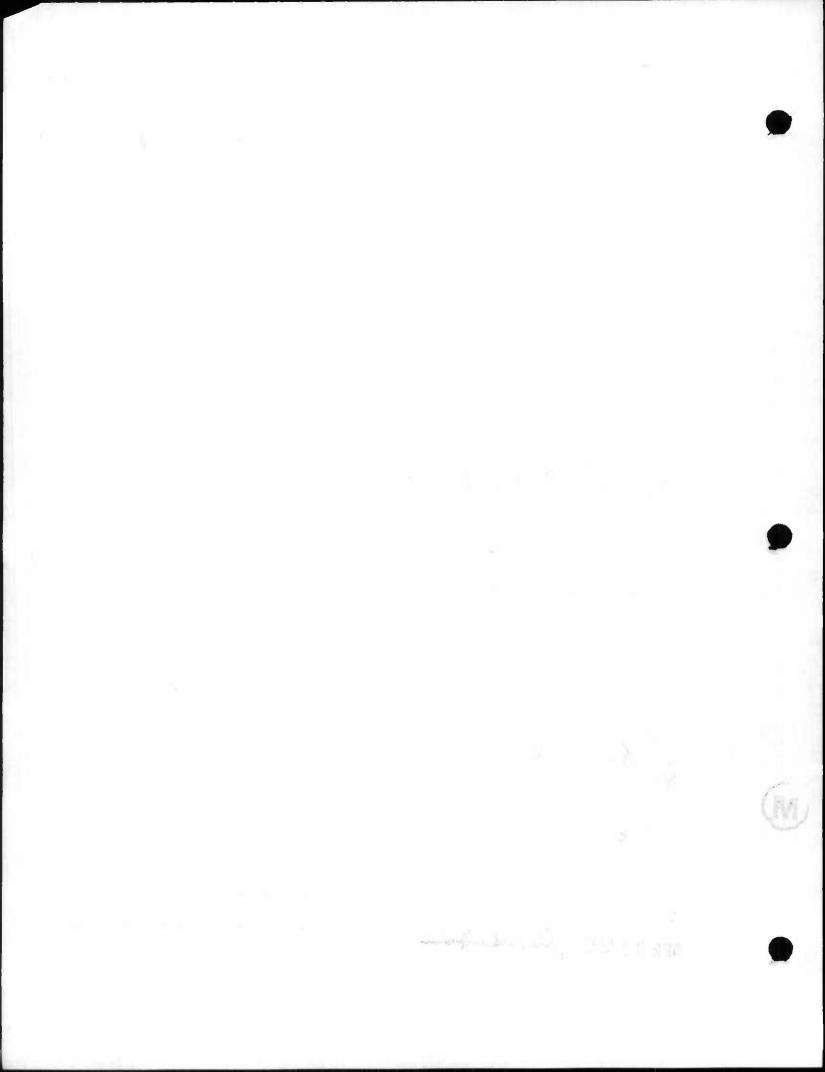
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RECORDS, P.O.	racinirac
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		1. DECEDENT'S NAME (FIRST, MIDDIE, LAST	Elizabeth	Cullan Da		F DEATH	2. DATE OF MONTH	DAY	YEAR 3. TIME OF DEATH
	10° m \$	4. SOCIAL SECURITY NUMBER 219-05-1223	5. SEX 6. AC	SE (In yrs. last birthday) 90 yrs.	IF UNDER 1 YEA		7. DATE OF E (Month, De 11/2	SIRTN y, Year)	B. BIRTNPLACE (State or Foreign Country)
2. 3 should	ECTOR	98. FACILITY NAME (If not institution, give HOWARD COUNTY RESIDENCE OF DECEMENT	,	oital		on or location of	DEATH	9c. COL	Maryland  ONTY OF DEATH  DWard
permit. Pages 1,	PIB	Maryland 10b. COUN	Baltimore	10c. CI	TY, TOWN OR LO	cation timore			10d. INSIDE CITY LIMITS? 1 - YES & LYNO
	FUNERAL	176 Brandon Ro				101. ZIP CODE 21212			ISA
Z1Z15-UUZU I or attending physician.  for use as the burial-transit	B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEL FORCES? 1 YE IF YES, GIVE WAR OF	S ALANO	If yes	DECENDENT OF NISF , specify Cuben, Maxi YES 2 NO Spe	can, Puarto Ricar	pecify Yea or No— i, atc.)	14. RACE — American Indian, Black, White, etc. Specify: White
O 2121; pital or atter ad for use a	PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	100 1000	work done during use retired.)	most of working	16b. KIN	D OF BUSINESS/INI	
YLAND 21  1 by the hospital or  d be detached for t	ı w	17. FATNER'S NAME (First, Middle, Last)  James J. Culle	n		Homemak	18. MOTNER'S I	NAME (First, Middle LTY E. F	o, Malden Surname)	
E, MAK y be retained age 5 should		196. INFORMANT'S NAME (Type/Print) Elizabeth E. Ke		176	Brandon	et and Number or Run Road Bal	timore,	thy or Town, State, Zij Marylan	d 21212
e 6 ma rector. p		201 METNOD OF DISPOSITION 1A VRATIEI 2 Cremetlon 3 Rei 4 Donetton 5 Other (Street) 21. SIGNATURE OF FUNERAL STANCES	41	New Cat	iedra l	Cemetery	4/1	Baltim	ore, Maryland
after by the Hoval		23. PART I. Enter tha diseases, or	ephen Xenaki complications that cause	ed the death. Do		) York Ro	ad Balt	iedefeld imore, M	arvland 21212
executed within 24 hours and completely filled in to burial. cremation, or refinantic matter matters and the matter matter.		ahock, or heart failura IMMEDIATE CAUSE (Final disease or condition resulting in desth)	s. Pre	V M O N I	a			- voupritory an	interval Batween Onset and Dasth
ath certificate be tending physician all Hygiene prior to the traus	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	S A CONSEQUENCE O					
requires that the documents of Health and Mei	MEDICAL	PART II. Other significant condition	na contributing to death	but not reaulting	in the underly	ring cause given i		WAS AN AUTOPSY PERFORMEO? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 NO
te the	SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 — YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	PLACE OF DEATN (Come 5 - Residence		nc/fv)	
After his certifical with the Sta	1 7 1	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	) IN	ME OF 26c.	INJURY AT WORK? 26d, DESCRIBE HOW IN		10.00	CURED
OH ACTOR A DRRECTOR A hours after of	ETE	4 Nomicide datarmined							r or Rural Route Number,
HOSPITAL FUNERAL Within 72	Z I		ER: On the beals of examinat			, death occured at th	e time, data and	place, and dua to th	ne cause(a) and manner as stated.
THE THE PORTION	TO BE	30. NAME AND ADDRESS OF PERSON W	le mo	DEATN (ITEM 27) (Type	Print	29c. LICENSE NI	613	29d. DAT	E SIGNED (Month, Day, Year)
		Steven belle	r 9501 (	old And	apolis	Rd	Houlls	city	21042
		APR 02 1993	132. MEGIETRAR'S ST	OF STREET					



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CEF	TIFIC	ATE OF	DEATH	F	EG. NO.				
	1. DECEOENT'S NAME (First, Middle, Lest) HAROLD			BYR	D		2. DATE OF MONTH APRII	DA	1993		A	
	4. SOCIAL SECURITY NUMBER 410-42-6636	5. SEX 6. A	GE (In yrs. last bi		THS DAYS	IF UNDER 24 HRS. NOURS MIN.	7. DATE OF 1 (Month, De 0 9 - 2 0	BIRTH	8	BIRTNPLACE (State or Foreign Country) ennessee		
TOR	99. FACILITY NAME (If not Institution, give st Kimbrough ARmy		spital		t. Me	eade	EATH			y of DEATH e Arundel		
DIRECTOR	100 STATE 100 COUNTY	e Arundel	_	Seve	WN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	250 Burns Cros	sing Road	l			2 1 1 4 4			109. CITIZE	N OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 X Y IF YES, GIVE WAR O WW I	YES 2 NO	D	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxica 2 NO Specif	an, Puario Rica		or No- 1	4. RACE — American Indian, Black, White, etc. Specify: White		
E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give		AL OCCUPATION Money during models		18b. Kil	ID OF BUS	INESS/INDU	STRY		
BE COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5 +)	US	Arm	Y				overr	nment		
	17. FATHER'S NAME (First, Middle, Last) Baty Byrd	12.7				16. MOTNER'S NA Rache	AME (First, Midd 21 All	red.	Surname)			
T0	19a. INFORMANT'S NAME (Type/Print) Estaline Byrd		19b. R 2	50 B	UYNS	nd Number or Rural Crossir	Route Number, 19 Roa	city or Town	n, State, Zip C Sever	on, MD 21144		
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		20b. PLACE OF Allre	d Cei	meter	-				ty or Town, Stata Fort, TN		
	21. SIGNATURE OF FUNERAL SERVICE LIC	and &	_		Hard	nd ADDRESS OF FA desty F Ridgelv	unera			P.A. is,MD 21401	1	
	23. PART I. Enter the diseasea, Dr o shock, or heert failure.			n. Do not							en	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. PNEUMO	ONIA							1 WEEK	-	
_	Same a constant		AS A CONSECUE FAILUR							l YEAR		
TION	Sequentially liet conditions, if any, leading to immediate		AS A CONSEQUE							1 ILAN		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		ARY ART		ISEASE					5 YEARS	S_	
	PART II. Other significant condition	a contributing to dee	th but not res	uiting in t	ne underlyir	g cause given in	Part I. 24	a. WAS AN		24b. WERE AUTOPSY FINDING	38	
EDICAL							1	PERFOR		AVAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH?		
PHYSICIAN: MEI										1 TES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATN (Check only one) OTHER:								
	1 TYES 2 THO	HOSPITAL: 1   Xinpetient 2   ER/Outpetient 3   DOA   4   Nursing Nome 5   Rasidanca 8   Other (Specify)   28a. DATE OF INJURY   28b. TIME OF   28c. INJURY AT   28d. OESCRIBE NOW INJURY OCCURED								IRED	_	
ВУ Р	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye		INJURY	W	YES 2 NO	200. 020011	DE NOW		71125		
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF IN. building, aic.	t, factory, offi	factory, office 28f. LO			8f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNYSI (Check only one) 2 MEDICAL EXAMINE									d. cause(s) and menner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	, was				29c. LICENSE NU	IMBER			SIGNED (Month, Day, Year)		
2	30 NAME AND ADDRESS OF PERSON WI		F DEATN (ITEM :			1670	0			pril 1, 1993	-	
	JANET M. JONES 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	•	BROUGH	ARMY CC	TINUMMK	Y HO	SP,FT	. MEADE, MD		
31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  APR - 2 1993  Fichia Davidson Abrodole												

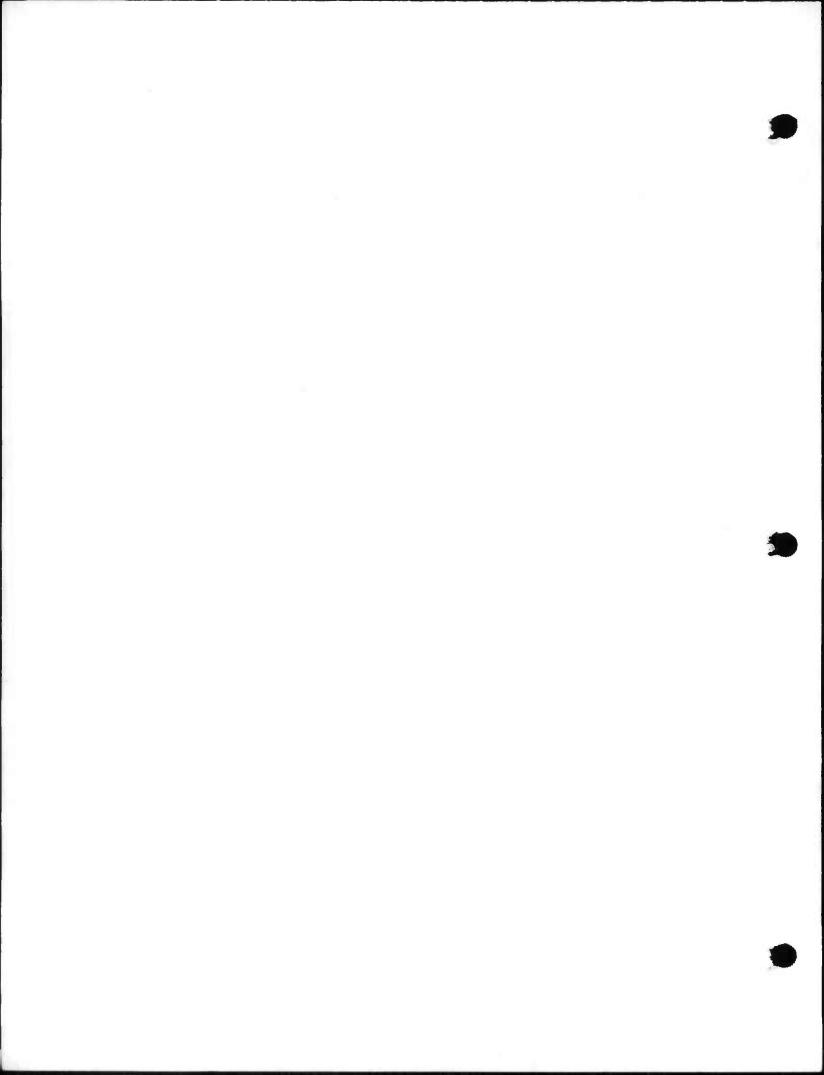
use as the burial-transit permit. Pages 1, 2, 3 should or attending physician.

BALTIMORE, MARYLAND 21203-3146 .....urs after death, Page 6 may be retained by the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a siter death. Page 6 may be retained to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANY: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

TO BE COMPI	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.
the funeral director, page 5 should be detained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 8 should be detailed.
er death. Page 6 may be retained by thy hospit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Place 6 may be intained by important

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN	Ε .	03073		
	1. DECEDENT'S NAME (First, Middle, Last)	STELLA MAE	BRIGGS			2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH		
	STELL A M	BRIC				3 31	93	197:30 12		
	373-14-1754	1 - M 2 X F Q_L	- 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-15-06	Cour	THPLACE (State or Foreign entry) ennsylvania		
DIRECTOR	90. FACILITY NAME (If not institution, give street end number)  University of Md. Medical Center  Baltimore City  NA  RESIDENCE OF DECEDENT  90. COUNTY OF DEATH  NA									
EC	10a. STATE 10b. COUNTY		10c. CiTY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
L DIF	Maryland Anne	Arundel	La	nsdowne	ZIP CODE	<del></del>		LIMITS? 1 TES 2/(X) NO		
FUNERAL	318 Bigley Avenu	ue,			21227	7	US	WHAT COUNTRY?		
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spe	ENDENT OF HISPAN acity Cuben, Mexican 2 XNO Specify	IC ORIGIN? (Specify Yeen, Puerto Rican, etc.)	Bie	CE — American Indian, lick, White, etc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted) College (1-4 or 5 +)	16a, DECEDENT'S U (Give kind of wo life. Do NDT use	ork done during mo-		16b. KIND OF BUS	INESS/INDUSTRY			
MP	6th Grade		Hom	emaker		Hous	sewife			
8	17. FATHER'S NAME (First, Middle, Last)	5 1			18. MOTHER'S NAI	ME (First, Middle, Meiden	Surname)			
BE	19e. INFORMANT'S NAME (Type/Print)	Book	hammer							
2	Mrs. Catherine L.	Cooke				oute Number, City or Town, Stewarts		nna. 17363		
	20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Ramov.  4 Donation 5 Other (Specify)	al from State cemi	PLACE AND DATE OF BEING PLACE AND DATE OF BEING PLACE AND PLACE AN	er plecel			CATION City or	The state of the s		
	Glen Haven Memorial Pk. 4/3/93 Glen Burnie, Mary McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 212									
	23. PART I. Enter the diseases, or conshock, or heart fellure. Life	mplicetions that caused	the death. Do no	t enter the mo	de of dying, suct	aa cardlac or reapi	retory errest,	Approximata		
	IMMEDIATE CAUSE (Finel	A dono		Lung				interval Batween Onset and Death		
z	and the second second									
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or letter)									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OR AS A CONSEQUENCE DF):								
AL CE	PART il. Other algnificent conditions	contributing to death bu	It not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN	NUTTOPSV 24	b. WERE AUTOPSY FINDINGS		
DICA	PERFORMED? A							AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
PHYSICIAN: MEDIC						_		1 TES 2 NO		
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (Che	ck only one)				
YSi	1 TYES 2 NO	Inpetient 2 ER/Outpe	itlent 3 🗆 DOA	OTHER:	5 🗆 Residence	Sther (Specify)				
	27. MANNER OF DEATH  Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WO		28d. DESCRIBE HOW IN	JURY OCCURED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	25e. PLACE OF INJURY building, etc. (Speci	At homa, ferm, str			281. LOCATION (Street e. City or Town, State)	nd Number or Rural	Route Number,		
	m							1.1		
COMPLETED	(Check only CERTIFYING PHYSICIA	AN: To the best of my knowle On the basis of examination						(e) and manner as stated.		
8	296. SIGNATURE AND TITLE OF CERTIFIER	30.10.00	27- MI	1	29c. LICENSE NUM	BER	29d. DATE SIGNE	D (Month, Day, Year)		
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	Print)			- 5	13117		
Ì	22. S Green Co	Energy 11	MP h	OSP	BUIT 1	MD N	cham	mel. Sal um.		
	APR = 2 1993	32. REGISTBAR'S SIGNA	TURE HONDER			•	-			

we use as the burial-transit permit. Pages 1, 2, 3 should

SOMBLETED BY FUNERAL DIRECTOR

TO BE

31. DATE FILEO (Month, Day, Year)

APR - 2 1993

32. REGISTRAR'S SIGNATURE Liche Tavidson Bando

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIE REG. 1		0 0 0 0 1 4			
	1. OECEDENT'S NAME (First, Middle, Last)			garet Ba	ıker	2. DATE OF DEATH	28 9°	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 212-18-9129	1 ☐ M 2XXF	(In yrs. last birthday) 93 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 3-1-19(	50 '	BIRTHPLACE (State or Foreign Country) Maryland			
TOR	99. FACILITY NAME (If not institution, give s  Meridian Nursing  RESIDENCE OF DECEDENT		monds Ln		MOYE	EATH	9c. COUNTY Ann	e Arundel			
DIRECTOR	10e. STATE 10b. COUNTY Maryland NA	1	10c. Cf	TY, TOWN OR LOCA Baltimo				10d. INSIDE CITY LIMITS? 1XXYES 2 \( \text{NO} \) NO			
FUNERAL	100. STREET AND NUMBER 600 Light St	reet,		10	1. ZIP CODE	.230		USA			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X X 10	If yes, sp		NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: White			
SOMBKETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 6th Grade		16a. OECEDENT'S (Give kind of life. Do NOT to	,	ON ost of working	16b. KINO OF	BUSINESS/INDUST	TRY			
BE SON	17. FATHER'S NAME (First, Middle, Last) James	B. Ad	ams		18. MOTHER'S NA Sarah	AME (First, Middle, Make Agnes		Adams			
TO	Ms. Helen Adams  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7909 West End Drive, Baltimore, Md. 2										
	20e. METHOD OF OISPOSITION 1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		cemetary cremator	re of disposition by or other place) Park Ceme	etery 4/	1	LOCATION — City	or Town, State Maryland			
	21. SIGNIFFURE OF FUNERAL SERVICE LIC	Kevin	E. Ecker	MCCUT	Ty Funer	ral Home o sco Ave.,	of Brook Balto.,	Tyn Md. 21225			
	23. PART I. Error the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Attec		not enter the m	ode of dying, au		espiratory arrest				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	с	A CONSEQUENCE								
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMEO?  1 YES 2 [] NO										
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C	v					
	1 Ves 2 Ne  27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c. IN	me 5 Reeldence	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUR	DED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJUF building, etc. (Sp	IY — At home, farm	, street, factory, offi	ce	28t. LOCATION (Str. City or Town, S.		Rural Route Number,			
COMPLETED	one)	ICIAN: To the best of my kno						ause(s) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	(muse			29c LICENSE NU	JMBER (CG)	29d. DATE S	IGNED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF D	PEATH (ITEM 27) (Typ	oe, Print)				15(1)			



BALTIMORE, MARYLAND 21215-0020	In 24 nours after death. Page 6 may be retained by the hospital or attending physician.	sely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
MORE, M.	Page 6 may be reta	al director, page 5 s
BALT	24 hours after death.	ely filled in by the funera
-	듣	6

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

etain	TO THE FUNERAL ENTEROR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho		-
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EX	E 9	8 0	į
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retain	E	20	-
H	Ħ	ă	1

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	D MENTAL HYGIEN							
1	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	AY YE	3. TIME OF DEATH					
	JOHN COOPER	3	30 199						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HR WONTHS DAYS HOURS MIN	MANUAL Devices	8. E	BIRTHPLACE (State or Foreign Country)					
	248-37-4034-17 12 VAS.	8 K	1923	5.0.					
00	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF	F DEATH	9c. COUNTY	OF DEATH					
DIRECTOR	AESIDENCE OF DECEDENT DALLIMONE	City	J						
REC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	9		10d. INSIDE CITY					
	MARY/AND DALTIMORE	/		1 PYES 2 NO					
FUNERAL	104. STREET AND NUMBER  107. ZIP CODE	24	10g. CITIZEN	OF WHAT COUNTRY?					
Z	11. MARITAL STATUS 12/MAS DECEDENT EVER IN U.S. ARMED 13. MAS DECEDENT OF ME	23	11	Sitt.					
	1 Never Married 2 Married FDRCES? 1 YES 2 NO If yes, specify Cuban, Me.	xican, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, Whits, atc.					
BY	3 - Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 - NO Sp	ecily:	1	SIACK					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	166. KIND OF BL	SINESS/INDUST	RY					
	Elementary/Secondary (0-12) College (1-4 or 5 +)								
M M	(construction								
	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S  18. MOTHER'S	NAME (First, Middle, Meider	Surname)	/					
	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Ru	MI C KI	CO/E	mmm					
2	Mrs. Essie M. Bell 1207W. Lexin	1-1	Doll	5 cm/21123					
TO BI	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	7	CATION — City	or Town, State					
	1   Burtal 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)   Committee   Committ	E E	Alto.						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF	MACHINE -UN	eral 1	Home					
	Joseph Likess 2252 Will	with Ave.	Balto	God					
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, a shock, or heart failure. List only one cause on each line.	such as cardiac or resp	iratory arrest,						
	IMMEDIATE CAUSE (Final								
	disease or condition resulting in death)  a. Phterman in Due to (or as a consequence of):			2 weeks					
	DUE TO (OR AS A CONSEQUENCE OF):			11					
ATION	Sequentially list conditions,  DUE OF AS A CONSEDUENCE OF):			1'yeurs					
AT	cause. Enter UNDERLYING			11/2000					
CERTIFICATION	CHOOL (Disease of finally			- June					
	that mittated evolts			1					
' W	resulting in death) LAST								
	resulting in death) LAST	In Part i 240 MSC As	Airropey	24h WERE ALTMOSY ENDINGS					
¥	resulting in death) LAST  d.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE					
¥	resulting in death) LAST	In Part I. 24a. WAS AI PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
MEDICAL	resulting in death) LAST  d.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given	PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions can be significant conditions.	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions can be significant conditions contributing to death but not resulting in the underlying cause given the significant conditions can be significant conditions can be significant conditions can be significant conditions.	PERFO 1 YES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
YSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given because the significant conditions contributing to death but not resulting in the underlying cause given because the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions contributing to death but not resulting in the underlying cause given the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the significant conditions can be supported to the si	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
YSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	PERFO 1 YES (Check only one)	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	PERFO 1 YES (Check only one)	RMED?  INJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   VES 2   ND   1   Inpattent 2   ER/Outpettent 3   DOA   4   Nursing Home 5   Resident 2   Accident 3   DATE OF INJURY   Light Work?  1   Natural 5   Pending   Investigation   Pending   Investigation 3   Suicide 8   Could not be determined   Could not b	(Check only one)  ce 8 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Yown, State	NAMED?  NO  NAMED NO  NAME	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
PLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   VES 2   ND   1   Inpattent 2   ERVOutpettent 3   DOA   4   Nursing Home 5   Residen  27. MANNER OF DEATH  1   Natural 5   Pending   Investigation   28a. DATE OF INJURY   28b. TIME OF INJURY   28c. NURY AT   WORK?   1   YES 2   ND   1   YES 2   ND   28c. PLACE OF INJURY AT   OTHER:   WORK?   1   YES 2   ND   1   YES 2   ND   28c. PLACE OF INJURY AT   OTHER:   NURY   NU	(Check only one)  ce 8 Other (Specify)  28d. DESCRIBE HOW  28l. LOCATION (Street City or Yown, State	NAMED?  R NO  NAMED NO  NA	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO TO					
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	(Check only one)  1 YES  (Check only one)  28 Other (Specify)  28d. DESCRIBE HOW  28l. LOCATION (Street City or Yown, State)  due to the cause(s) and mathe time, date and place, at	INJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  FOR THE PRIOR TO LIVE 1 NO  ED  LIVE 1 NO  LIVE 1 NO  LIVE 1 NO  LIVE 2 NO  LIVE 1					
PLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	(Check only one)  1 YES  (Check only one)  28 Other (Specify)  28d. DESCRIBE HOW  28l. LOCATION (Street City or Yown, State)  due to the cause(s) and mathe time, date and place, at	INJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  FOR THE PRIOR TO LIVE 1 NO  ED  LIVE 1 NO  LIVE 1 NO  LIVE 1 NO  LIVE 2 NO  LIVE 1					
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	(Check only one)  1 YES  (Check only one)  28 Other (Specify)  28d. DESCRIBE HOW  28i. LOCATION (Street City or Yown, State)  due to the cause(s) and mathe time, date and place, at	INJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NO  TO NO					
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	(Check only one)  1 YES  (Check only one)  28 Other (Specify)  28d. DESCRIBE HOW  28i. LOCATION (Street City or Yown, State)  due to the cause(s) and mathe time, date and place, at	INJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NO  TO NO					
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   VES 2   ND   1   Inpatient 2   ER/Outpetient 3   DOA 4   Nursing Home 5   Residen  27. MANNER OF DEATH  1   Natural 5   Pending   Investigation   Pending   Investigation   Suicide 8   Could not ba determined   Check only one)   CERTIFFIER   Check only one)   CERTIFFIER   Check only one)   CERTIFFIER   Check only one)   CERTIFFIER   Could not be besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and could not be determined   Could not be determined   Check only one)   CERTIFFIER   Check only one)   CHECK only one)   CHECK one)   CHECK one)   CHECK one)   CHECK one)   CHECK one)   CHECK one)   CHECK one)   CHECK one)   CHECK one)   CHECK one)   CHECK one	(Check only one)  1 YES  (Check only one)  28 Other (Specify)  28d. DESCRIBE HOW  28i. LOCATION (Street City or Yown, State)  due to the cause(s) and mathe time, date and place, at	INJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NO  TO NO					

TO THE HOSPITAL OF ATTENDED TO SECRETARITY IN Item requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	10 INE FUNEYAL, UNEQUAR AND SERVING THE AUTHORITY OF THE AUTHORITY PROCESS TO COMPRESS TO BE THE FUNEYAL. UNEQUAR DE GEORGIE TO USE AS THE DUTAL-CHARIST PERMIT, Pages 1, 2, 3 Shot Defined within 72 norm and comment of the Dept. of Health and Mental Hydiene prior to bunial, cremation, or removal.	IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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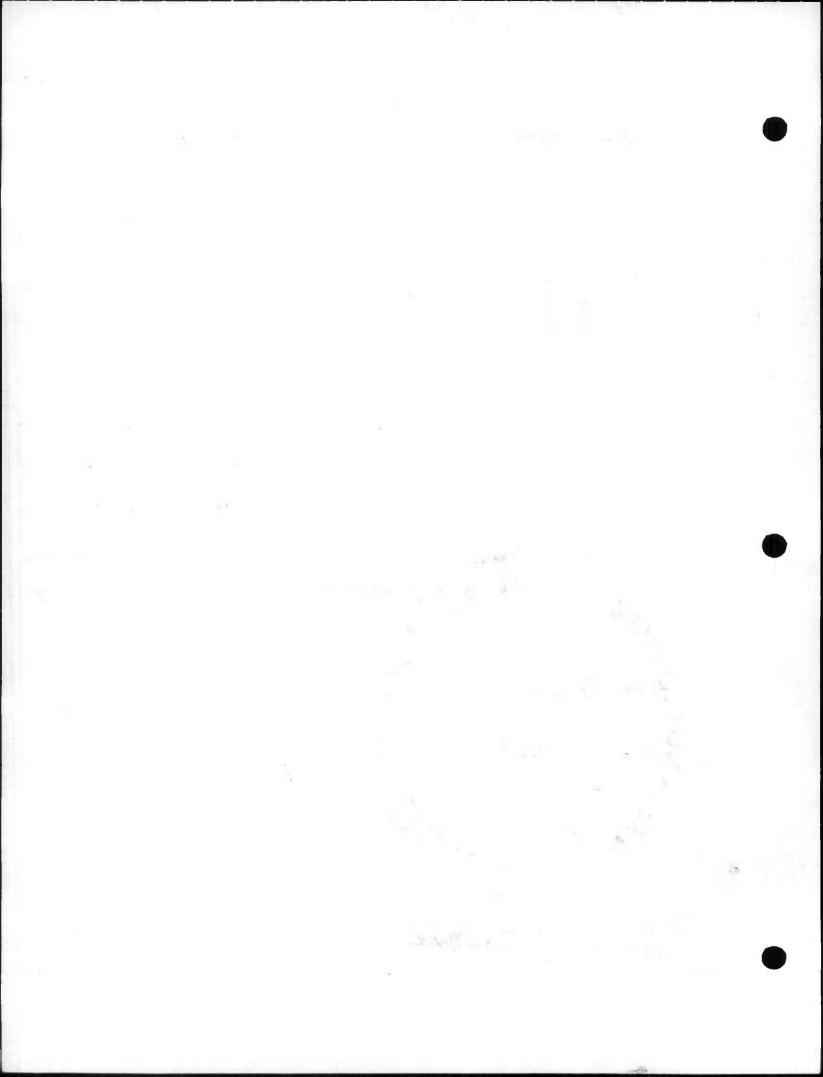
BALTIMORE, MARYLAND 21215-0020

DIVISION OF WITAL RECORDS, P.O. BOX 68760,

3	1. DECEDENT'S NAME (First,	Middle, Lest)	C R	955W	01 1					2. DATE OF DEAT MONTH	H	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	ER	5, SEX	8. AGE (In yrs. I		IF UNDER 1	VEAR	IF UNDER	N MINE	7. DATE OF BIRTH	3/ 9	13	PLACE (State or Foreign
	095-18-55	27	1 🗆 M 2 🔀 F	72	YRS.		DAYS	HOURS	MIN.	(Morith, Day, Yes		Country	•
	9e. FACILITY NAME (If not in:	stitution, give	street end number)			9b. CITY,	OWN C	OR LOCATIO	ON OF OE	ATH	9c. CO	Was	
OR	Francis S		Key			Ba	lti	more	е				
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Υ	·	10c, CIT	Y, TOWN OF	LOCAT	TION					10d. INSIDE CITY
	MD				Ba	ltim	ore						LIMITS?
3AL	10e. STREET AND NUMBER		0.1					. ZIP CODE					HAT COUNTRY?
FUNERAL	1411 Cars	well				I		1218				ISA	
	1 Never Married 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2X	NO.	16	yes, sp	ecify Cuba 2 [X NO	n, Mexica	IIC ORIGIN? (Specif n, Puerto Rican, etc	y Yes or No	Btack,	— American Indian, White, etc.
ВУ	3 🕅 Widowed 4 🗌 Divo	rced	1.00,000					- X.	орвену			Specin	Black :
TEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  Nurses Aide  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Nurses Aide  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)												
PLE	Elementary/Secondary (0	-12)	College (1-4 or 5	+)		s Ai							
OM	17. FATHER'S NAME (First, Mi							18. MOTH	TER'S NAI	ME (First, Middle, Ma	iden Sumame)		-
BE (	W. Brann							Anr					
5	199. INFORMANT'S NAME (7) Edith Car									Baltim			1210
	20a, METHOD OF DISPOSITI	ION				OFDISPOSIT			56.7	-,	LOCATION -		
	1 💢 Buriel 2 🗆 Crematio 4 🗆 Donation 5 🗆 Other		noval from State			MO Pacet			<	1	anda 1	-	
	21. SIGNATURE OF FUNEBAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY												
	Kimettle 5- Jones WM C. MARCH F.H./1101 E. NORTH AVE											RTH AVE.	
	23. PART I. Inter the diseases, or complications that carsed the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between											Approximate interval Between	
											Onset and Death		
	resulting in death)	<b>→</b>	DUE TO	(OR AS A CONS	EQUENCE O	F):	CL	_0/		ANCE	12		
z	#11775 CHEM 1 HOUSE 1 COOM.	•	b.										477
CERTIFICATION	Sequentially list conditi if any, leading to immed ceuse. Enter UNDERLY	diete	DUE TO	(OR AS A CONS	EQUENCE O	F):							
FIC	CAUSE (Disease or inju		c. DUE TO	(OR AS A CONSI	EQUENCE O	F):							
ITI	resulting in death) LAS	7	d										
	PART II. Other significa	nt condition	na contributing to	deeth but not	resulting	in the und	erivin	r cause r	tiven in	Part i 24a Wa	S AN AUTOPS	y 24h	WERE AUTOPSY FINDINGS
EDICAL								g oudeo g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PE	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED										_   '''	S 2 LIPMU		OF DEATH?  1 YES 2 NO
I I													
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF OEATH (Check only one)  T WES 2 NO  27. MANNER OF OEATH  280. DATE OF INJURY  280. DATE OF INJURY  280. TIME OF 280. INJURY AT  280. OESCRIBE HOW INJURY OCCURED													
HYS	1 VES 2 NO		1 Pinpatient 2		3 DDA 28b. TIN	4 - Nursi	ng Hom	URY AT	sidence	8 Other (Specify,		COLUMN TO THE PARTY OF THE PART	
<u>Б</u>	1 Netural 5 🗆	Pending Investigation	(Month, E		IN.	M	WC	RK?	] NO	zou. OEGONIBE N	JW INGONT O	CCORED	
ED B	3 Suicide 8	Could not be	28e. PLACE C	OF INJURY — At I	ome, farm,	street, factor	y, offic	•		28f. LOCATION (SI City or Town,		er or Rural A	oute Number,
		determined											
COMPLET			ICIAN: To the best of										
8				xamination end/o	Investigation	on, in my op	nlon, d						end manner ee stated,
B	296. SGNATURE AND TITLE	CLI	Where	dr.D				29c. LICE	NSE NUM	559	29d. D/	TE BIGNEO	(Month, Day, Year)
일	30. NAME AND ADDRESS OF	PERSON WI	O COMPLETEO CAU	SE OF OEATH (IT	EM 27) (Туре	, Print)		100				1 1	
	LARRY U	UATE	RAURY,	det.	4940	D EN	TE	RN	AL	E. L	ALT.	. Mill	21224
	ADD 09 19		Julia Sainds	A Fonda	2								

	į	1. DECEDENT'S NAME (First,	A	NNA		<u>OLITIII</u>	IOAIL	. 01	DEA		MONTH			YEAR	3. TIME OF DEATH
	9	4. SOCIAL SECURITY NUMB; 215-30-273	gris .	5. SEX 1  M 2  F	6. AGE (In yrs	. last birthday) YRS.	IF UNDER	I YEAR DAYS	IF UNDER	24 HRS.	7. DATE ( (Month) 8-0	2.5 DE BIRTH Day, Year) 1—96		8. BIRTHE Country Tur	PLACE (State or Foreign )
2, 3 should	TOR	Emanaia Castt Var. Madias 7 Castas									N OR LOCATION OF DEATH imore City -				
it. Pages 1,	DIRECTOR	10a. STATE Maryland	10b. COUNT	,		1000	10c. CITY, TOWN OR LOCATION Baltimore								10d. INSIDE CITY LIMITS? 1 YES 2 NO
nsit permit.	FUNERAL	404 S. Newk	irk St	reet			10	2122					urke	HAT COUNTRY?	
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divor		12. WAS DECEDED FORCES? 1 IF YES, GIVE V	SIND	ARMED  13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuban, Mexican, Pue  1  YES 2  NO Specify:					orto Rican, etc.) Black, White, etc.		White, stc.		
21 g g	TO BE COMPLETED		EDENT'S EDU highest grade		Give kind of the Do NOT L	work done se retired.)	luring mo	DN ost of workin	ng	16b.	16b. KIND OF BUSINESS/INDUSTRY				
YLA by the be der		17. FATHER'S NAME (First, Mile George Dab		otis								oukou.			
MAR e f should e 5 should notified		Dimitra Ch	19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Nown, Stete, Zip Code) 404 S. Newkirk Street, Baltimore, Md. 21224						1224						
P.O. BOX 68760,  BALTIMORE, th certificate be executed within 24 hours after death. Page 6 may be ending physician and completely filled in by the funeral director, page if hygiene prior to burial, cremation, or removal.  or other traumatic event, the medical examiner must be		20a METHOD OF DISPOSITION 1- Burlai 2 Cremation 4 Donation 5 Other	n 3 🗆 Rem	oval from State			DDATE DF DISPOSITION (Name of atory or other place) awn Cemetery  OATE  20c. LOCATION — City or Town, State 3-31  Baltimore, Md.								
		21. SIGNATURE OF FUNERAL	SERVICE LI	mat	the		) 22. M	att.	nd address	Fune	eral	Home			d. 21224
	TIFICATION	23. PART I. Enter the disease or condition resulting in death)  Sequentially list condition if any, leeding to immediate. Enter UNDERLY!! CAUSE (Disease or injusted initiated events resulting in death) LAST	ons, diete	a. SER DUE TO b. ACU:	(DR AS A COL	NSEDUENCE C	OF): - <b>YST</b>			ng, suci	n as caro	ac or respi	ratory arri		Approximate Interval Between Onset and Death  36 hours  8 daiys
RECORDS, requires that the dea been signed by the att	: MEDICAL C	PART II. Other algnifican	TH LU	s contributing to	death but n	ot resulting	In the ur	derlyin	g ceuse ç	given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS MMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
TAL The law te has late Deprint 23	SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:	FR/Outpatier	# 3 □ DOA	OTHER	1:			eck only on				
O F signal	ву РНУ		Pending nvestigation	26s. DATE Of (Month, L	FINJURY	28b. Til	_	28c. IN.	JURY AT ORK?			CRIBE HOW II	NJURY OCC	URED	
TTENDI TTENDI TTOR: A affer da	ETED B	3 Suicide 6 (	Could not be letermined	28a. PLACE ( building)	OF INJURY — A etc. (Specify)	t home, farm,	street, tact	ory, offic	ia .			KTION (Street a or Town, State)	and Number	or Rural Ro	oute Number,
AL DIR	COMPLE	000)		CIAN: To the best of											and manner as stated.
TO THE HOSPIN TO THE FUNERA De filed withfin 7	TO BE C	29b. SIGNATURE AND TITLE	.3	leman	wol	m	か		29c. LICE	ENSE NUN	MBER		29d. DATE	SIGNEO	(Month, Day, Year)
	- 1	31. DATE FILEO (Month, Day, 1978)  APR 02 19	4 -	wa. I	page 1	COPICU		035	17772	6	00 1	J. Wa	Uh	STY	RATI
L		ru II													





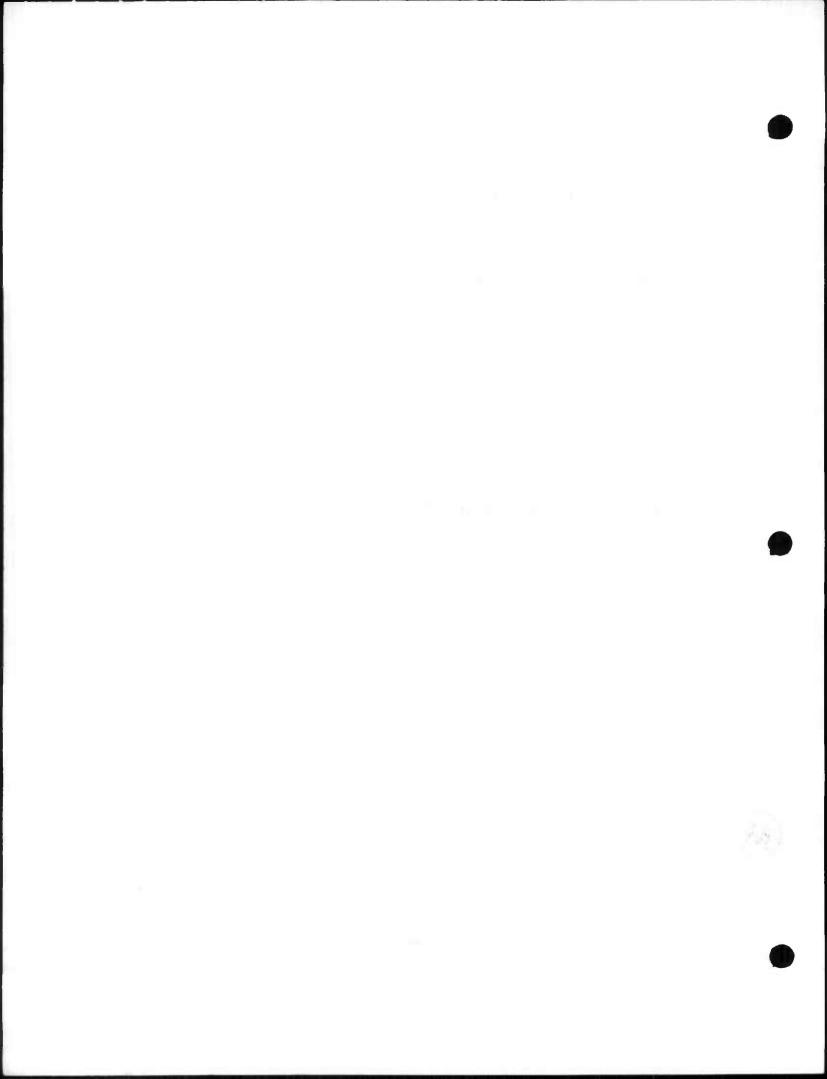
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HOSF TO THE DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  FUND THE CONTINUE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  AND THE END AND THE CONTINUE AT BROWS AND INJURY, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 STATE	STATE OF MA	RYLAND / DEF	ARTMEN	T OF H	EALTH AN	D MENTAL HY			0 5 0	10
	REGISTRAR		CERT	IFICAT	E OF	DEATH		3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE.	ATH DAY	YEAR	3. TIME OF E	DEATH
	CALVIN CA						3	31	93	7	PITTH
		1	AGE (In yrs. lest birtho	fay) IF UNDE	R 1 YEAR	IF UNDER 24 HR	M4		8. BIRTH Countr	PLACE (State of	Foreign
	220 07 0270	M 2 □ F	69 YR	S.	UAYS	NOURS MIN	8/6/1			LTO	MD
	9e. FACILITY NAME (If not institution, give stree			9b. CIT	Y, TOWN C	R LOCATION OF			UNTY OF D		MD
S.	24 S. ROSEDALE	STREET	1		BAT.	IMORE					
15	RESIDENCE OF DECEDENT					21101111					
DIRECTOR	10a. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCAT	ION				10d. INSIDE (	
	MARYLAND			BAI	TIM	ORE				1 X YES 2	
₹	10e. STREET AND NUMBER		1.00			ZIP CODE		10g. CI	TIZEN OF W	HAT COUNTR	Υ?
FUNERAL	24 S. ROSEDALE	STREET				212	29		TI	SA	
5		2. WAS DECEDENT EV	VER IN U.S. ARMED	13.	WAS DEC	ENGENT OF HIS	PANIC ORIGIN? (Spec	offy Yee or No-	14. RACE	- American	Indian,
BY F	1 Never Married 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 V	OR DATES			2 X NO Sp	kicen, Puerto Rican, e ecify:	lc.)	Specif	, White, etc.	
	3 Widowed 4 Divorced		2240			A.				Bla	.ck
E	15. DECEDENT'S EDUCAT (Specify only highest grade co	'ION mpleted)	16a. DECEDEN	IT'S USUAL O	CCUPATIO	N st of working	16b. KIND (	OF BUSINESS/IN	IDUSTRY		
l iii	Elementary/Secondery (0-12)	College (1-4 or 5+)	Me. Do No	OT use retired.)		a or working					
₽ P											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	NAME (First, Middle, M	deiden Surname)			
BE	Arthur Carter										
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAII	ING ADDRES	S (Street a	nd Number or Ru	ral Route Number, City	or Town, Stete, Zi	(p Code)		100
1 5	Keith Carter		1112	N. A	tho	Aver	ue Balt	imore	MD	212	20
	20a. METHOD OF DISPOSITION	4400400	20b. PLACE AND DA	TE OF DISPO	SITION /Na	me of	OATE 2	Oc. LOCATION -			79
	4 Denstion Great (Specify)	I from Stata	Garris	or other place	res	t Vet.	Cem.	Owing	s Mi	lls,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	1	22	NAME AN	D ADDRESS OF	FACILITY		-		
	KUS KII	1 11 1	10-11	I	ERO	Y O. I	YETT &	SON FU	UNER	AL HO	ME
	23. PART I inter the diseases, or con	/, //	42.1	4	600	LIBER	TY HETC	HTS AT	VENII	E 21	207
	nock, or heart feiture. Lis	t only one cause	on each line.	o not ente	r the mod	de of dying, s	uch as cardiac or	respiratory ar	rrest,	Approx	kimate .
	IMMEDIATE CAUSE (Finel disease or condition	0	J-							Onset	and Death
	resulting in death)	Jeps	10							0	Cay
		BO) OT VIUG	AS A CONSEQUENC	E OF):	1	19	0.0		_		F
No.	Sequentielly list conditions.	POST	- OOL	u	CX	w/	Inec	me	mu	0 3	mo
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR	AS A CONSEQUENC	E OF):	A .					1	
2	CAUSE (Disease or Injury	OUE TO (OR	ng	un	ce	1				10	n
E	that initiated events	DOE TO TON	AS A CONSEQUENC	E OF):						114	1
	d	de	Age VI	uch						119	_
2	PART II. Other significent conditions of	ontributing to de-	eth but not resuiti	ng in the u	nderiving	ceuse given	In Pert I. 24a. W	AS AN AUTOPSY	1 24h	WERE AUTOPS	Y FINDINGS
EDICAL					, ,	100000		ERFORMED?	1	AMILABLE PRI	IOR TO
							1 🗆 ነ	ES 2 NO		OF DEATH?	OF CAUSE
Σ										1 TES 2	NO
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히	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHE		ACE OF OEATH	(Check only one)				
YS		☐ Inpetient 2 ☐ ER			rsing Home	Rasiden	ce 6 Other (Specific	V) NE	spec	ee a	il
PHY	27. MANNER OF DEATH	28e. DATE OF tNJ: (Month, Day, Y	URY 26b.	TIME OF INJURY	28c. INJU		28d. OEŞCRIBE	HOW INJURY OC	CUMED		
l de	1 Natural 5 Pending 2 Accident Investigation			M	1 🗆 Y	ES 2 NO					
8	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	JURY — At home, fer (Specify)	m, street, fac	tory, office		261. LOCATION (S City or Town,	Street and Numbe State)	or Aural A	oute Number,	
E	4 Homicide determined	1 0 0 0 7/1/10						-011			
	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my	knowledge, dasth oc	urred at the	time, date	end place, and o	lus to the cause(e) er	id menner ee sta	nted.		
COMPL	one) MEDICAL EXAMINER: (									and menner i	as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE I					
BE	main	- 51	.001	no	\	A CLE	5 ( ) / -	29d. DA1	TE SIGNED	(Month, Day, Ye	(01)
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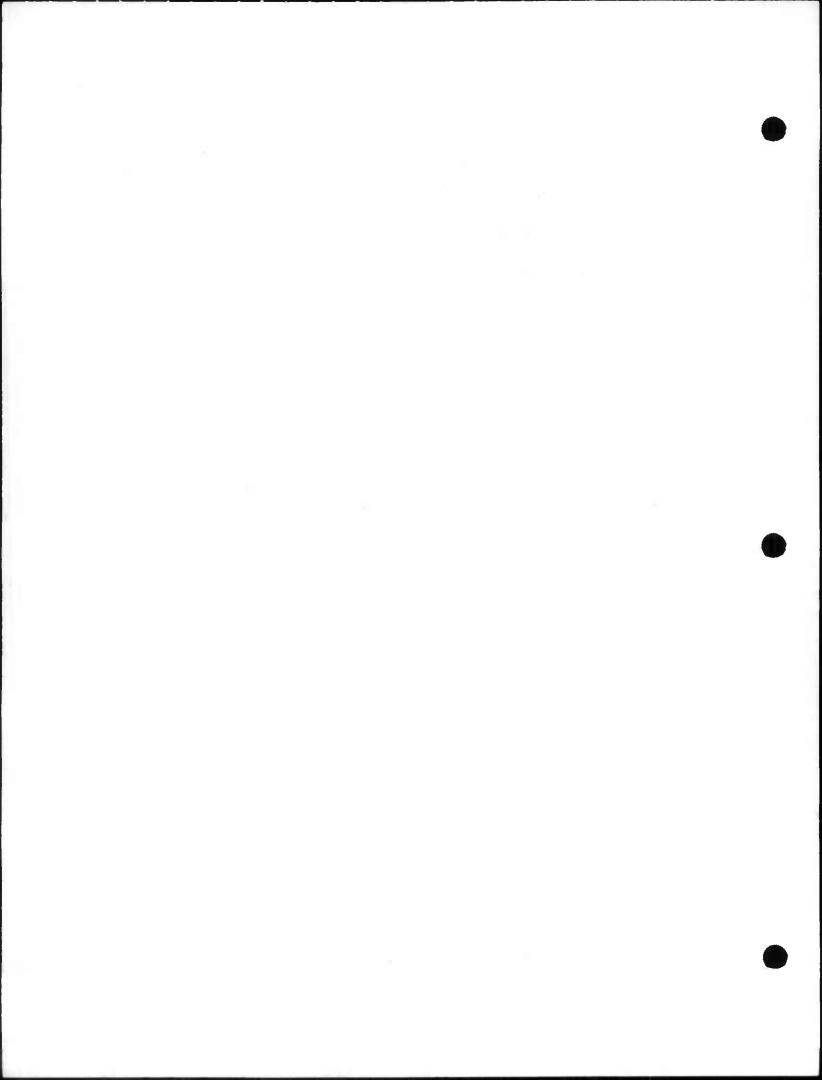
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		1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENT	AL HYGIEN		O	3013	
		1. DECEDENT'S NAME (First, Middle, Last)	バタのル Helen Clayson					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF GEATH				
		4. SOCIAL SECURITY NUMBER 354-14-2372	5. SEX 6. AGE (	AGE (In yrs. last birthday)   F UNDER 1 YEAR   IF UNDER 24 HRS. 7. DATE					30 1993 03.15 P  BHTH (y, Year) ()2-09 Michigan			
ND 21215-0020 Inspital or attending physician. Thed for use as the burial-transit permit. Pages 1, 2, 3 should	TOR	99. FACILITY NAME (If not institution, give s Harbour Hosp HARCOR HCSP RESIDENCE OF DECEDENT	ital Cente	ER		OR LOCATION OF E	_		Bal	Y OF DEA	TH	
	FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	Arundel	10c. CITY Ode	nton	ATION					Dd. INSIDE CITY LIMITS?  YES 2 X NO	
		100. STREET AND NUMBER 515 MapleRidge	Lane		1	01. ZIP CODE 2 1 1 1 3			USA		AT COUNTRY?	
	ΒY	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR ON	2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 X NO Spec	an, Puerto	IN? (Specify Yes Rican, etc.)	or No- 1	Black, \	American Indian, White, etc. White	
	PLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S (Give kind of wallife. Do NOT use Bookke	rork done during n a retired.)	TION nost of working	16	Busi	siness/indus	STRY		
5 ×	E COMPL	17. FATHER'S NAME (First, Middle, Last) William Barbri	ck		-	18. MOTHER'S NAME (First, Middle, Meiden Surneme) Mary Femmel						
760, BALTIMORE, MARY of within 24 hours after death. Page 6 may be marginal property filled in by the funeral director, page 5 moves. I. cremation, or removal.	TO BE	19a. INFORMANT'S NAME (Type/Print)  Constance Fink	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 515 Maple Ridge Lang Odenton, M						MD	21113		
		20e. METHOD OF DISPOSITION  1 Strict Buriel 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)	oval from State cem	PLACE AND DATE On the control of the	em Cei	meterv	DA	Ch	cation - ci	o, I		
		21. SIGNATURE OF FUNERAL SERVICE LIC	Brill		12 R:	ESTY Fu i dgely	Ave	al Homenue,	ne, P Annaj	.A. poli		
		IMMEDIATE CAUSE (Fine)	a. ATHEROSCL	ech iine.	CARDIO						Approximata intervsi Between Onset and Death	
P.O. BOX 68 h certificate be execute anding physician and co Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ANDREX	CONSEQUENCE OF								
ITAL RECORDS, P.  N: The law requires that the death ocate has been signed by the attend State Cept. of Health and Mental Hitem 23 shows any injury, or	MEDICAL	PART II. Other significent condition  A NO REKIA	s contributing to deeth be	ut not resulting is	n the underlyi	ng ceuse given in	Part i.	24a. WAS AN PERFOR 1 TYES 2	IMED?	AA CI OI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 10 NO	
AN: The law tificate has be State Oept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. F	PLACE OF DEATH (C	heck only o	one)				
OF VI HYSICIAN his certific with the S ced, or I	HYS	1   YES 2   NO  27. MANNER OF DEATH	28e. DATE OF INJURY		4 Nursing Ho	me 5 Residence	1	er (Specify)	NJURY OCCU	RED		
Wher the	B≺	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year)  26e. PLACE OF INJURY		M 1 🗆	YES 2 NO	281.10	CATION (Street of		0! 0-		
OR ATTENDING OR ATTENDING DIRECTOR: After hours after death item 28 Is man	ETED	4 Homicide 6 Could not be determined	building, etc. (Spec	elfy)				y or Town, State)	ING NUMBER OF	norer nous	e Number,	
로 국 전 도	COMPL		CIAN: To the beat of my knowles: On the beate of examination								nd manner as stated.	
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	8	296. SIGNATURE AND TITLE OF CERTIFIER  Negree Vere	Somech	anon.		29c. LICENSE NU	MBER			SU (M	onth, Day, Year)	
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA		Print)	Beejer	# 9	149	, ,			
		31. DATE FILED (Month, Day, Year) APR - 2 1993	32, REGISTRAR'S SIGNA Selia Nevidan	ATURE		9			·			



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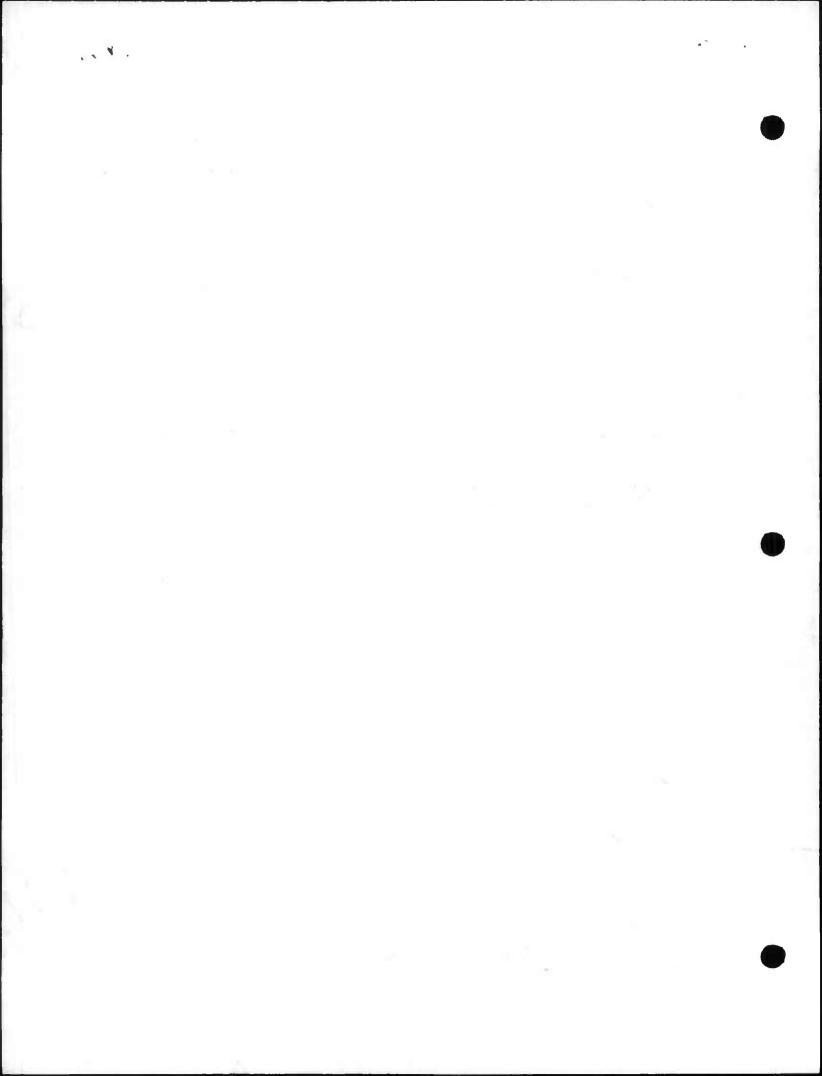
		1 - STATE REGISTRAR		STATE OF MAR	YLAND /	DEPARTM	ENT OF H	HEALTH AND	MENTAL HYGIE			
	- 8	1. DECEDENT'S HAME (First	t, Middle, Last)	4. Cor		rginia	-		2. DATE OF DEATH MONTH		YEAR 3	TIME OF DEATH
3 should	1	4. SOCIAL SECURITY NUMBER 212-14-27		. SEX 6. A	GE (In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	-	ACE (State or Foreign
	OR	98. FACILITY HAME (# not h				9b.		on Location of Di more Cit		9c. COUNT	Y OF DEA	гн
35 1, 2,	DIRECTOR	RESIDENCE OF DE	10b. COUNTY			IOC CITY TO	WN OR LOCA		<i>a</i>	- 10		Dd. INSIDE CITY
permit. Pages		Md.		Arundel			n Burn	nie			1	UMITS?  ☐ YES 2 XXHO
	RAL	356 Gatewa		Condo	<b>#201</b>		10	7. ZIP CODE 21060				AT COUNTRY?
21215-0020 Il or attending physician. for use as the burlal-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2					U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No					- American Indian, white, etc.  White
1215-00	LED	15. DEC (Specify on	CEDENT'S EDUCAT	ION npieted)	16a. DE	CEDENT'S USU	AL OCCUPATE	ON pst of working	16b. KIND OF I	BUSINESS/INDU	STRY	MILLE
D 21 spital or ed for u	COMPLET	Elementary/Secondary (	0-12)	College (1-4 or 5+) ##e. Do NOT u			ork done during most of working sentered.)  FMC Cor			Corpora	rporation	
	CO	17. FATHER'S NAME (First, A					***		ME (First, Middle, Maid			
	BE	John Chris		Hohman	10	MAN INC ADD	DECC /Count		a Mable M			
M S and a state of a s	오	_ Robert J.	***************************************						ersville.		,	
MORE, Page 6 may be director, page		20a. METHOD OF DISPOSIT 1 M Burlal 2 Crematic 4 Donation 5 Other	TION on 3 🗆 Remova		20b. PLACE	AND DATE OF DI	SPOSITION (Na		DATE 20c.	LOCATION - C	ty or Town	
ALTIM death. Page tuneral direct.		21. SIGNATURE OF FUNERA	ナナーと	D- 9	).	OWI TUG	22. HAME A	ND ADDRESS OF FA	McCul	ly Fun	eral	Home of BI
		23. PART I. Enter the d	F. Hackin		sed the de	eath. Do not			co Avenue			21225
24 hours filled in tion, or re		shock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart feilure. Lis	Muta	as a consec	),			ng Ca			Interval Between Onset and Deatl
L RECORDS, P.O. BOX 68760, law requires that the death certificate be executed within as been signed by the attending physician and completely lept, of Heath and Mental Hyglene prior to burial, crema 23 shows any Injury, or other traumatic event.	CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	indiate ing	DUE TO (OR /		DUEHCE OF):						
	MEDICAL	PART II. Other signification	ant conditions o	contributing to deel		esuiting in th	underlyin	g cause given in	PERF	AN AUTOPSY FORMED?	CO	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 PHO
23 eg a	PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL				28. PI	LACE OF DEATH (Ch	neck only one)			
F VITA SICIAN: The certificate h the State I or Item	SIC	EXAMIHER?  1 YES 2 HD		OSPITAL:  Inputient 2 - ER/	Outpatient 3		HER: Nursing Hon	ne 5 🗆 Residence	6 Other (Specify)			
NG PHYSIC fler this cer eath with th	ВУ РН	27. MAHHER OF DEATH  1 Netural 5  2 Accident	Pending Investigation	28e. DATE OF INJU (Month, Day, Ye		26b. TIME OF INJURY	WC	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HO	W INJURY OCCL	RED	
TTENDI TTOR: A after da	TED	a 🗆 a	Could not be determined	28e. PLACE OF INJ building, etc. (	URY — At ho Specify)	me, farm, street	t, factory, offic	20	281. LOCATION (Stree City or Town, Ste	et and Number o	r Rumil Rou	te Number,
TAL OR WAL DIRI 72 hour	COMPLE			H: To the best of my k								
L TO THE HOSPITAL TO THE FUNEFAL De filed within 72 P	ш	29b. SIGNATURE AND TITLE		0 11.		A Secondary III	y opimon, t	29c. LICENSE NUI			SIGNED (M	fonth, Day, Year)
₽ ₽ ₽ <b>₩</b>	0 8	100	3. 9	maejfe	^ /	1. ).				103	3 2:	7/92.

G.

Julie Davidson Bondate

31. DATE FILED (Month, Day, Year)

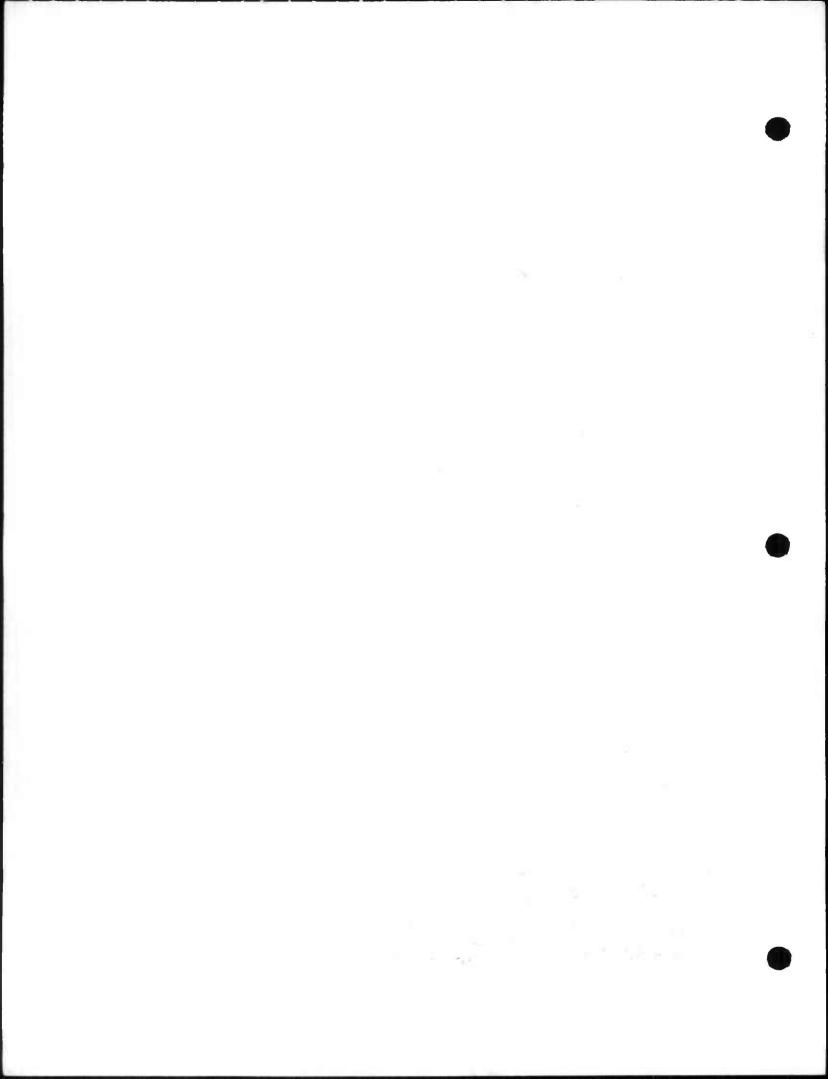
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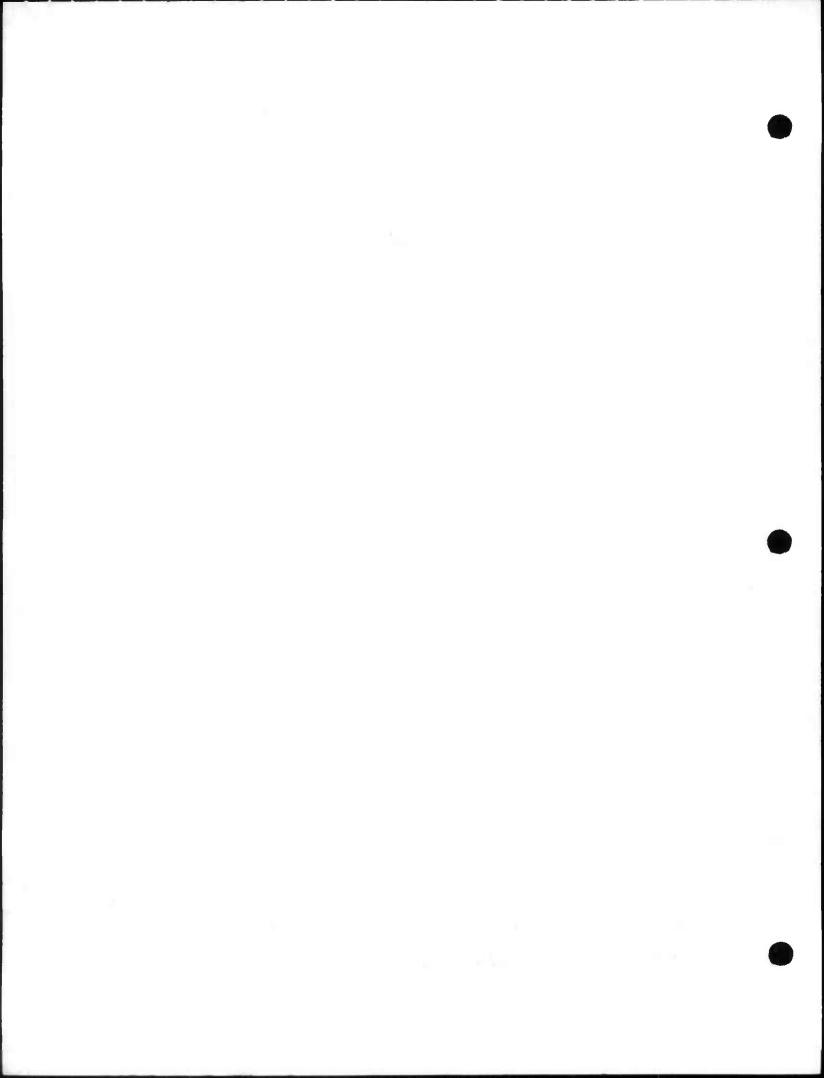
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  Is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the page 2, 2, 3 should be after the page 3, 2, 3 should be after the page 3, 2, 3 should be after the page 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,
cuted within 24 hours after death. Page 6 may be retained by the hospital of completely filled in by the funeral director, page 5 should be detached to until cremation, or removal.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)		Dorsey		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 213-34-1033	1 🗆 M 2 💢 F		UNDER 1 YEAR IF UNDER 24 HRE THE DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country) Md			
TOR	9a. FACILITY NAME (If not institution, give  INDS OF EVER OF PRESIDENCE OF DECEDENT	2-00112-00-2-2		city, town on Location of Baltimore	DEATH 9c, CO	UNTY OF DEATH			
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  Md Baltimore								
ERAL	I LOZO N. DEIVEUELE MV								
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	13. WAS DECENDENT OF HISI If yea, specify Cuban, Mex 1 — YES 2 NO Spe		14. RACE — American Indian, Black, White, etc. Specify: Black			
APLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 10th	UCATION to completed) College (1-4 or 5+)	16a, DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	18b. KIND OF BUSINESS/IN				
COM	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Maiden Surname)				
ш	Luther Green 19a. INFORMANT'S NAME (Type/Print)		Condelia Webb  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)						
TO B	Leon Dorsey			RESS (Street and Number or Ru BUhler Avenu					
	20a. METHOD OF DISPOSITION	200	. PLACE AND DATE OF DI	SPOSITION (Name of		City or Town, State			
	1 Donation 5 Other (Specify)	noval from State cen	retery, cremetory or other to	lal Park	Park 4293 Randallstown, Md				
	21. SIGNATURE OF FUNDIAL SERVICE LI	Mest h Avenue	Trooming the						
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUÉ TO (ÓR AS A	A CONSEQUENCE OF):	Tagent rellitus	Ton				
MEDICAL	PART II. Other significent condition	ne contributing to deeth b	ut not resulting in th	e underlying ceuse given	In Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION DE CAUL OF DEATH? 1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only one)				
S	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outp		HER: Nursing Home 5 - Residence					
S									
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	204. OEŞCRIBE HOW INJURY OC	CCURED			
TED BY PHY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	(Month, Day, Year)	— At home, farm, street	M 1 YES 2 NO	281. LOCATION (Street and Number City or Town, State)				
D BY PHY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	(Month, Day, Year)  28s. PLACE OF INJURY building, etc. (Special Control of the Section of the S	At home, farm, street	M 1 YES 2 NO tectory, office	281. LOCATION (Street and Number	r or Rural Route Number,			
IPLETED BY PHY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	(Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Sec	- At home, farm, street	M 1 YES 2 NO factory, office  the time, date and place, and d my opinion, death occured at ti	281. LOCATION (Street and Number City or Rown, State)  us to the cause(a) and manner as state time, date and place, and due to t	r or Rural Route Number,			



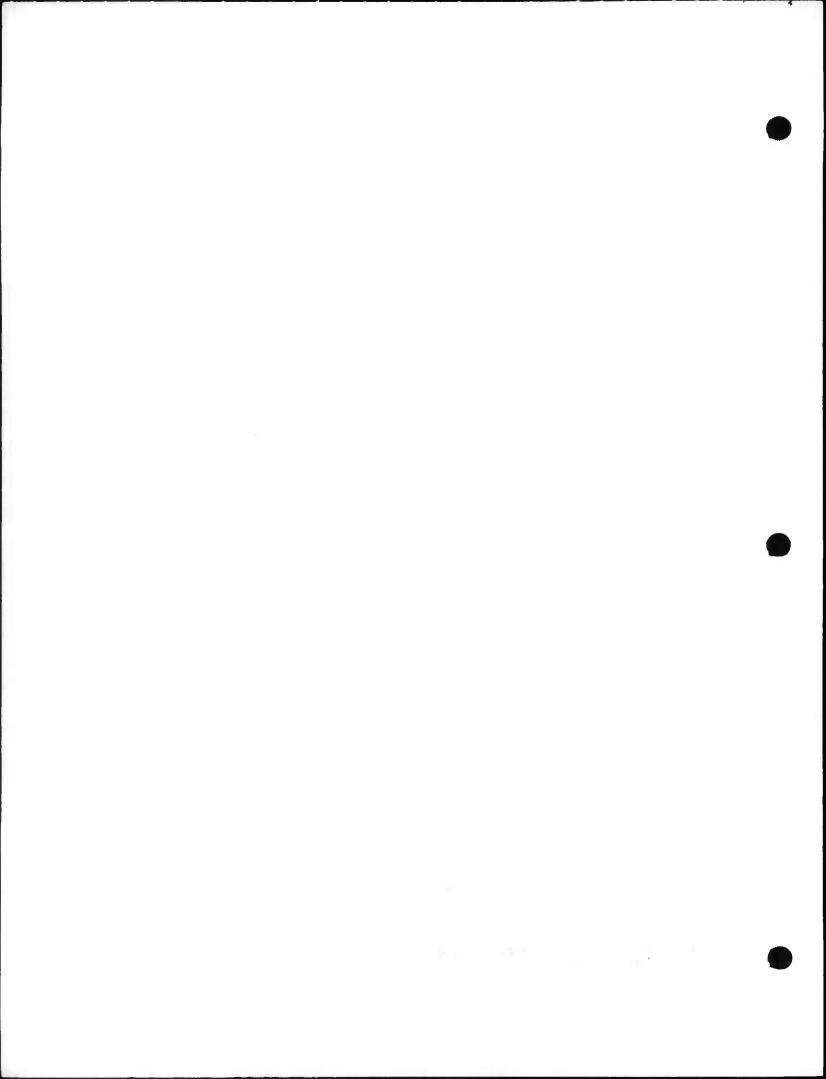
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	REGISTRAR		CERTI	FICATE (	OF DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	DEATH	YEAI	3. TIME OF DEATH
	DIAMOND		DA	RGAN		3	28		
	4. 220-22-7018	5. SEX 6	. AGE (In yrs. lest birthday		AR IF UNDER 24 HRS.	7. DATE DE		8. Bil	RTHPLACE (State or Foreign
	<del>222-22-7018</del>	1 🗆 M 2 💢 F	78 YRS.	MONTHS DA	YS HOURS MIN.	(Month, E	25-1		S.C.
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TO	WN OR LOCATION OF D			9c. COUNTY O	
DIRECTOR	NORTH ARUNDEL	HOSPITAL					- 0	Anne 1	4 1 1
E C	10a. STATE 10b. COUNTY		10c. C	TY, TOWN DR L	OCATION				10d. INSIDE CITY
E	MD		G	1 .1	Durnie				LIMITS?
	10e. STREET AND NUMBER				101. ZIP CODE			10a, CITIZEN D	F WHAT COUNTRY?
FUNERAL	7354 HOLSTEIN	AVENUE			21060			U.S	
וַ הַ	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC DRIGIN? (	Specify Yea or	No- 14. R	ACE — American Indian, lack, White, atc.
B	1 Never Married 2 Married 3 VVVIdowed 4 Divorced	FORCES? 1 [	OR DATES		s, specify Cuban, Mexico YES 2 ND Specif		en, etc.)		BLACK
COMPLETED	15. DECEDENT'S EDUC	ATION	16a. DECEDENT	S USUAL OCCU	PATION	16b. KI	IND OF BUSIN	IESS/INDUSTRY	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind o	work done during with work done with work done with work done with work done with work done with work done with work done with work done during the work during the work during th	g most of working	143677	out at means		
4	, (0 12)	34)				RAI	LEIGH	CLOT	HES
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First Mide	dla Maida- Su		
	ABRAHAM CHARLE	S			CAMII		ura, mailueri Sui	rriarino)	
BE	19a. INFORMANT'S NAME (Type/Print)	<u> </u>	105 MAII IN	G ADDRESS (C)	eet and Number or Rural		01		
임	REBECCA COLBER	Т			CEIN AVE				
	20a. METHOD OF DISPOSITION								
	1 Burisi 2 Cramation 3 Remo	val from Stata	20b.PLACE AND DATI cemetery, crematory or	other place)		OATE		TIDN — City or	121.007
	21. SIGNATURE OF FUNERAL SERVICE LIC	FNCEF	CEDAR H		EMETERY E AND ADDRESS OF FA	00.000	IANNE	ARUN	DEL CO,MD
	· 0 · 1	~ X	/	22. 1958	E AND ADDRESS OF FA	GLIT			
	Deman &	> you	word						ORTH AVE.
	23. PART i. Enter the diseases, or canock, or heart feliure.	omplications that c lat only one cause	aused the deeth. Do on each line.	not enter the	mode of dying, aud	ch aa cardiad	c or reapirat	tory arreat,	Approximate interval Batween
	iMMEDIATE CAUSE (Final disease or condition	C	oxd.	11		<i>c</i> : 0 o	co A		Onset and Death
	reaulting in death)	DUE TO (OI	CYCLL O	67 15 1	421022	C	1 7 1		
_				.,.					į l
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (DI	R AS A CONSEQUENCE	OF):					
<u>8</u>	CAUSE (Disease or injury								
	that initiated events	OUE TO (OI	AS A CONSEDUENCE	OF):					
H H	reaulting in deeth) LAST								
· II	PART ii. Other significent conditions	contributing to de	ath but not resulting	in the under	wing source above to	Dort I a	- 2000 000 000		
র	Renal	1 -2	¥{	m the dilder	Ama conse Arreit III	Part I. 24	PERFORME		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	Pal-C	)				—   ¹	YES 2	NO	OF DEATH?
Σ	- seph	2 2 2 2 1				—			1 TES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL	Masce	4						
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (Ch	eck only one)			
≥ I	1 YES 2 -NO		R/Outpatient 3 DOA	4 - Nursing	Home 5 - Rasidenca	8 Other (S	ipeclfy)		71
	27. MANNER OF DEATH  1 D Natural 5 Pending	28s. DATE DF IN, (Month, Day,	JURY 26b. TI	JURY	INJURY AT WORK?	28d. DESCR	IBE HOW INJU	JRY OCCUREO	
⋒	2 Accident Investigation				YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE DF II building, ato	NJURY — At home, farm, . (Specify)	street, factory,	office	28t. LOCATH City or 3	ON (Street and fown, State)	Number or Run	ni Route Number,
COMPLETED									
로Ⅱ	(Check only	IAN: To the best of my	knowledge, death occur	red at the time,	date end plece, end dua	to the cause(	e) and menne	r ee stated.	
<u> </u>	one) 2 MEDICAL EXAMINER	: On the baels of axan	Instion and/or Investigat	on, in my opinio	on, death occured at the	time, data and	d place, and d	lua to the caus	e(s) and manner as stated,
- 11	296. SIGNATURE AND TITLE OF CENTIFIER		1	^	29c. LICENSE NUI	WBER,	2:	9d. DATE SIGN	EO (Mpnth, Day, Year)
2	12				02	3621	1	> 3/3	31/93
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF OEATH (ITEM 27) (Typ		-1 0 -		Her	201/	In Busin
	basant Kha	Maelwa	al M.D.	1620	S. Crain	Her	N	J. 6	me sight
	31. DMW PLAD (Month, Day, Year) "	32. REGISTRAR'S	SIGNATURE				0		
100	APR 02 1993	W	Prime						



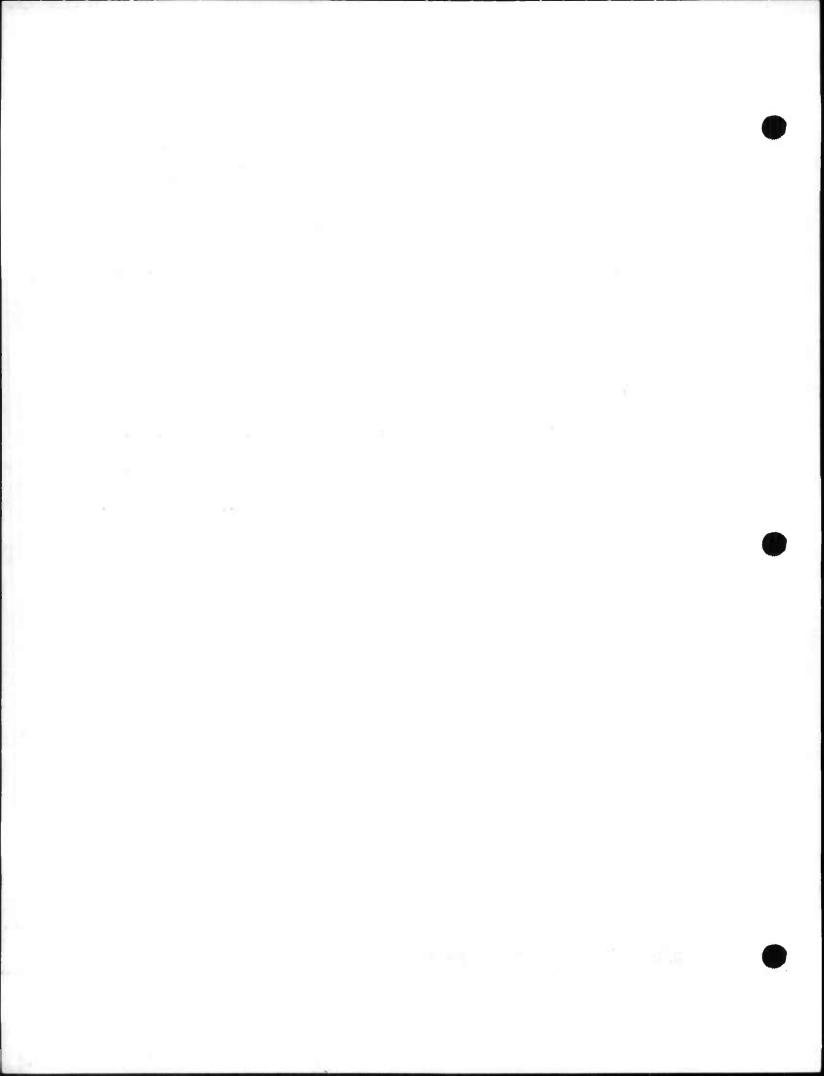
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CE	RTIF	CALL	OF DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				-		2. DATE	OF DEATH		3.	TIME OF DEATH
	HAMMID			D :	NT C		MONTH	D.		YEAR	TIME OF BEATH
	HATTIE				AVIS			30 - 93			M
1	4. SOCIAL SECURITY NUMBER	5. SEX	. AGE (In yrs. las	t birthday)	IF UNDER 1 YE		40.0	OF BIRTH	1	L BIRTHPL	ACE (State or Foreign
	213-16-3813	1 M 2 X F	71	YRS.	MONTHS DA	78 HOURS MIN		, Dey, Year) 1-13-	21	Country)	.C.
1 3	9a. FACILITY NAME (If not institution, give	atmet and author		1				1-13-			
-						VN OR LOCATION OF	DEATH		9c. COUNT	Y OF DEAT	Н
10	1107 BRENTWOO	D AVENUE			BAL	FIMORE					
15	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNT	TY		10c. CIT	, TOWN OR LO	CATION				10	d. INSIDE CITY
1 🖔	MD I				Balt	imore				- 1	LIMITS?
					Daio					1/2	XYES 2 NO
M	100. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
FUNERAL	1107 Brentwoo	d Ave.				21202			USA		
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN II C AR	MED	40 400	DECENDENT OF HIS					
正	1 Never Married 2 Merried	FORCES? 1	YES 2 X	0	is. vers	, specify Cuban, Mex	'ANIC OHIGIN' Ican, Puerto R	? (Specify Yas lican, etc.)	or No- 1	4. RACE — Black, W	American Indien, hite, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAT	OR DATES		1 🗆	YES ZE NO SO	city:			Specifyin	lack
										В	Tack
	15. DECEDENT'S EDI (Specify only highest grad		16a. DE	CEDENT'S	USUAL OCCUP	ATION	16b.	KIND OF BU	SINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	itte.	Do NOT us	ork done during a retired.)	most of working					
1 4	, , , , , , , , , , , , , , , , , , , ,	conege (1-01 37)					J				
Σ									_		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S			Sumame)		
BE	Peter Davis					Marti	na Da	vid			
	19a. INFORMANT'S NAME (Type/Print)		106	MAILING	ADDRESS (Ch	et and Number or Ru	10 11 11 11				
2	Olivia Washi	n a + a n	1 1	105	D	et and Number of Hui	al Houte Numb	er, City or Tow	n, State, Zip C	iode)	
'-			<u> </u>	105	Bren	twood As	/e./B	altın	nore,	MU	21202
	20e, METHOD OF DISPOSITION 1 🗘 Burlei 2 🗆 Cremation 3 🗆 Ren	Walter Co.	20b. PLACE A	ND DATE	F DISPOSITION	(Neme of	DATE	20c, LO	CATION - CI	ty or Town.	Stata
	4 Donation 5 Other (Specify)	noval from Stata	King ng	Mery of other	per place 1	Park	1		ndall		
1 1	21. SIGNATURE OF FUNERAL SERVICE L	revere 17	iking	TICIII	_			15 α1	Iuaii	SLOW	טויו , וו
	21. SIGNATIONE OF PONESOE, SERVICE C	COMBER .			22. NAM	E AND ADDRESS OF	FACILITY				
	<b>D</b>	XI	1		-			/7707	-		
	1	1	7		WM.	C.MARCH	F.H.	11101	E	NORT	H AVE.
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that o	aused the de	th. Do n	ot enter the	mode of dying, s	uch as card	ac or respi	ratory arres	st,	Approximate
1 1		List only one cause	on each line.								Interval Between
1 1	iMMEDIATE CAUSE (Final disease or condition	1100	1 00 11	1.	1						Onset and Death
1 1	resulting in death)	. Megi	175 CE 110	11/1	CHIC	MOMA					D MLZ
1 1		DUE TO (O	R AS A CONSEO	UENCE OF	):	liver Liver					V
2		. Cice	hosis	01	The	Livia					
호	Sequentisity that conditions,		R AS A CONSEO			P. V W					
4	if any, leading to immediate cause. Enter UNDERLYING				,						
일	CAUSE (Disease or injury	C									
1 🖰 1	that initiated events	DUE TO (O	R AS A CONSEO	UENCE OF	):						
	resulting in death) LAST	21									
CERTIFICATION		0.								-	
	PART ii. Other significant condition	ns contributing to de	eath but not re	sulting I	the underl	ying cause given	in Part i.	24s. WAS AN	AUTOPSY	24b. WF	RE AUTOPSY FINDINGS
DICAL								PERFOR		AM	ILABLE PRIOR TO
								1 [ YES 2	NO		MPLETION OF CAUSE DEATH?
≝							-			1.0	YES 2 NO
15.1										1 "	] 120 2   110
1 22 1											
AN	25 WAS CASE DEFENDED TO MEDICAL										
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL				PLACE OF DEATH	Check only one	"			
SICIAN		HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:	1/					
HYSICIAN	EXAMINER?				OTHER: 4   Nursing I	tome 5 Rasidence	e 8 🗆 Other	(Specify)	A HIEW COCK	DED	
PHYSICIAN	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	1 🗆 Inpetient 2 🗆 E	JURY	DOA 28b. TIME	OTHER: 4 Nursing I OF 28c.	nome 5 Residence	e 8 🗆 Other		JURY OCCU	RED	
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 E	JURY	28b. TIME	OTHER: 4 Nursing I OF 28c.	tome 5 Residence	e 8 🗆 Other	(Specify)	NJURY OCCU	RED	
B	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Inpetient 2 E 28s. DATE OF IN (Month, Day,	JURY Year) NJURY — At hon	28b. TIME	OTHER: 4   Nursing F OF 28c. IRY	INJURY AT WORK?	e 8 Other 28d. DESC	(Specify) CRIBE HOW II			Number,
ED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Inpetient 2 E 28a. DATE OF IN (Month, Day,	JURY Year) NJURY — At hon	28b. TIME	OTHER: 4   Nursing F OF 28c. IRY	INJURY AT WORK?	e 8 Other 28d. DESC	(Specify)			Number,
ETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	1 Inpetient 2 E 28s. DATE OF IN (Month, Day,	JURY Year) NJURY — At hon	28b. TIME	OTHER: 4   Nursing F OF 28c. IRY	INJURY AT WORK?	e 8 Other 28d. DESC	(Specify) CRIBE HOW II			Number,
ETED BY	27. MANNER OF DEATH  Netural 5 Pending Investigation  3 Sufeide 8 Could not be determined	1   Inpetiant 2   E  28a. DATE OF IN (Month, Day.  28a. PLACE OF I building, etc.	JURY Year) NJURY — At hom :- (Specify)	26b. TIME INJI	OTHER: 4 Nursing F OF 28c. IRY M 1	injury at work?  YES 2 NO	28d. DESC	(Specify) CRIBE HOW II TION (Street a r Town, State)	nd Number or	Rural Route	Number,
MPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER Check only  CERTIFYING PHYS	1   Inpetient 2   E  28e. DATE OF IN (Month, Dey.  28e. PLACE OF is building, atc	JURY Year)  NJURY — At hon  :. (Specify)	28b. TIME INJI	OTHER: 4 Nursing I OF 28c. IRY M 1   reet, factory, c	injury AT WORK? YES 2 NO	28d. DESC	(Specify) CRIBE HOW II TION (Street a r Town, State)	nd Number or	Rural Route	
ETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	28s. DATE OF IN (Month, Day.  28s. PLACE OF I building, etc.  28s. PLACE OF I building, etc.	JURY Year)  NJURY — At hon  :. (Specify)	28b. TIME INJI	OTHER: 4 Nursing I OF 28c. IRY M 1   reet, factory, c	injury AT WORK? YES 2 NO	28d. DESC	(Specify) CRIBE HOW II TION (Street a r Town, State)	nd Number or	Rural Route	
E COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER Check only  CERTIFYING PHYS	28s. DATE OF IN (Month, Day.  28s. PLACE OF I building, etc.  28s. PLACE OF I building, etc.	JURY Year)  NJURY — At hon  :. (Specify)	28b. TIME INJI	OTHER: 4 Nursing I OF 28c. IRY M 1   reet, factory, c	injury AT WORK? YES 2 NO	28d. DESC 28d. DESC 28f. LOCA City o	(Specify) CRIBE HOW II TION (Street a r Town, State)	nd Number or ner ee stated d due to the o	Rural Route	
BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	28s. DATE OF IN (Month, Day.  28s. PLACE OF I building, etc.  28s. PLACE OF I building, etc.	JURY Year)  NJURY — At hon  :. (Specify)	28b. TIME INJI	OTHER: 4 Nursing I OF 28c. IRY M 1   reet, factory, c	injury AT WORK? YES 2 NO ffice	28d. DESC 28d. DESC 28f. LOCA City o	(Specify) CRIBE HOW II TION (Street a r Town, State)	nd Number or ner ee stated d due to the o	Rural Route	d manner ea stated.
BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINICATION OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF IN (Month, Dey.  28e. PLACE OF I building, atc.  28e. PLACE OF I building, atc.  ER: On the best of my ER: On the best of axan	JURY Year)  NJURY — At hon  (Specify)  knowledge, dea	28b. TIME INJURA TIME INJURA TERM TO COURSE INVESTIGATION	OTHER: 4   Nursing I OF 28c. RRY	injury AT WORK? YES 2 NO ffice	28d. DESC 28d. DESC 28f. LOCA City o	(Specify) CRIBE HOW II TION (Street a r Town, State)	nd Number or ner ee stated d due to the o	Rural Route	d manner ea stated.
E COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	28e. DATE OF IN (Month, Dey.  28e. PLACE OF I building, etc.  28e. PLACE OF I building, etc.  28e. PLACE OF I building, etc.  28e. PLACE OF I building.	JURY Year)  NJURY — At hon  (Specify)  I knowledge, dea	28b. TiMe INJU	OTHER: 4   Nursing 1 OF   28c. RY M   1   reet, factory, c d at the tima, c i, in my opinio	INJURY AT WORK?  VES 2 NO  Interpretation of the state and place, and detail occurred at the state of the sta	28f. LOCA 28f. L	(Specify) CRIBE HOW II TION (Street a r Town, State) De(a) and man	nd Number or	Rural Route	d manner ea stated.
BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINICATION OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF IN (Month, Dey.  28e. PLACE OF I building, etc.  28e. PLACE OF I building, etc.  28e. PLACE OF I building, etc.  28e. PLACE OF I building.	JURY Year)  NJURY — At hon  (Specify)  knowledge, dea	28b. TiMe INJU	OTHER: 4   Nursing 1 OF   28c. RY M   1   reet, factory, c d at the tima, c i, in my opinio	INJURY AT WORK?  VES 2 NO  Interpretation of the state and place, and detail occurred at the state of the sta	28f. LOCA 28f. L	(Specify) CRIBE HOW II TION (Street a r Town, State) De(a) and man	nd Number or ner ee stated d due to the o	Rural Route	d manner ea stated.
BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WITH A PROPERTY	28e. DATE OF IN (Month, Dey.  28e. PLACE OF I building, etc.  28e. PLACE OF I building, etc.  28e. PLACE OF I building, etc.  28e. PLACE OF I building.	JURY Year)  NJURY — At hon  knowledge, dea r knowledge, dea r knowledge, dea r knowledge, dea r knowledge, dea r knowledge, dea r knowledge, dea	28b. TiMe INJU	OTHER: 4   Nursing 1 OF   28c. RY M   1   reet, factory, c d at the tima, c i, in my opinio	injury AT WORK? YES 2 NO ffice	28f. LOCA 28f. L	(Specify) CRIBE HOW II TION (Street a r Town, State) De(a) and man	nd Number or	Rural Route	d manner ea stated.



STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH VEAD AN DICO 2:30 Am March 7. DATE OF BIRTH (Month, Day, Year) 6-20-33 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 🔀 M 2 🗆 F 59 Maryland use as the burial-transit permit. Pages 1, 2, 3 should 9c. COUNTY OF DEATH DIRECTOR BALTIMORE CITY RESIDENCE OF PERSONNEL CORPORATION 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore 1- YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3103 E. Fayette Street 21224 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Riack. White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married В 1 YES 2 NO Specify: 3 Widowed 4 Divorced Korean Conflict White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Q Elementary/Secondary (0-12) College (1-4 or 5+) 9th page 5 should be detached Assemblyman Steel notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John D'Alesandro Dolores Harper BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Miss Kimberly D'Alesandro 615 S Streeper Street Baltimore. Md 21224 90 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must director, Green Mount 4 Donation 5 Other (Specify) Crematory Baltimore, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Matthews Funeral Home atth 3021 Eastern Ave., Baltimore. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, the attending physician and completely filled in by Approximate shock, or heart failure. List only one cause on each line. Interval Betw 6 **IMMEDIATE CAUSE (Final** Onset and Death DUE TO (OR AS A CONSEQUENCE OF):

HONIC OBSTRUCTIVE CUNC cremation, or other traumatic event, the disease or condition\_ resulting in death) requires that the death certificate be executed within Hygiene prior to burial, CERTIFICATION Sequentially list conditions, (Off AS A CONSEQUENCE OF) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF) signed by the atte Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY shows any 1 ☐ YES 2 ☐ NO 1 YES 2 NO has been s Dept. of H PHYSICIAN: OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) THE HOSPITAL OR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate I fled within 72 hours after death with the State HOSPITAL:
1 | Inpatient 2 | FR/Outpetient 3 | DOA OTHER: 1 YES 2 NO me 5 🗆 Residence 6 🗀 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked, Natural
Accident 5 Pending Investigation BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED 6 Could not be item 28 4 Homicide 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 PM IMPORTANT: If the (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER BE 803 9 30. NAME AND ADDRESS OF PERSON REN 8 31. DATE FILED (Month, Day, Year) APR 02 1993



3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

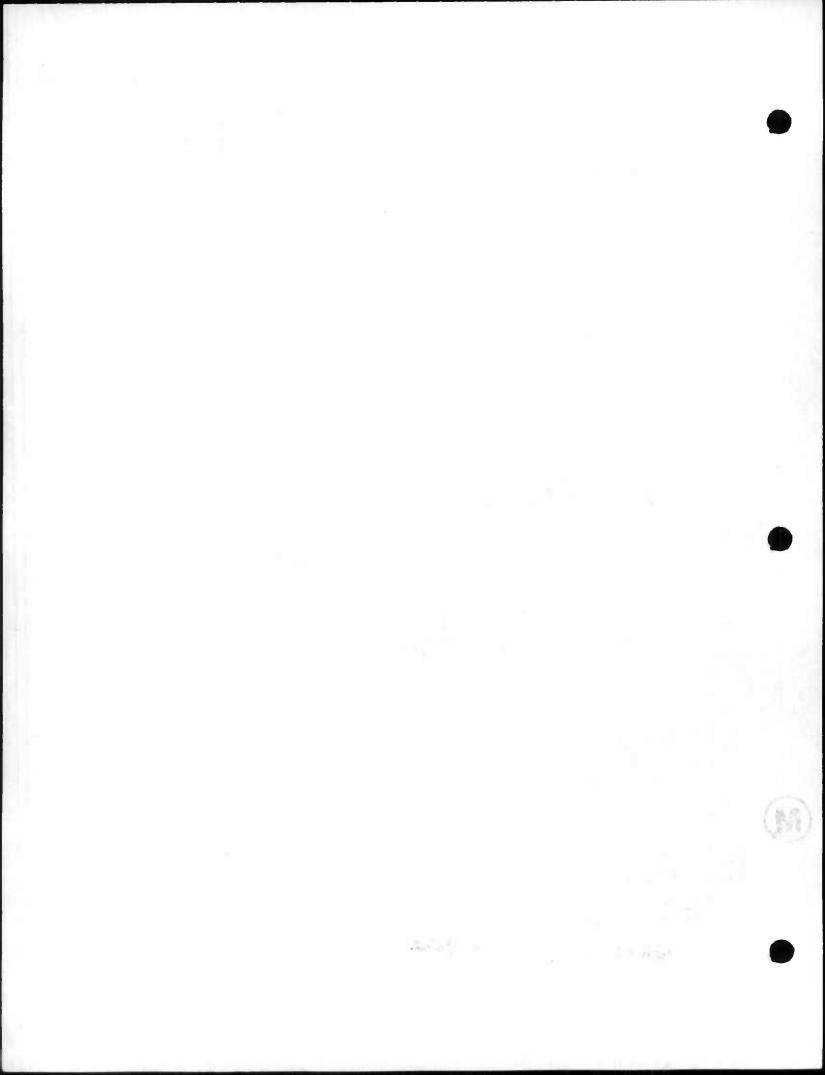
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

24 hours after death. certificate be executed within requires that the death MG PHYSICIAN: The law

YEAR ,25 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 12-4-1952 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreig 40 1 1 M 2 | F North Carolina page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bon Secours Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY NorthCarolina Gaston Gastonia 1 YES 2X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2633 Terra Drive 28054 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Merried If yes, specify Cuban, Maxican, Puarto Rican, atc.) ВY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16a, OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 10 Counter Clerk Fast Food Industry 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Marion Clifford David notified at Estelle Pickelsimer BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rurat Route Number, City or Town, State, Zip Code) 2 Marion C. David 2633 Terra Drive Gastonia, North Carolina 28054 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF OISPOSITION (Name of must OATE 20c. LOCATION - City or Town, State completely filled in by the funeral director, rial, cremation, or removal. Armstrong Cemetery 3/31 Gastonia, North Carolina examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY micha Marzullo Funeral Service 3981Carrollton Road Upperco, Maryland 21155 medical 23. PART i. Enter the diseessa, or complicatione that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ehock, or heart failure. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Fine) Onaet and Death the disease or condition CWVV reaulting in death) traumatic event, and com CERTIFICATION Sequentially list conditiona, 0 (OR AS A CONSEQUENCE OF been signed by the attending physician it, of Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): thet initieted events recuiting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS a has been signed by the Dept. of Health and m 23 shows any In PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF OEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL this certificate h Item 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 Impetiant 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Homa 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28d. OESCRIBE HOW INJURY OCCUREO 28b. TIME OF INJURY 26c. INJURY AT WORK? marked, 1 Natural 5 Pending 1 YES 2 NO After t BY 2 Accident 28f. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 28e. PLACE OF INJURY — At home, tarm, atreet, factory, offica building, atc. (Specify) .07 3 Suicide COMPLETED 8 Could not be DIRECTOR: hours after item 28 4 Homicide hours a 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL Within 72 I MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 포포 29d, DATE SIGNED (Month Day 23 2 AODRESS OF PERSON WHO COM PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TON CLIVES 01 32, REGISTRAR'S SIGNATURE 31. OATE FILEO (Month, Day, APR U2 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



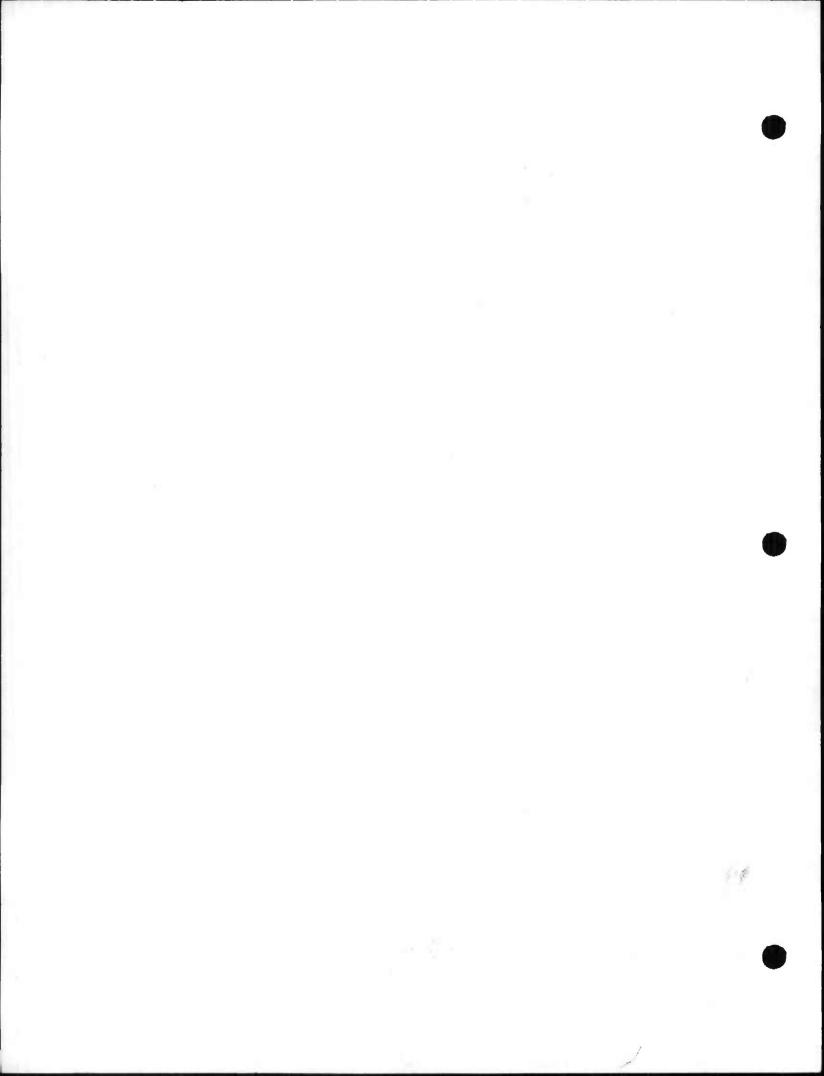
24 hours after death. Page 6 may be retained by the hospital or attending physician. completely filled in by the funeral director, page 5 should be detached for HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within een signed by the attending physician and con of Health and Mental Hygiene prior to burial, certificate has been h the State Dept. of H

31. DATE FILED (MONTH) Day, APR 02

1993

PĘGISTBAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH DAY YEAR -6 93 2 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (St. 1 X M 2 | F use as the burial-transit permit. Pages 1, 2, 3 should OR LOCATION OF DEAT 9c. COUNTY OF DEATH BY FUNERAL DIRECTOR 10b. COUNTY 10c, CITY. TOWN OR LOCATION 10d. INSIDE CITY 1 XYES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 0 NO ARITAL STATUS WAS DECENDENT OF HISPÁNIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 2 Marrie IF YES, GIVE WAR OR DATES 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) notified at BE MANT'S NAME (Type/Print) Zip Code 2 Pe METHOD OF DISPOSITION 20a METHOD OF DISPOSITION / 1 M Burlal 2 Cremation 3 4 Donation 5 Other (Specify) 20h. PLACE AND DATE OF DISPOSITION (Na OATE examiner must 21. SIGNATURE OF FUN AL SERVICE LICENSEE or removal. or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death cremation, disease or condition resulting in death) darohe DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions, QUE TO (DR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST item 23 shows any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TES EN NO atient 2 | FR/Outpatient 3 | DOA se 5 🗆 Residence 6 🗀 Other (Specify) 6 27. MANNER OF OEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO INT. If item 28 is marked, RAL DIRECTOR: After this of 72 hours after death with 1 Hatural 1 YES 2 NO В 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. BE 29c. LJCENSE NUMBER 29d. DATE SIGNED JMonth, Day, Year, 25042 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



## BALTIMORE, MARYLAND 21215-0020 ser death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If item 28 is merked,

PEMY CHHIM M.D.

31. DATE FILED (Month, Day, 1667)
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

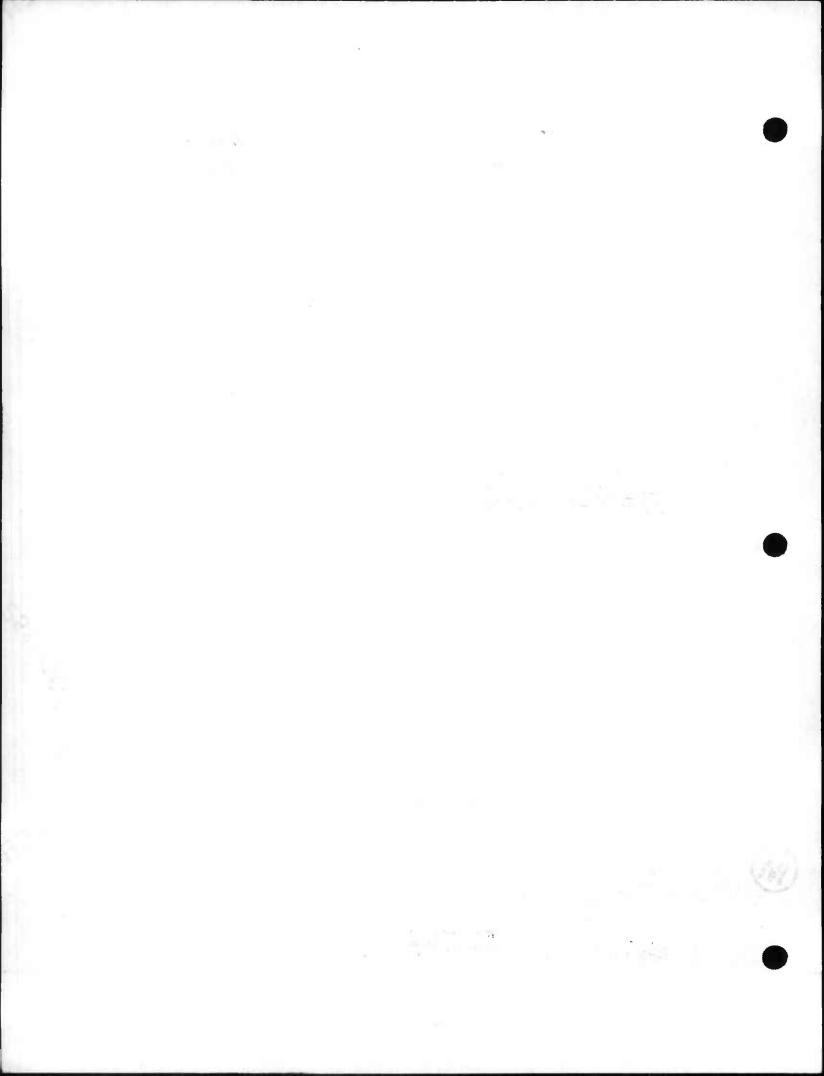
. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained I	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	
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93 09087 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) TH 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1230 MARIA DADAMO H 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 MF DAYS HOURS 4596 YRS. 218-01 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT TOWSON Baltimore MD 10b. COUNTY 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE 1 YES 2 NO 10s. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6223 BIRCHWOOD RD. 21214 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 2 NO IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 3rd. HCMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE FRANK TORINO MADELINE LAVIOLA 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FRANCES BOND 6901 AVONDALE RD. BALTO. MD. 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE REDEEMER CEM. HOLY 4/5 BALTIMORE, 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DAVID J. WEBER F.H. 401 S. CHESTER BALTO 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert failure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition Infarction edia My Car dia
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) MEDICAL CERTIFICATION Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **AMAILABLE PRIOR TO** COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY --- At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be BE COMPLETED 4 Homicide 29s. CERTIFIER (Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ca 250. SIGNATURE AND TITLE OF CERTIFIER 93 02695 04 01 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2

Saint Joseph

#2. REGISTRAT'S SIGNAT

Hospital



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	cuter	00 0	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ile e	
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	REGISTRAR  CERTIFICATE OF DEATH  DECEDENT'S NAME (First, Middle, Lest)  HANNAN DALUSON						2. DATE OF DEATH MONTH  3 - 3/ 4		YEAR :	3. TIME OF DEATH 8	
	4. SOCIAL SECURITY NUMBER  2 1	5. SEX 6. AGE (In yrs. lest birthdey)   IF UNDER 1 YEAR   IF UNDER 24 HRS 1   M 2   F   F   YRS.   MONTHS   DAYS   HOURS   MIN.				IF UNDER 24 HRS. HOURS MIN.				LACE (State or Foreign	
OR	9. FACILITY NAME (If not Institution, give street and number)  Stella Maris Hospice  Towson							eath 9c. county of DEATH Baltimore			
DIRECTOR	100. STATE 100. COUNTY  Md. Balto		10c. CITY, TOWN OR LOCATION Turners Station								Od. INSIDE CITY LIMITS?
FUNERAL I	100. STREET AND NUMBER 130 Fleming Drive 130			101 710 0005						X YES 2 NO AT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 2 Merried 1 FYES, GIVE W	RMED  13. WAS DECEMBENT OF HISPAN  NO  14. Yes, specify Cuben, Mexicer  1 YES 2 NO Specify				en, Puerlo Rican, etc.) Blaci			14. RACE - Black, 1 Specify: 31 a C	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	CATION completed)  College (1-4 or 5+)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired,)  Nursing				166. KIND OF BUSINESS/INDUSTRY  Health					
	17. FATHER'S NAME (First, Middle, Lest)  Francis Thompson  16. MOTHER'S NAME Mary						AME (First,	ME (First, Middle, Malden Surneme) V Lee			
TO BE	190. INFORMANT'S NAME (Type/Print) Francis Jackson	19	b. MAILING	ADDRES	S (Street e	nd Number or Rural	Aoute Nur Rd		n, State, Zip (		1222
	20a_METHOD OF DISPOSITION 1 🖾 Burlel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	AND DATE	of Dispos ther place)	DISPOSITION (Name of Vary)			oate 20c Location - City or 4/2 Balto.,				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ton			Jame	ADDRESS OF FA	ort			-	Md. 2121
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mod shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Bue To (or AS A CONSEQUENCE OF):						ch aa ca	rdiac or respi	ratory arre	et,	Approximete Interval Batween Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in					Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	Al C	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE F OEATH?	
PHYSICIAN: N	1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  ACCEPTANT										
HYSI	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 6 4 Other (Specify) HOSPICE										
BY	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 3 Suicide 2 28 LOCATION (Street and Number or Burel Court Number)							to Mumber			
4 Homicide determined building, etc. (Specify)							City or Town, State)				
29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and											
TO BE	29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Dey, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	Carla S. Alexander, M.D				losp:	ce-Dula	ney	Valley	Rd	Powso	on 21204

E.

2. DATE OF DEATH

3. TIME OF DEATH

South Africa

10d. INSIDE CITY
LIMITS? XX
1 YES 2 NO

20817

8. BIRTHPLACE (State or Foreign

9c. COUNTY OF DEATH

Montgomery

10g. CITIZEN OF WHAT COUNTRY? United States

White

14. RACE - American Indian, Black, White, atc.

A

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

1 -

מ	after
	hours
	24
og,	within
1991	executed
3	2
.c. æ	certificate
J.	death
ä	the
7	that
KEC	requires
4	N. Co
4	The
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
NON	TENOING
>	×
	0
	SPITAL

March 26,1993 Solomon Dektor 4. SOCIAL SECURITY NUMBER 6. AGE (In yes last hirthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. March 7, 1909 DAYS XXM 2 □ F 84 213-29-0712 permit. Pages 1. 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 4601 N. Park Ave. DIRECTOR Chevy Chase RESIDENCE OF DECEDENT Maryland 10c. CITY, TOWN OR LOCATION Chevy Chase 10b. COUNTY Montgomery FUNERAL 100. STREET AND NUMBER 4601 N. Park Ave., #1711 101. ZIP CODE 20815 burial-transit Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 1 Never Married 2 X Married YES 2 NO BY 3 Widowed 4 Divorced the COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY use Elementary/Secondary (0-12) page 5 should be detached for College (1-4 or 5+) Retailer Sales 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)
Taube Joffe Yehuda Dektor notified at BE 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8925 Charred Oak Drive, Bethesda, Md. 19a. INFORMANT'S NAME (Type/Print) 9 Zelda Heller Pe 20b. PLACE AND DATE OF DISPOSITION (Name ACCES, or There are the place of the control of the con 20a. METHOD OF DISPOSITION

2 □ Burial 2 □ Cremailon 3 □ Removal from State 3-28must director. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ves Pearson Tuneral Homes filled in by the funeral death. alls Church, VA. 22046 medical 23. PART I. Enter the dieeeses, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heert fellure. List only one cause on each line. **IMMEDIATE CAUSE (Final** completely filled rial, cremation, c traumatic event, the DADACHOSCALC CANCINOMA metastatico ou to (or AS A CONSEQUENCE OF): disease or condition resulting in death) burial, CERTIFICATION and Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): prior to the attending physician Mental Hygiene prior to CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL signed by the Health and N shows any been t. of PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL: OTHER: 1 YES 2 XNO 1 | Inpatient 2 | ER/Oulpatient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? marked, this ( 1 Natural 5 Pending Investigation 1 YES 2 NO BY After t 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED OIRECTOR: hours after 4 Homicide 28 Hem 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL (TO THE FUNERAL CE DE filed within 72 he IMPORTANT: It II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20c LOCATION - City or Town, Siete Washington, DC Approximate interval Between **Onset and Death** 92 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO 1 | YES 2 | NO 28d, DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1.3-26-93 WASH DC 20015 DHMH-16 Rev 1/89



BE

2

ALISON

sleson Martin

MARTIN

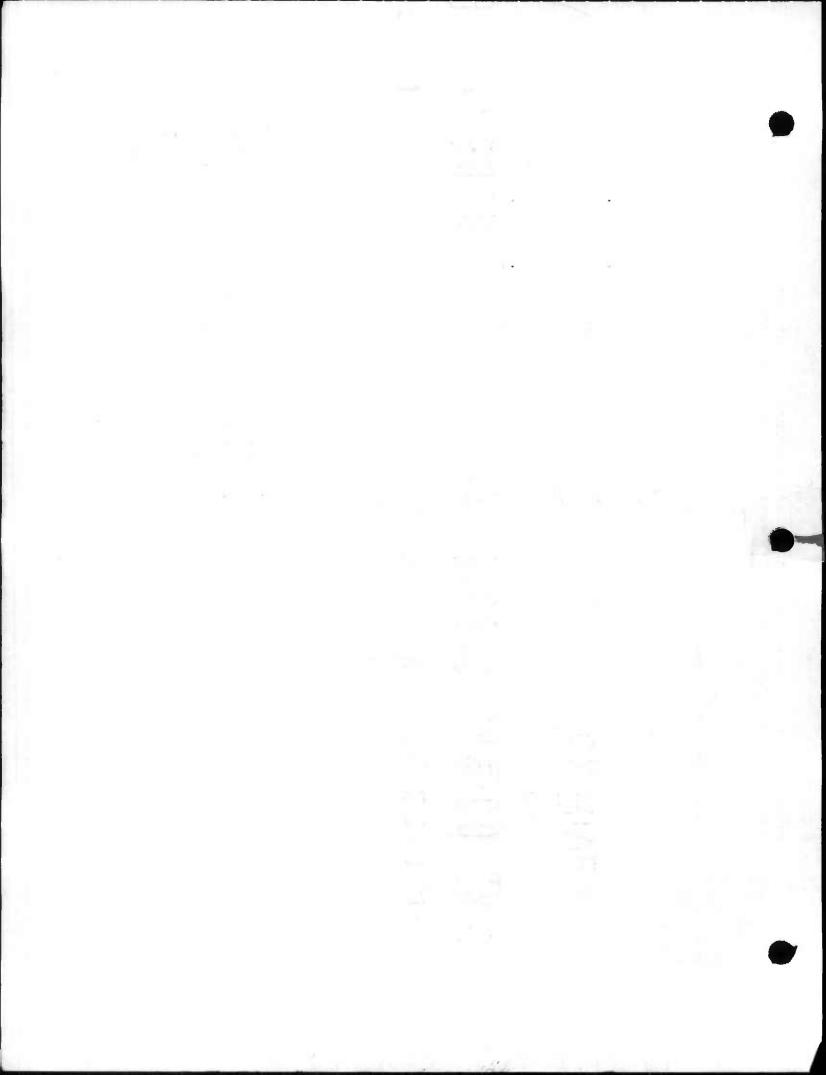
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5401 WESTERN

GUE AZ REGISTRAR'S SIGNATURE

AUE

NW

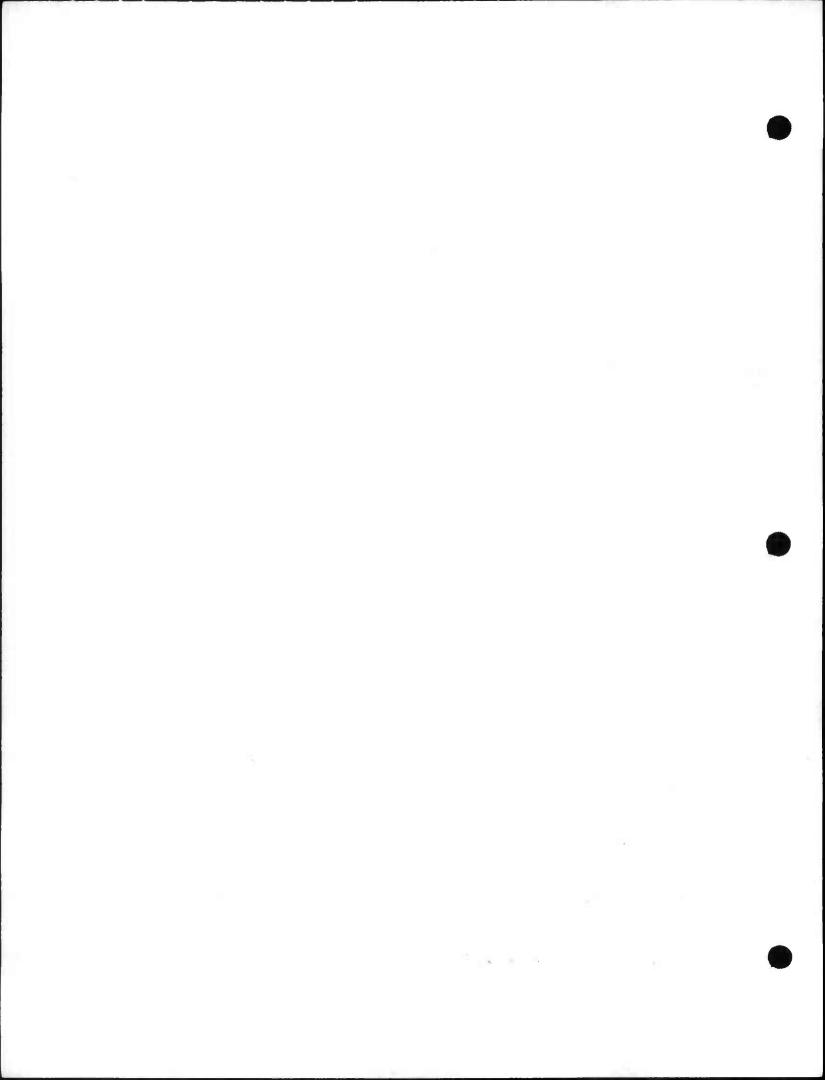


1 -	FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

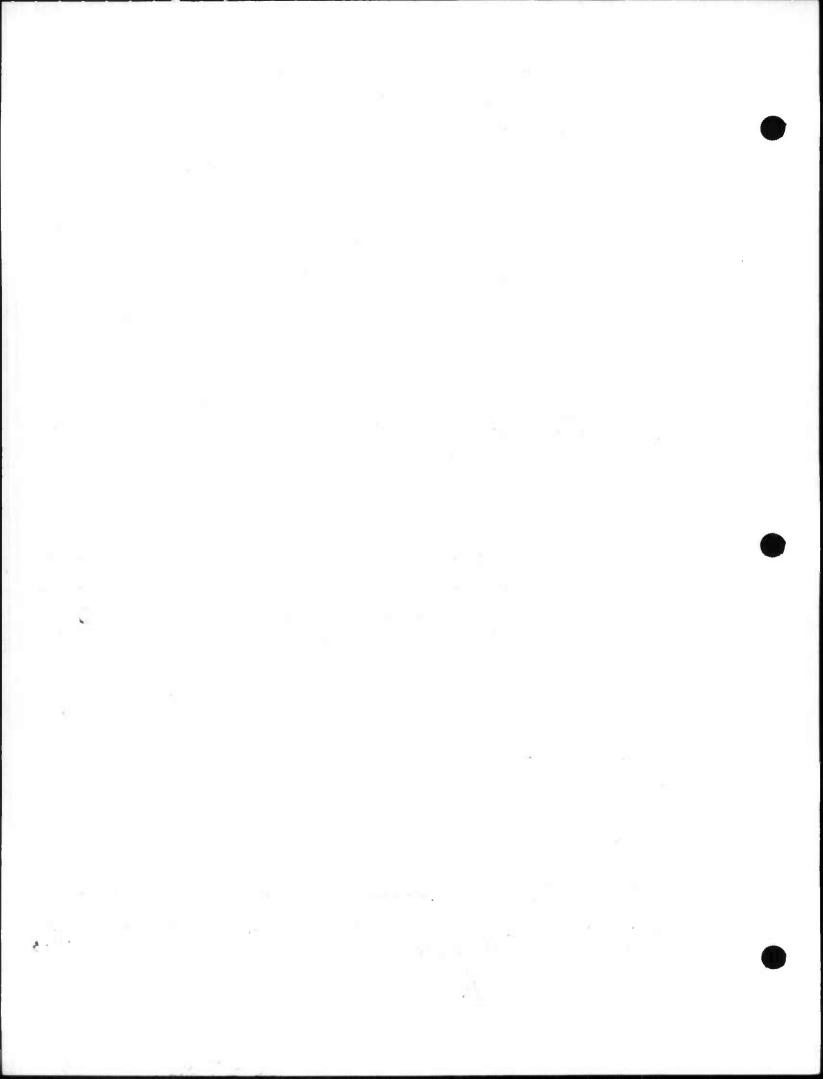
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO	D.		
1	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	benjamin L	our sr.				O3 S	7 9	7号 m	
1 3	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. last birthday)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	-
	213-26-2629	1 X M 2 - F	H YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year)		naryland	
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOW	N OR LOCATION OF D			Y OF DEATH	_
띩	Stella maris	Hospice			1501			ltimore	
151	RESIDENCE OF DECEDENT	1,000100			3001		1 00	THITIO	_
DIRECTOR	10a. STATE 10b. COUNTY		10c. Cl	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?	
	Maryland .			alto (	lity Md			XXYES 2 NO	
A	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?	7
E	124 V	V.Ostend St			21230		т	JSA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				NIC ORIGIN? (Specify Ye		. RACE — American Indian.	-
ВУ Б	1 Never Married 2 Married	FORCES? 1X YES			ES 3/13/NO Specific			Black, White, etc.  Specify: T.T.	
	3 Widowed 4 Divorced	1946- 1948	3		N.T.			White	
윤	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPA work done during	TION most of working	16b. KIND OF BL	SINESS/INDUS	TRY	7
1 2 1	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)					Į
₩ I	Unknown		Ca	r Insp	ector	Cant	rell	R.R.	Į
COMPLET	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meider			٦
BE	Benj	amin	_ D	arr	Go1	die		Vincent	
10 E	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street		Route Number, City or Tox	vn, Stata, Zip Co	ode)	7
F	Mrs.Shirley Da	rr	124	W.Os	tend St.	Balto.Md	. 212	30	
	20s. METHOD OF DISPOSITION	20b.	PLACEANDDATE	OF DISPOSITION				y or Town, Stata	1
1	157 Burlal 2 Cremation 3 Remo	rvat from State cem	etery, crematory or c	hther plece)	emetery	3/31 Ba	1+0.C	ityMd	
ŀ	21. SIGNATURE OF FUNERAL SERVICE LIC		Judon 1		ANO ADDRESS OF FA	CILITY			+
	▶ Xc. ` E	5/		1, 0			Balto	.Md. 21230	
	- Even-C	· WAL						E.Fort Ave.	
	23. PART I. Enter the diseases, or conshock, or heart failure. I	omplications thet caused lat only one cause on a	the death. Do	not anter the r	node of dying, suc	h as cardiac or reap	iretory arrest	t, Approximate Interval Between	
	IMMEDIATE CAUSE (Finel	. Metastatic Colon Cancer						Onset and Death	
	disease or condition resulting in death)	Metast	atic	Color	i Lana	er			
		DUE TO (OR AS A CONSEQUENCE OF):							1
Z	Sequentially list conditions,	4							
Ĕ	Sequentiary list conditions, if any, leading to immediate if any, leading to immediate								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d.									
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
5									4
	PART II. Other significent conditions	contributing to death be	ut not reaulting	in the undarly	ing ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	1
DICAL			•			PERFO	-	AVAILABLE PRIOR TO COMPLETION DF CAUSE	ł
8						1 _ YES	2 (1)-MO	OF DEATH?	ı
. ME						-		1 TES 2 THO	ı
A	25. WAS CASE REFERRED TO MEDICAL			-					4
SICIAN:	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (Ch	/ 1	laco:		4
tΥS	1 YES 2 NATO		1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing (			8 M Other (Specify)	OSPI		1
РНУ	1 Natural 5 Pending	(Month, Day, Year)		D. TIME OF 28c. INJURY AT WORK?		28d. OESCRIBE HOW INJURY OCCURED			ı
Β	2 Accident Investigation				YES 2 NO				I
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm,	street, factory, of	fica	281. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,	1
	- Tomelor Getarmined								I
7	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowle	edga, daath occurr	ed at the time, de	its and place, and due	to the cause(a) and ma	nner as stated.		1
COMPLET								ause(s) and manner as stated.	
	295 GIGNATURE AND TITLE OF CERTIFIER								1
H	(a, 0, 1)	11/	29c. LICENSE NUMBER 29d. DATE SIGNED (MOR) 3/29/			(Month, Day, Year)			
2	30, NAME AND ADDRESS OF DERSON WHO	NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (				1001	13/	47/70	1
	WILL THE APPRICATION OF PERSON WILL	SUMPLETED CHUSE OF DEA	uri (iicmi 27) ( <i>lyp</i> e	, <i>-</i> 7# <i>\pi</i> )			/	*	
21 DATE EN ED (Month Dr. Was)									
31. DATE FILED (Month, Day, Your)  32. REGISTRAN'S SIGNATURE  APR - 9, 1993  Author France									
	#11313 _ '/ WINT'?	Vileales Inches	(Albanda)						-11



FOR STATE

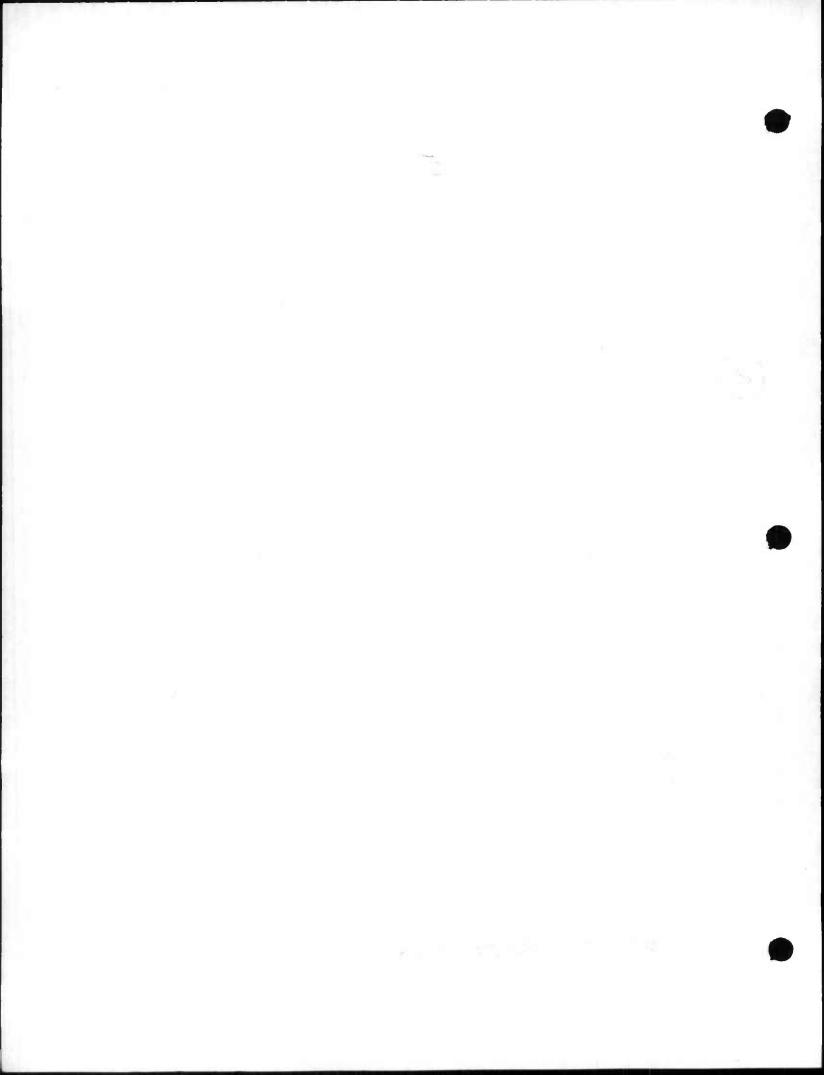
	-	REGISTRAR	A 3 N	CERTIFI	CATE OF	DEATH	REG	. NO.	
		1. DECEDENT'S NAME (First, Middle, Lost) WILLIAM	endy 1	EDMONDS			2. DATE OF DEA	31 <sup>M</sup> 1993	3. TIME OF DEATH 6:40 P M
29		4. SOCIAL SECURITY NUMBER 242-42-0676	1 1 1 2 1 F	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	(N 27 6.	BIRTNPLACE (State or Foreign Country)
2, 3 should	TED BY FUNERAL DIRECTOR	96. FACILITY NAME (If not institution, give to THE JOHNS HOPK) PRESIDENCE OF DECEDENT			96. CITY, TOWN O	IMORE	ity	9c. COUNTY BALT	OF DEATH IMORE CITY
permit. Pages 1.		106. STATE 106. COUNT	Y	10c. CITY	TOWN OR LOCAT	nore			10d. INSIDE CITY LIMITS?  1  TS 2  NO
asit .		100. STREET AND NUMBER	ecker	Ave	101.	ZIP CODE	3	10g. CITIZEI	N OF WHAT COUNTRY?
215-0020 attending physiclan. ise as the burlal-transit		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT EVER I FORCES? 1 TES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF NISPAN active Cuben, Maxican 2 10 Specify	n, Puerto Rican, el	Ify Yes or No— 14 c.)	. RACE — American Indian, Black, White, etc.
or attending		15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S ( (Give kind of w	ork done durina mos	ON st of working	16b. KIND 0	F BUSINESS/INDUS	TRY
4 4 5	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use	Anic	>			
2 × 2 ×	BE CO	17. FATHER'S NAME (First, Middle, Lest)	Edmon			18. MOTNER'S NAI	ertin	Sum	merville
E, MAR y be retained to sage 5 should be notified	2	190. INFORMALT'S NAME (Type/Print)	M. F.Smone	196. MAILING	ADDRESS (Street &	nd Number or Rural R	Ave.	BAIDS	md.2120
MORE, le 6 may be rector, page must be r		20a. METHOD OF DISPOSITION 1		PLACE AND DATE O	FDISPOSITION (Nat	me of rest Cen	DATE 20	BALLOCATION - CITY	or Town, State
BALTIMORE, nours after death. Page 6 may be of in by the funeral director, page or removal.		21. SIGNATURE OF FUNERAL SERVICE LA	L. Russ		Jase	Appless of FAC	USS FL	verpl	Home
24 hours at filled in by tion, or remother		23. PART I. Enter the diseases, or ahock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sepsi	S		de of dying, auch	ss cardlec or	reapiratory arreat	Approximate interval Between Onset and Death
N 2 5 - 5	N	Sequentially list conditions,	. Preun	A CONSEQUENCE OF					724
BOX cate be hysician e prior b	CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		A CONSEQUENCE OF		CANCE	_		Zyrs.
P.O. The certification of the	ERTII	that initiated events resulting in death) LAST	d	CONSEQUENCE OF	). O				J
ORD: that the ed by the th and M amy inju	EDICAL (	PART II. Other significent condition	a contributing to death b	out not reaulting in	the underlying	cause given in l	PE	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
w requires been sign of. of Hea	Σ						_		OF DEATN?  1  YES 2 ND
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATN (Che			
the the	PHY	27. MANNER OF DEATN Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	RK?		OW INJURY OCCUR	ED
DIVISION OF OR ATTENDING PHYS DIRECTOR: After this of hours after death with Item 28 is marked.	ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, term, st		ES 2 NO	28t. LOCATION (S City or Town,	Street and Number or i	Rural Route Number,
DIVI	<u> </u>	so. Orestrica	CIAN: To the best of my know	rledge, death occurred	d at the time, date	and place, and due	to the cause(s) an	d manner as stated.	
HOSPITAL FUNERAL within 72	COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of examinatio						euse(a) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	Wan M	D. Ph. L	2,	LO640	BER D	≥ 31 °	GNED (Month, Day, Year)
		30. NAME AND TODRESS OF PERSON WH	6 Jahrs 1	tolens	Print)	e 600 A	, wal D	St. Bal	Amire MD
		31. 01 P P (10%) 1993	A DISTANCE	ATUR	100	55010	,		21205



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to bunial, cremation, or removal
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shounds be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,

FOR 1 - STATE REGISTRAR	STATE OF MARY	/LAND / DEPARTM CERTIFIC	MENT OF H	EALTH AND M DEATH	ENTAL HYGIEN REG. NO	<sub>E</sub> 93	09092
1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER		(re-Rut	h Eur	е	2. DATE OF OEATH	9 9	year 1605 M
211-09-4567	1 🗆 M 2 💢 F	7.5 YRS. MO	HTHS DAYS	HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year) 0 1 - 16 - 18		BIRTHPLACE (State or Foreign Country) Pennsylvania
9e. FACILITY NAME (If not institution, give s	treet and number)	Ave #8"	ANN	R LOCATION OF DEAT	15	9c. COUNTY	T DEATH
10e. STATE 10b. COUNT Anne	Arundel	Anna	OWN OF LOCATION DOLLS	ON			10d, INSIDE CITY LIMITS? XX YES 2 NO
767B Fairview	Avenue			ZIP CODE 1 4 0 3		10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Never Merried 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes, spe	NDENT OF HISPANIC city Cuben, Mexicen, 2 NO Specify:	ORIGIN? (Specify Yee Puerto Rican, atc.)	or No.— 14	I. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 1 2	CATION completed)  College (1-4 or 5 +)	16e. DECEDENT'S USE (Give kind of work life. Do NOT use re Bookkee	done during most tired.)		Chesap		Bay Found.
17. FATHER'S NAME (First, Middle, Lest)	Eure				(First, Middle, Maiden	Surname)	
190. INFORMANT'S NAME (Type/Print) Margaret R. Ta	ylor	19b. MAILING AO	Branhu	d Number or Rural Rou Im Road,	te Number, City or Town Edgewa	ter,	MD 21037
20e. METNOD OF OISPOSITION 1X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Ob. PLACE AND DATE OF D emetery, crematory or other HILLCrest	isposition(Nam place) Cemet	eof			y or Town, State
21. SIGNATURE OF JUNERAL SERVICE LIC	A Arule	STA	Harde		ny neral Ho	me, P	.A.
		1017	12 KJ	dgely A	ve. Ann	apoli	s, MD 21401
23. PART T. Entar tha diseases, or shock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	and the each. Do not each like.  A consequence of:  A consequence of:  A consequence of:	antar tha mod	a of dying, auch a	ave. Ann	ratory arreal	t, Approximate Interval Between Onset and Daath
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	ter the mod	a of dying, such a	and cardlec or reepli	AUTOPSY MED?	t, Approximate Interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 \( \subseq NO	DUE TO (OR AS  OUE TO (OR AS  OUE TO (OR AS  OUE TO (OR AS  AS  HOSPITAL:  1   Inpetient 2   ER/Ou	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	enter the mod	cauae given in Pe	rt I. 24s. WAS AN PERFORI	AUTOPSY MED?	t, Approximate interval Between Onset and Daath  24b. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF OEATN?
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS  OUE TO (OR AS	a consequence of:  A consequence of:  A consequence of:  A consequence of:  but not resulting in the operation of the consequence of:  28b. Time of injury  A consequence of:	28. PLA  THER: Nursing Home WORI M 1   YE	cause given in Pe	rt i. 24a. WAS AN / PERFORI	AUTOPSY MED?	Approximate Interval Between Onset and Daath  24b. WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATN?  1  YES 2 NO
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO  27. MANNER OF DEATN  Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	BUE TO (OR AS  OUE TO	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the cons	28. PLA  THER: Nursing Home 28. INJUR WORI M 1 YE	cauae given in Pe  CE OF DEATN (Check  5 Residence 6  RY AT  K7  S 2 NO  26	art I. 24s. WAS AN / PERFORI 1 YES 2 only one)  Other (Specify)  Bd. DESCRIBE HOW IN City or Town, State)	AUTOPSY MED?  JURY OCCUR	Approximate Interval Between Onset and Daath  24b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATN?  1 YES 2 NO
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 NO  27. MANNER OF DEATN  Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	BUE TO (OR AS  OUE TO	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the cons	antar tha mod  PAYA  28. PLA  THER: Nursing Home  28c. INJUI  M 1 VE  1, factory, office  the time, date er  my opinion, dea	cauae given in Pe  CE OF DEATN (Check  5 Residence 6  RY AT  K7  S 2 NO  26	rt I. 24a. WAS AN / PERFORI 1 YES 2 / Only one)  Other (Specify)  6d. DESCRIBE HOW IN City or Town, State)  the cause(e) and menrie, date end piece, end	AUTOPSY MED?  JURY OCCUR  and Number or if	Approximate Interval Between Onset and Daath  24b. WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATN?  1  YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSIC ONE)	BUE TO (OR AS  OUE TO	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the con	anter the mod  PAYA  28. PLA  THER: Nursing Home 28c. INJUI M 1 VE I, factory, office the time, date or my opinion, dea	cause given in Pe  CE OF DEATN (Check  Triangle of the company of the course of the co	rt I. 24a. WAS AN / PERFORI 1 YES 2 / Only one)  Other (Specify)  6d. DESCRIBE HOW IN City or Town, State)  the cause(e) and menrie, date end piece, end	AUTOPSY MED?  JURY OCCUR  and Number or if	24b. WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF OEATN? 1 YES 2 NO



		FOR 1 STATE REGISTRAR	STATE OF MARYL		RTMENT OF			NE	0909	3
		1. DECEDENT'S NAME (First, Middle, Last)		OLITIII	ICATE OF	DEATH	REG. NO	).	3. TIME OF	DEATH
		CHARLES	Anthony		FRY	E		1993	EAR	
		4. SOCIAL SECURITY NUMBER 215 - 92 - 0048	V .	(In yrs. lest birthday) 28 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 - 25 - 6	1.0	BIRTHPLACE (State Country)	
3 should	æ	9a. FACILITY NAME (If not institution, give start JOHNS HOPKINS	· ·			OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
1, 2,	стов	RESIDENCE OF DECEDENT	HUSPITAL		BALTI	MORE CI	ΤΥ.			
. Pages	DIRE	100. STATE 10b. COUNTY			ry, town on Loc.				10d. INSIDE LIMITS?	
permit.	AL	10e. STREET AND NUMBER				01. ZIP CODE		10g, CITIZEN	OF WHAT COUNTE	
is	ER/	1316 N. Miltor	n Ave.			21213			JSA	
21215-0020 or attending physician. r use as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	AS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No — Black, White, atc. )  YES 2 NO Specify:  AS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No — Black, White, atc. )  Specify:				
215 attend	ED	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	JSINESS/INDUST	Blac	K
ed for	COMPLET	(Specify only highest grade 12 th	College (1-4 or 5+)	Ille. Do NOT L	work done during no less retired.)	nost of working				
AND he hospit detached once.	ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meider	n Sumame)		-
# 8 E	w	Elibue Frye Jr	•			Laura	Ravenel	1		
be retained ge 5 should e notlified	TO B	190. INFORMANT'S NAME (Type/Print)  Laura Frye		19b. MAILING 511			Aoute Number, City or To			
		20a, METHOD OF DISPOSITION 1 (Surial 2 Cremation 3 Remo		DE THE THE PLACE AND DATE	OF DISPOSITION (A	Vame of	DATE 20c. L	ocation — city ndalk		
SALIN r death. Pag re funeral dir al.		21. SIGNATURE OF FUNERAL SERVICE LIC		Jour	22. NAME /	AND ADDRESS OF FA			<u> </u>	AVE.
ed within 24 hours aft completely filled in by al, cremation, or remo		IMMEDIATE CAUSE (Final	complications that cause con a cause on a DUE TO (OR AS A	ach lina.		oda of dying, suc	ch as cardiac or resp	olretory arrest,	Intarvi	ximata al Between and Death
be execucian and or to bur aumatic	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):					
Hygie G	BITIE	CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):								
rquires that the signed by the Health and M	MEDICAL	PART II. Other significant conditions	s contributing to death b	out not resulting	In the underlying	ng causa givan in	Part I, 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPS MAILABLE PR COMPLETION OF DEATN? 1 YES 2	OF CAUSE
The law the test to the Dept.	IA	25. WAS CASE REFERRED TO MEDICAL			26. F	PLACE OF DEATH (Ch	neck only one)			
SCIAN. The certificate the State to them	PHYSICIAN:	EXAMINER?  1 SYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	satient 3 DOA	OTHER:	me 5 🗆 Residence				
SECIAN: certifica the St the St	÷	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. Till	E OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR!	ED	
14	1	1 Netural 5 Pending	(Month, Day, Year)	GUL		YES 2 NO	Surs189	USSD 1	Done 5	
M	EDB	2 Accident investigation 3 Suicide S Could not be detarmined	26s. PLACE OF INJURY building, etc. (Spec		ca	26f. LOCATION (Street City or Town, State	and Number or R	Rural Route Number,		
DIRECTION OF ATT	9	29a. CERTIFIER	The state of the s	olice .			L213 HUR		Marko M.	7
걸로만=	COMPLET	(Check only	CIAN: To the best of my know R: On the basis of examination						luse(s) and menner	as stated.
THE HOSPI THE FUNEF Flied within PORTANT		29b. SIGNATURE AND TITLE OF CERTIFIES	1.0			29c. LICENSE NUI	MBER	29d. DATE SK	GNED (Month, Day, Y	bar)
O THE O THE o fled MPOR	9E	Warret heyr	ul			O.C.M.	Е.		30/1993	

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

4) MAN 111 Penn Street, Baltimore, Maryland 21201

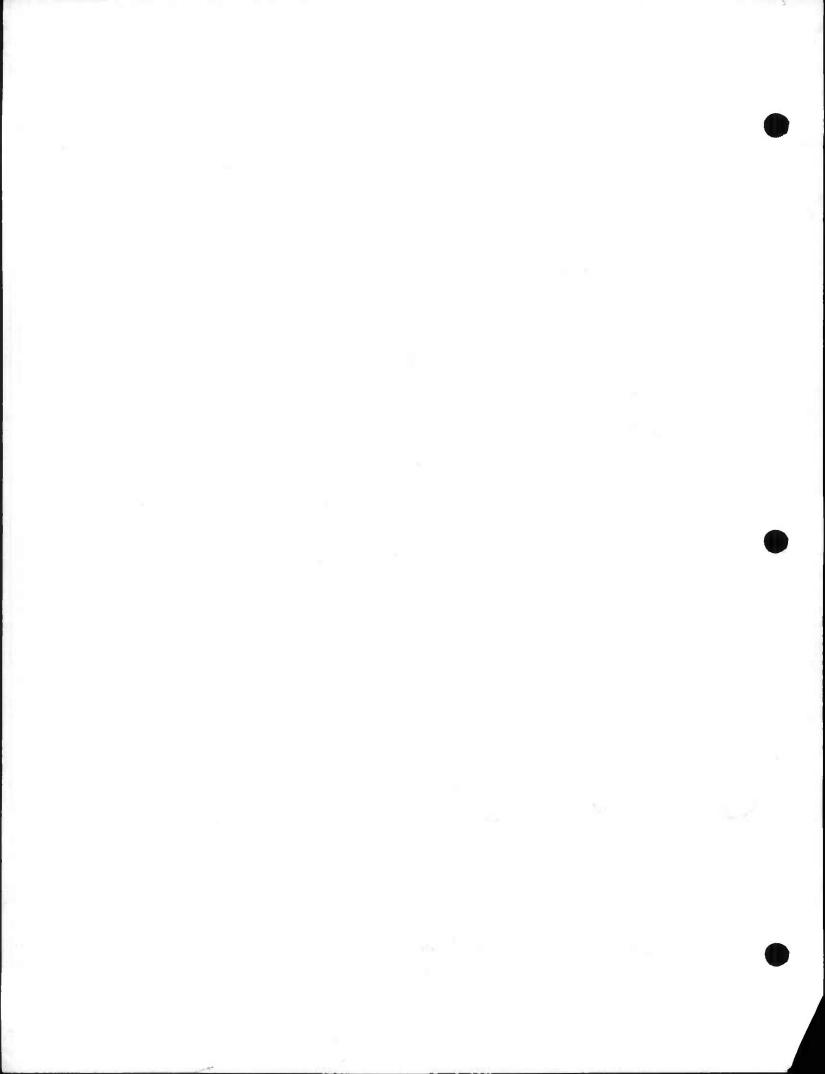


	Fig.
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	PHYSICIAN:
	TENDING

- 1	1. DECEDENT'S NAME (FIG. Helen Virg							DEA		2. DATE OF DEATH MONTH 03 2	PAY 9	93	3. TIME OF DEATH 3:35 A
	4. SOCIAL SECURITY NUMBER  217 14 2200   1 M 2 \( \sqrt{F} \) 72					MONTHS	R 1 YEAR	IF UNDE	R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Vear) 11-02-2	20	Country	PLACE (State or Foreign
CTOR	90. FACILITY NAME (II not Good Samar	institution, give		enter			96. CITY, TOWN OR LOCATION OF DEATH  Baltimore City					-	
ш	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY					CITY, TOWN	OR LOC	ATION			_		10d. INSIDE CITY
DIR	Maryland			В	altim	ore	City					LIMITS?  1 X YES 2 NO	
3AL	10e. STREET AND NUMBER			.1	01. ZIP COD			10g. CIT	IZEN OF W	HAT COUNTRY?			
FUNERAL	113 Croydo	U.S. ARMED			21 21 :				U.S.				
BY	1 Never Married 2	Never Married 2 X Married  ☐ Wildowed 4 ☐ Divorced  FORCES? 1 ☐ YES 2 ☐  IF YES, GIVE WAR OR DATES					If yes, s		n, Mexica	NIC ORIGIN? (Specify Win, Puarto Rican, etc.) y:	16 OF 140-	Black Specif	- American Indian, Whita, etc.
윤		CEDENT'S ED			16a. DECEDEN	of work done	during n		ing	16b, KIND OF BI	JSINESS/INC	DUSTRY	
MPLET	Elementary/Secondary		College (1-4 or 5 4 yrs.	+)		maker					n/a	a	
COM	17. FATHER'S NAME (First, Middle, Lest)  Carlton  Harrison  Florence  Baile												
) BE	Carlton Harrison Florence Bailey  19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
임	Donald T.	Frey,	D.D.S.							ltimore, M			1212
	20a. METHOD OF DISPOSI	TION	moval from State	206.	PLACE AND DA	TE OF DISPO	SITION /	Name of		DATE 20c. L	OCATION —	City or Tox	en Stata
	1X Burtel 2 Cremation 3 Removel from State 4 Donetton 5 Other (Specify)  Burtel 2 Cremation 3 Removel from State 4 Donetton 5 Other (Specify)  Memorial Gar. 4/1/93 Lutherville, Mary												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Mitchell—Wiedefeld Home												
	John G. Reitz (M-00804)  6500 York Rd. Baltimore, Maryland 21212  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate												
CERTIFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or Inj that initiated events resulting in death) LA	ediate /ING ury	b	OR AS A	CONSEQUENC	E OF):	Ce	reb	vol	Chem	MN(	righte	· Come
MEDICAL	PART II. Other signific	snt condition	ons contributing to	deeth bu	it not resulti	ng in the u	nderlyl	ng ceuse	given in	Part I. 24a. WAS A PERFO	RMED?	24b.	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
Sic	EXAMINER?  1  YES 2 NO												
BY PHY	27. MANNER OF DEATH  1 🔀 Natural 5	286.	TIME OF INJURY M	W	JURY AT YORK? YES 2 [	] NO	28d. DESCRIBE HOW INJURY OCCURED						
<b>B</b>	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At hon building, etc. (Specify)					m, street, fa	ctory, off	ice		281. LOCATION (Street City or Town, State		r or Rural R	oute Number,
COMPLET										to the cause(s) and mo			and manner as stated.
O BE	29b. SIGNATURE AND TITL			1503	Bel			29c. LIC	22	WBEB 89	29d. DAT	SIGNED 2	(Month Day, Year)
-	Stilart B.							-1+	ora-	M 4	04.04	0	
	Stuart B.	(Year)	TP_INIGISTRA	AR'S SIGNA		reet	, B	artin	ore,	Maryland	2121	8	
- 11	APR 02 199		chia Devidoor	But	W.								
	11 - 2 100	U	,	-					-		-		

Item 4, g-710, 4-13-94, per F.H., dr
FOR
STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

VIV ( 150 m) ( 174 m)

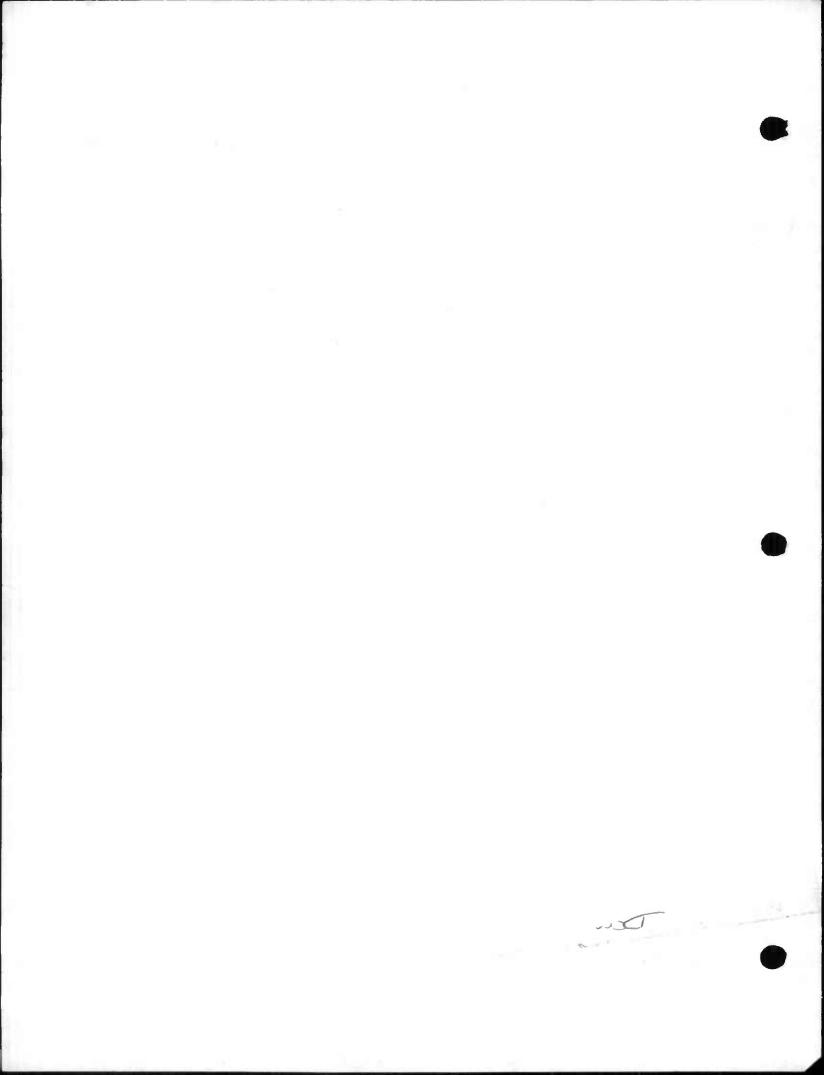
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	1 - STATE REGISTRAR				ICATE C	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle EULA M		a Mae F	ries			2. DA MOI	TE OF DEATH	- 40	ZEAR 3. TIMI	OF DEATH
	4. SOCIAL SECURITY NUMBER 231-16-5605	5. SEX	8. AGE (In yrs. is	est birthday) YRS.	IF UNDER 1 YEA		HRS. 7, DAT	E OF BIRTH onth, Day, Year)		Country)	(State or Foreign
r <b>S</b> e	9a. FACILITY NAME (If not institution	The same of the sa				ON OR LOCATION		20 10	9c. COUNTY	Y OF DEATH	/a.
[급	THE UNION MEMORIAL HOSPITAL RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			10c. CIT	Y, TOWN OR LO		- LII			10d. IN	SIDE CITY
L DIR	Md.e	Md. STDEET AND MIMBED						2	le le le le le le le le le le le le le l	1 5×1	MITS? ES 2 NO
NERAL	3131_Remington Avenue			101. ZIP CODE 109. CITIZEN OF WHAT O						OUNTRY?	
BY FUN	11. MARITAL STATUS  1  Never Married 2  Marrie  3  Widowed 4  Divorced	Never Married 2 ☐ Married  Widowed 4 ☐ Divorced  FORCES? 1 ☐ YES 2  IF YES, GIVE WAR OR DATES			If yes,	specify Cuban,		ilN? (Specify Yes o Rican, etc.)	or No — 14	Black, White,	oricen Indian, etc.
COMPLETED	(Specify only higher Elementary/Secondary (0-12)	r's EDUCATION st grade completed) College (1-4 or 5		Give kind of b. Do NOT u	USUAL OCCUP, work done during se retired.)	ATION most of working	9	66. KIND OF BUS Bak		TRY	
BE CO	17. FATNER'S NAME (First, Middle, L William Baug) 19a. INFORMANT'S NAME (Type/Pri	her				A	lice L		ŕ		
5	Helen M. Rock			1818 (	edar L	Prive Se	every!	mber, City or Town	44		
	1 Burial 2 Cremation 3 4 Donation 5 Other (Specific	fy)	cometery, ci	ematory or o		matory	3-31	-93 Ba	ltimor	y or Town, State.	
	21. SIGNATURE OF FUNERAL SERV	D. Jul	ما		Char	les S.Z	of facility Reiler	& Son.	Inc. E	224 autem	Ave.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to lor as a consequence or:										
CERTIFICATION	Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b.										
	PART II. Other algnificant cor	nditions contributing to	death but not	resulting	in the underly	ing cause giv	en in Part I.	24a. WAS AN PERFOR			UTOPSY FINDINGS BLE PRIOR TO
I: MEDICAL								1 TYES 2	NO	OF DEA	ETION OF CAUSE TH? ES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 SKNO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	PLACE OF DEA				<u> </u>	
ву рну	27. MANNER OF DEATN  TANETURE 5 Pendin  Trivestic		INJURY Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	28d. D	EŞCRIBE HOW IN	JURY OCCUP	RED	
	3 Suicide 8 Could	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, building, etc. (Specify)			street, factory, o	ffice	28f. LC	OCATION (Street a by or Town, State)	nd Number or	Rural Route Nur	riber,
Lind	29a. CERTIFIER (Check only one)  PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and menner as stated.										
OMPLET	(Check only		xamination and/or	Investigatio	ni, in my opinioi	i, death occured		to and place, and	dua to the c	ause(a) and mi	inner as stated.
TO BE COMPLETE	(Check only 2   MEDICAL E	XAMINER: On the besis of e				29c. LICENS		HR234		IGNED (Month,	
-	(Check only one) 2 MEDICAL EX	XAMINER: On the besis of e									

- 10 mm - 10 mm - 10 

xecuted within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit burial, cremation, or removal.	tatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

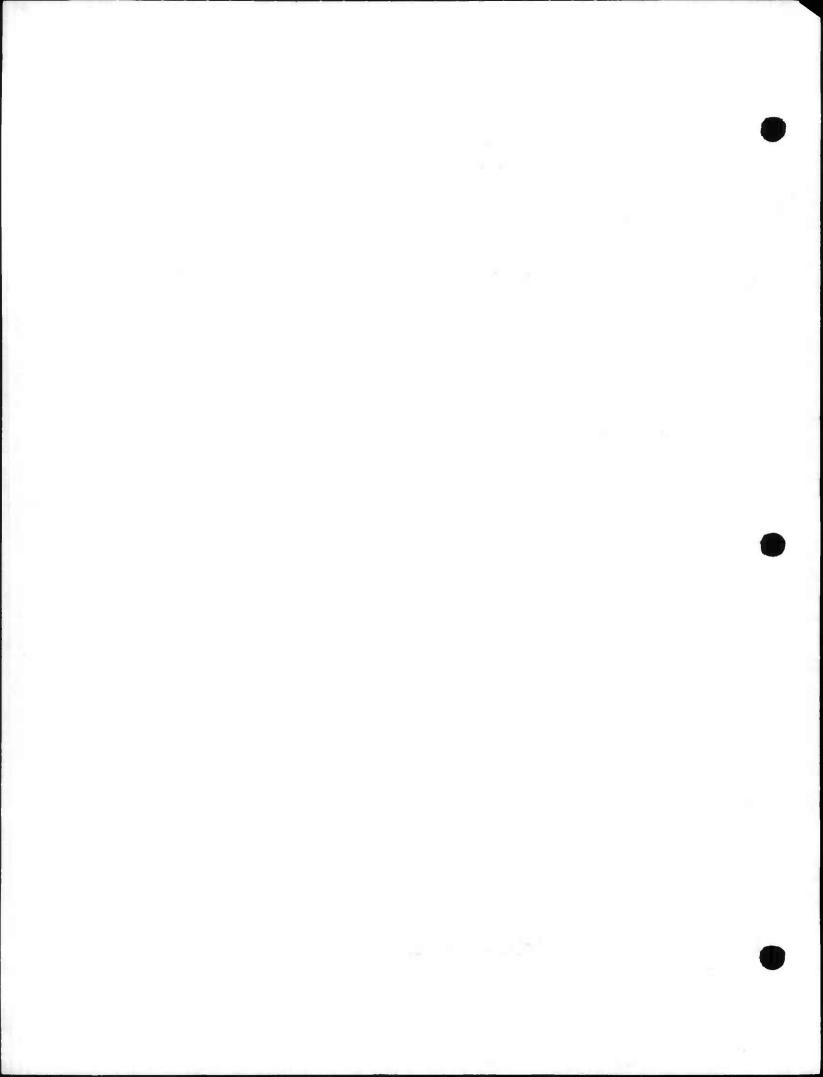
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTA	MENT OF H	EALTH AND		HYGIENE 93	0911995			
	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF		XEAR 3. TIME OF DEATH			
	A SOCIAL SECURITY NUMBER	7	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE-OF BIRTH I BIRT				BIRTHPLACE (State or Foreign				
		1 🗗 M 2 🗆 F	YRS.	NTHS DAYS	HOURS MIN.	(Month, D		Ocianoy)			
~	9a. FACILITY NAME (If not institution, give str	eet and number)	96	CITY, TOWN	R LOCATION OF D	EATH	9c. COUN	ITY OF DEATH			
DIRECTOR	THE INTON MEMORIAL HOSPITAL BALTIMORE CITY na										
REC	10a. STATE 10b. COUNTY	DUNTY 10c. CITY, TOWN OR LOCATION 104									
	Maryland n.										
FUNERAL	104. STREET AND NUMBER  106. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF WHAT  1545 Northgate Road  USA										
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify You or No							14. RACE — American Indian.			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp	2 NO Specific	an, Puerto Rice	in, etc.)	Black, White, etc. Specify:   AC K			
	15. DECEDENT'S EDUC	ATION 14a I	DECEDENT'S USI	IAL OCCUPATION	NA .	401 70	ND OF BUSINESS/IND	BLICK			
ETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of work life. Do NOT use re	done during mo	st of working	100. (1)	NO OF BUSINESS/IND	DSTRY			
COMPL											
	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	GILM	fle, Maiden Sumame) Tr'D				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a			City or Town, State, Zip	Code			
임	PAMELA GILMER				e Rd, Ba						
- 8	20s. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory or other place)  20c. LOCATION — City or Town, State										
	4 Donation 5 Other (Specify)	state removal			ID ADDRESS OF FA	l l					
	Sensul III	//Ronald Wade	e, Dir 5/93			St	ate Anato	-			
-4	23. PART i. Enter the diseases, or co						,Balto.,M				
	SHOCK, OF heart fellure. L	ist only one cause on each in	ne.	enter the mo	de of dying, suc	m aa cardiac	or respiratory arm	Approximate interval Between Onset and Death			
	M. disease or condition										
	resulting in death)  a. INCOMPACTOR (DVX)  DUE TO (DR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
CAT	If any, leading to immediate cause. Enter UNDERLYING										
TIF	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):								
CERTIFICATION	d.										
님	PART ii. Other aignificent conditions	contributing to death but not	t resulting in t	he underlying	ceuse given in	Part i. 24	a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
PHYSICIAN: MEDIC						1	TYES 2 NO	COMPLETION OF CAUSE OF DEATH?			
M								1 - YES 2 - NO			
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (CA	neck only one)		1			
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient		THER:	5 🗆 Residence		Decify)				
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Manth, Day, Near)	28b. TIME OF		URY AT RK?	28d. DESCRI	BE HOW INJURY OCC	URED			
BY	2 Accident Investigation	2713773	7		ES 2 NO						
ED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						ON (Street and Number own, State)	or Rural Route Number,			
COMPLETED	29a. CERTIFIER CERTIFYING PHYSIC	fAN: To the best of my knowledge,	death occurred =	t the time, deta	end place, and rive	to the causel	a) and manner so state	sd.			
NO.		On the beals of examination end/o									
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)			
TO B	Kan	Sono					13/	116/35			
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Prin	10)							
	31. DATE FILED (Month, Day, Year)	32 BEGISTRAR'S SEGNATURE	Att when your	2 Roads							
	3/16/9APR U	5 1993 THAR'S SIGNATURE	uner with the	Kurana							



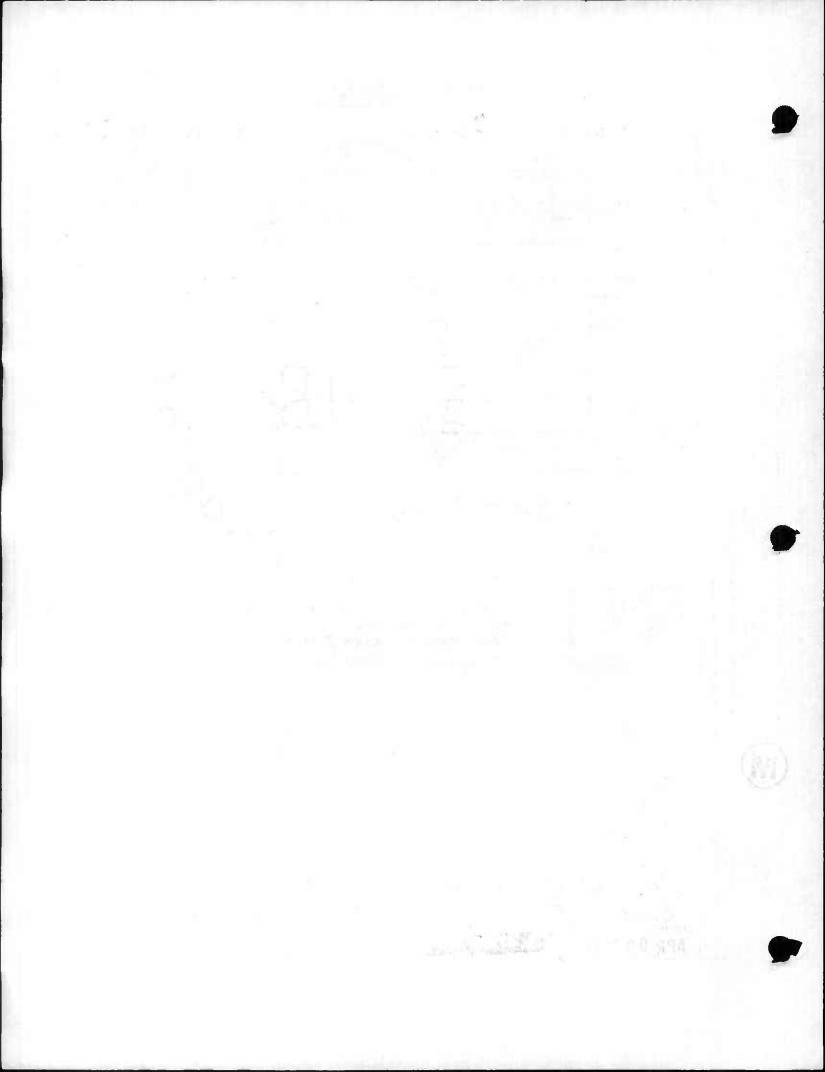
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

he filed within 72 hours are clearly with the State Dent of Health and Mental Hotlene order to huital cremation or semonal
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF M	IARYI AND / DEPAI	RTMENT OF HEALTH A	UN MENTAL UVCIE		3031				
	REGISTRAR		ICATE OF DEATH							
	1. DECEDENT'S NAME (First, Middle Ask). A Golston	ton		2. DATE OF DEATH Month March 25	, 1993 YEAR	3. TIME OF DEATH 4:40 PM				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 M 2 1 F	- 17 8. BIRTHE Country	TEORGIA							
œ	ea. FACILITY NAME (If not institution, give street and number)  Maryland General Hosp	ital	9b. CITY, TOWN OR LOCATION		9c. COUNTY OF DE	ATH )				
2	Maryland General Hospital Baltimore city  RESIDENCE OF DECEDENT									
DIRECTOR	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 104. INSIDE CITY LIMITS?									
FUNERAL	2427 Callow Av	le.	2/2/	7	10g. CITIZEN OF WI	HAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	TEVER IN U.S. ARMED YES 2 PHO AR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No   14. RACE — American Indian if yes, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 (1) 410 Specify: Specify: Specify: Black, White, etc.							
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION work done during most of working	16b. KIND OF B	USINESS/INDUSTRY	DINGIN				
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+	Ma. Do NOT L	FMAKER							
BE CO	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER S.G.	S NAME (First, Middle, Maide	n Surnama)	0				
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING	ADDRESS (Street and Number or	Rural Route Number, City or To	wn, State, Zip Code)					
-	20e. METHOD OF DISPOSITION	112 66	9 RANSON	JE JR. BA	LEO MO	21207				
	1  Burlal 2  Cremation 3  Removal from State 4  Donation 5  Other (Specify)	cemelery, crematory or o	OF DISPOSITION (Name of Dither place)	DATE 20c. L	CATION - City or Ton	m, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0	22. NAME AND ADDRESS	OF EAGILITY	1 Court	9,1101				
	I Joseph Z. K	uss	2222 W.	Vorth Ave	Balto	Md, 21216				
	23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximata Interval Between Onset and Death  a. Congestive heart failure  Due to (or as a conscouence of):									
z	cardiomyopathy									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING  SORTICOMIA									
FIC	CAUSE (Disease or Injury	OR AS A CONSEQUENCE OF	F):							
ERT	resulting in death) LAST									
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO OF DEA									
						1 NES 2 NO				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEAT	H (Check only one)						
IYSI	1 YES 2 NO 1 Inpetient 2	ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Resident							
/ PHY	1 Netural 5 Pending (Month, Da		JURY 28c, INJURY AT WORK?  M 1 YES 2 N	28d. DEŞCRIBE HOW	INJURY OCCURED					
red BY	2 Accident Investigation 3 Suicide 6 Could not ba 4 Homicide determined 28e. PLACE Of building, of	FINJURY — At home, farm, etc. (Specify)			t and Number or Rural Ro	oute Number,				
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a MEDICAL EXAMINER: On the basis of sx					and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER Skrindern Mi	pro 1	1 D 29c, LICENS		29d. DATE SIGNEO					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS Shirwan Mirza C		(Print) General Hospi	tal 827 Ii.	nden ave					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN	P'S SIGNATURE .	Teneral nospi	02/ LL	idell ave					
الللا	ALIV 42 1000									



	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAR	TMENT ICATE	OF I	IEALTH DEA	AND Th	MENT	AL HYGIEI REG. NO	IL -	09098
	1. DECEDENT'S NAME (First	, Middle, Last) 1558	11	0/2	nn	~ . ~				2. DATE OF DEATH MONTH DAY DAY DAY DAY DAY DAY DAY DAY DAY DAY			3. TIME OF DEATH
	4. SOCIAL SECURITY NUM		5. SEX		rs. last birthday)	IF UNDER	YEAR DAYS	IF UNDER			E OF BIRTH		B. BIRTHPLACE (State or Foreign Country)
	213-07-3011		86	YRS.			HOURS	MIN.	10-3-06			Pennsylvania	
œ	9a. FACILITY NAME (If not Institution, give street and number)  9050 Ah Richie Nos Rich							nore					imore City
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY					Y. TOWN O			OIC	<u> </u>		Dart.	
DIR.	Maryland		Baltimore										10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER				Baltimore 10g. CITIZEN O						EN OF WHAT COUNTRY?		
FUNERAL		5170 Wright Ave.						2120	4				.s.a
B≺	1 Never Merried 2	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:			<b>≥</b> NO	If	yes, sp		n, Mexic	an, Puerto	IN? (Specify Yo Rican, etc.)	s or No— 1	4. RACE — American Indian, Black, White, atc. Specify: White
밀		15. DECEDENT'S EDUCATION (Specify only highest grade completed)			Give kind of	USUAL OC	CUPATIO	ON st of workli	na	16	b. KIND OF BU	SINESS/INDU	STRY
TO BE COMPLETED	Elementary/Secondary (6	0-12)	College (1-4 or 5	+)							·D . 1.7		
	17. FATHER'S NAME (First, Middle, Last)				111	rn Fo	rem		HER'S N	AME (First,	Middle, Meide	Stee:	
	Glenn										la Hun		
	19e. INFORMANT'S NAME (Type/Print)  Jean Cave			19b. MAJLING	G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	20a, METHOD OF DISPOSIT	TON		20b. PL	ACE AND DATE	OF DISPOSI	ISPOSITION (Name of DATE 20c. LOCATION — City or Town, State						
	1 Burial 2 Crematic	on 3 🗆 Ran (Specify)	novel from State	cemeter	downadory or d	ther plece)			4-5	-93			ore, MD
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	Broom	A			h/Ros					MD 21237
ATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit If any, leading to imme cause. Enter UNDERLY.	lons, diate	. (	espli	NSEQUENCE O	h: 18		ves			ge e		Minuta
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST					ENCE OF):							
MEDICAL	PART ii. Other aignifica	ent condition	na contributing to	death but r	not resulting	in the unc	leriyin	g ceuse	given in	Part I,		RMEO?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					ACE OF D	EATH (C	neck only o	one)		
YSI	1 TYES 2 NO		1 Inputient 2				ng Hom		sidence		er (Specify)	-	siee-
		Pending	26a. DATE OF (Month, D		26b. TIN	E OF IURY M		URY AT PRK? YES 2	По	28d. DE	SCRIBE HOW	INJURY 90CU	IRED
TED BY	3 Suicide 6	Could not be determined	28e. PLACE O building,	F INJURY — / etc. (Specify)	At home, larm,	street, facto					CATION (Street y or Town, State		r Rural Route Number,
COMPLETED	( and any		ICIAN: To the best of ER: On the basis of e										f. cause(a) and menner ea stated.
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE		1 .	1	29c. LICENSE NUMBER					SIGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF	F PERSON W	HO COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	Print)	H	1254	189	200	14 1		-2-93.
	Robart C. IVWIN WID 828 N. Gataw St. PSalto, Med 21501												
1.15	APR 02 19	93	alwide	n-Bond	.00								

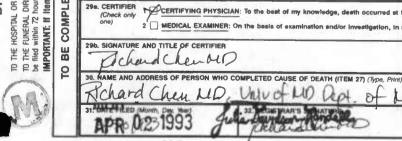


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) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pi	) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Č

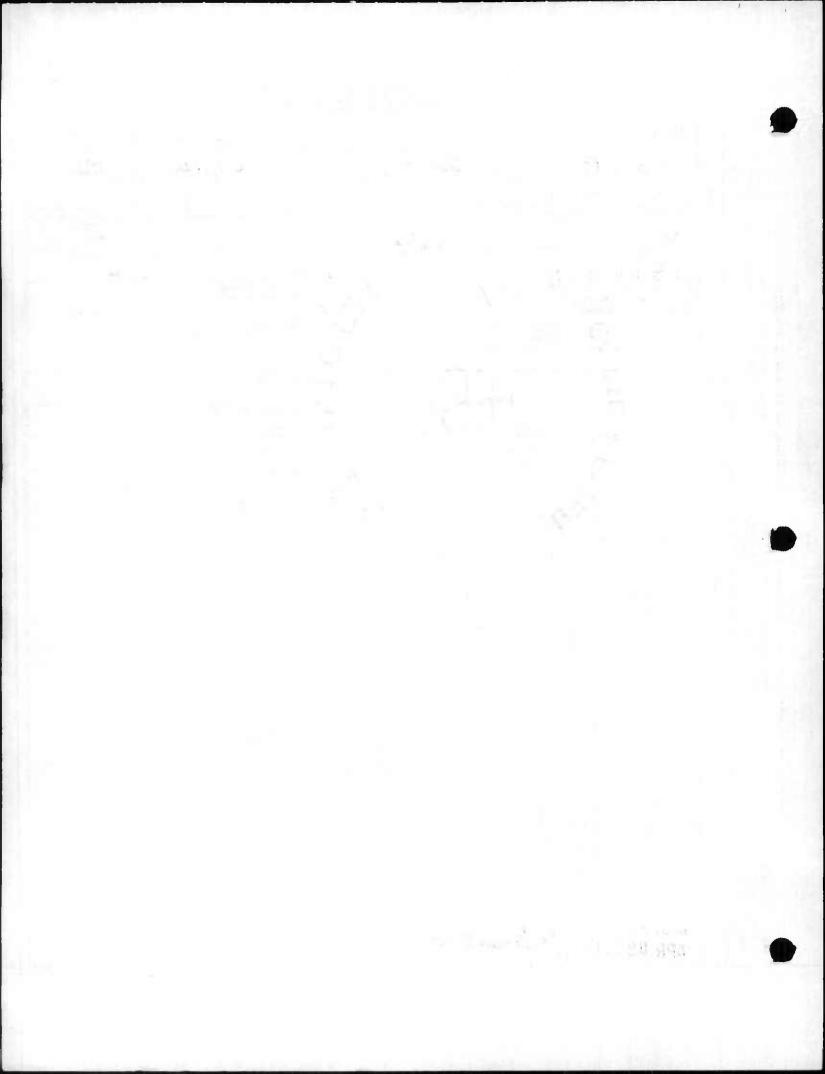
permit, Pages 1, 2, 3 should

09099 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Noah Greathouse 11:40 PM 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 10/9/1924 219-10-9198 1 M 2 F Sa. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore VA Medical Center Baltimore Baltimore. DIRECTOR RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Baltimore MD Baltimore FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? WSA Edmonson Are 2/223 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 □ NO IF YES, GIVE MAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Marri 3 Widowed 4 Divorced If yes, specify Cubsn, Mexican, Puerto Rican, etc.)

1 YES A NO Specify: Specify: Black BY ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16h. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12th Brick Mason 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Noah Greathouse Sr. Carry West 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) Margaret Greathouse 2819 Winwood Ct./Baltimore, MD 21225 20s. METHOD OF DISPOSITION
1,Q/Burisi 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stats cametery, crematory or other place) VA Cemetery Crownsville, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H./1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in deeth) alt respiratory distress syndrome Brondidit's obliterans with obstructive preumonia CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING ( Clinical diagnosis) CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? congestive heart failure TYES 2 NO hepertension Cliphovascula 1 TYES 2 NO PHYSICIAN: allider 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Chapetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Thank Chenous MROS65 3/30/93



of bledicine, 225. Greene St, Balto. MD 21201



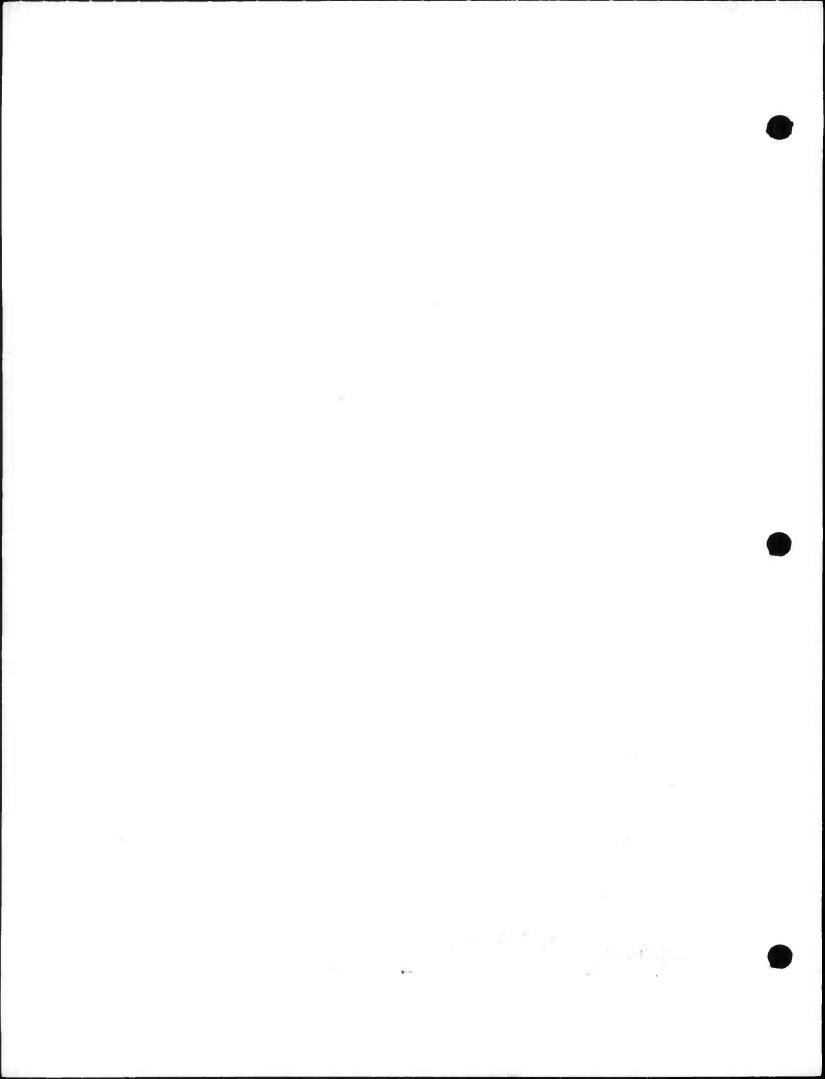
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TO THE HOSPITAL OR ATTENDING PROGRAM. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR? After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	CERTIF	ITMENT OF H	EALTH AND	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) SHIRLEY			GIBBS		2. DATE OF MONTH	DEATH DAY 24	9.	AR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-34-1837	1 🗆 M 2 📆	SE (In yrs. last birthday) 55 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF		8. 8		ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give  804 E. PRESTON  RESIDENCE OF DECEDENT				FIMORE	EATH	1	COUNTY	OF DEAT	тн
DIRECTOR	MD 106. STATE 106. COUNT			10c. CITY, TOWN OR LOCATION BALTIMORE				10d. INSIDE CITY LIMITS? 1 ∑∑PES 2 □ NO		
FUNERAL	100. STREET AND NUMBER  804 F. PRESTO		10f. ZIP CODE 21202				10g. CITIZEN OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	R IN U.S. ARMED ES 2 X NO I DATES	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.)					RACE — Black, W Specify:	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	5. DECEDENT'S EDUCATION  Only only highest grade completed)  dery (0-12)  College (1-4 or 5 +)  DISABLED					ESS/INDUST			
BE CON	17. FATHER'S NAME (First, Middle, Last) ELMER FRAIZER					NAME (First, Middle, Melden Surname) E WASHINGTON				
TO E	19a. INFORMANT'S NAME (TyperPrint)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  HARRY GIBBS  804 E. PRESTON STREET/BALTIMORE,						MD 21202			
	20e. METHOD OF DISPOSITION 1 G Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	of disposition (Na ther place) I FORES	r va ce			NGS N		121/241		
	21. SIGNATURE OF FUNERAL SERVICE LI	te K-	Jones	WM.C		F.H.,			10R	TH AVE.
	23. PART I. Enfer the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART ii. Other significant condition	ns contributing to death	but not resulting	in the underlying	causa given in		PERFORME	D?	CC OF	ERE AUTOPSY FINDINGS MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Chi	eck only one)				
14SIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/O		OTHER:	-					
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year	Y 26b. TIM	E OF 28c. INJU	RK?	26d. DEŞCR	HBE HOW INJU	IRY OCCURE	D	
100	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						te Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.									
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE								d. DATE SIG	30 (MC	orth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF I	DEATH (VTEM 27) (Type,	Print)	015	t. P.	ul	PI		21202
	APR 02 1993 July 1 And 1									



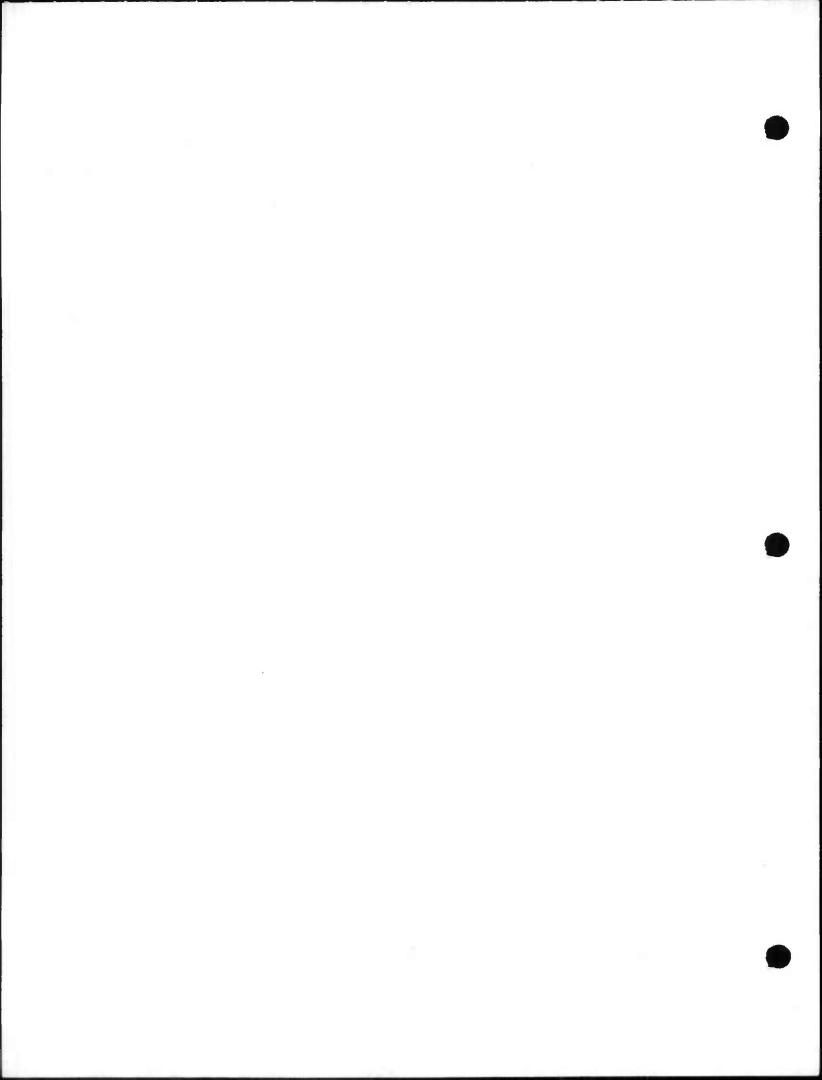
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. PINISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	TEGISTIAN	CERTIF	ICATE	T DEAL		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	JAAT HIDD OD TENTEN								
1						3 31		3 м		
	or Note (III) Its	s. last birthday)	MONTHS DAY			DATE OF BIRTH	1	BIRTHPLACE (State or Foreign		
	217-07-3696   1x2 M 2 D F   95	YRS.	months bat	NOONS	mirt.	4/4/189	7	N. Carolina		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOV	N OR LOCATION	OF DEATH		9c. COUNT	TY OF DEATH		
5	2002 McKEAN AVENUE		RΔ	LTIMOF	RE					
DIRECTOR	RESIDENCE OF DECEDENT		271	111101						
Ä	10e, STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY		
ā	MARYLAND		BALT	IMORE				1 X YES 2 NO		
7	10e. STREET AND NUMBER						10g CITIZE	EN OF WHAT COUNTRY?		
3	2002 McKEAN AVENUE							USA		
FUNERAL	11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S	ADMED								
	1 Never Married 2 Merried FORCES? 1 YES 2	XNO	If yes, specify Cuben, Mexican, Puerto Rican, etc.)					4. RACE — American Indian, Black, White, etc.		
ВҰ	3 ₩ Widowed 4 Divorced IF YES, GIVE WAR OR DATES		1 🗆 '	ES 2 NO	Specify:			Specify: Black		
	15. OECEDENT'S EDUCATION 16a	DESCRIPTION								
	(Specify only highest grade completed)	(Give kind of v life. Do NOT us	USUAL OCCUP	MTION most of working		16b. KIND OF BUS	INESS/INDU	STRY		
	Elementary/Secondary (0-t2) College (1-4 or 5+)	me. Do NOT US	e reared.)							
2								1		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			16. MOTNER	R'S NAME (	First, Middle, Malden	Surname)			
8	?					?				
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stre	et and Number or	Rural Route	Number, City or Town	, State, Zip C	ode)		
F	Archie Gill	729	Marti	n Driv	re l	Baltimo	re. N	MD 21207		
	20e. METHOD OF DISPOSITION  1 Durial 2 Cremation 3 Removal from State gargetery.	CEANDDATEC	OF DISPOSITION	(Name of				ly or Town, State		
	4 Donation 5 Other (Specify) Complete WCS	crematory or of	her place)	Cemete	Val			ille, MD		
ı	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	0 1		AND ADDRESS			0110 4 1	itte, m		
:	1150V 1111A	##	LER	OY O.	DYET	T & SON	FUN	ERAL HOME		
	NIUGO GUL		4600	LIBE	RTY	HETCHTS	AVE	NIIF 21207		
	23. PART I Enter the diseases, or complications that caused the	death. Do n	ot anter tha	node of dying	, auch aa	cardiac or reapir	atory arres	st, Approximata		
- 1	IMMEDIATE CAUSE (Final	iina.						intarval Between Onset and Death		
1	disease or condition	M.	. 0	0 )	. 0	0		Onest and boats		
	e. DUE TO (OR AS A CONSEQUENCE OF):									
-	- Utherslands Cardenson Drown									
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CON	ISEQUENCE OF	7:	man	001-00	ac / la ca-	424			
¥ II	If any, leading to immediata ceuse. Enter UNDERLYING	04	4			V.				
	CAUSE (Disease or injury that initiated events DUE TO (OR ALL ACOM	SEDUENCE OF	W-	1	-	1				
E	reaulting in deeth) LAST	-	Land August And to hall to							
9	a who have a draw a most							Vacque,		
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
EDICAL	Julial . Demble	1	uhn	^		PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	· Malana		3			1 TES 2	<b>70%</b>	OF DEATH?		
Σ	The Court of the	rep						1 TYES 2 NO		
Ž I	The same of the sa									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		OTHER:	PLACE DF DEAT	TH (Check o	nly one)				
YS	1 SOYES 2 NO 1 topatient 2 ER/Outpatient	3 🗆 DOA		ome 5 🗆 Resid	lence 8 🗆	Other (Specify)				
표	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c.	NJURY AT WORK?	280	. DESCRIBE NOW IN	JURY OCCU	RED		
à l	1 Natural 5 Pending 2 Accident Investigation			YES 2 N	ю					
	3 Suicide 6 Could not be 26e. PLACE OF INJURY — At building, etc. (Specify)	t home, farm, s	treet, factory, o	fice	261	LOCATION (Street at	nd Number or	Rural Route Number,		
2	4 Homicide determined					City or Town, State)				
	29e. CERTIFIER									
물	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and manner as stated.									
COMPLETED	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) and menner ee stated.									
B	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENS	E NUMBER		29d. DATE S	SIGNED (Month, Day, Year)		
2	M30408 > 4/1/93									
F	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (	TEM 27) (Type,	Print)			lides -		11		
	Fair A. Wincian mil	DOTA	(atom	son	Bui	D # 30	2 7	Bong mid 2026		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR	E	3		10-0			ALL MINIO		
	APR 02 1993 gine Davidson Man	N. S.								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

F VI AL RECORDS, F.O. BOA 66/60, BALLIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
Citizion of VITAL AECONDS, F.O. BOX 68/80,	THE HEIPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ME (First, Middle, Last)			2. DATE OF DEATH
MARIGRETA	GINDER		03 - 27 -
TY NUMBER	s SEV	A ACE (In one first blands A lands and a lands)	

_	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last	*				2. DATE OF DEATH MONTH D	AY Y	3. TIME OF DEATH
	SARAH MARIGRETA						1993	EAR 10:00 PM
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTY MONTHS DAYS HOURS MIN. (Month, Day, Ye.				6.	BIRTHPLACE (State or Foreign Country)
	154-30-3822		97 YRS.		-35-2	02-12-18	New York	
DIRECTOR	Croston Politimano Madical Control						9c. COUNTY Bal	timore
JE	10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCAT	ION	10d. INSIDE CITY		
	Maryland Car	roll	Hamp	stead	ZIP CODE		10-017176	LIMITS?  1 YES 2 NO  NOF WHAT COUNTRY?
FUNERAL	3922 Beckleysv	ille Road		"	21074			
3	11, MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		S • A •
BY F	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES	2 XXO	If yea, spe	city Cuben, Maxica	in, Puerto Rican, atc.)		Black, White, atc. Specify:
								white
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	(Give kind of wor life. Do NOT use i	rir done during mo-	N at of working	16b. KIND OF BUS	SINESS/INDUS	TRY
7	12 years	College (1-4 or 5+) N/A						
8	17. FATNER'S NAME (First, Middle, Last)	110 Medicates 0				own ho		
Ö	to. mortila stante (ris						.,	1
BE	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City					Jn. Jul		
2	Curtis Grothman	(grandson)				ad, Hampst		
		20h	PLACE AND DATE OF	DISPOSITION /No	me of			or Town, State
	20e, METHOD OF DISPOSITION  1 CABurial 2 Cremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of camelory, cremetory or other place)  St. Mary's Cemetery 3/30 Boonton, Name of Camelory, Cremetory or Other Place)							N.T.
	21. SIGNATURE DE LINERIAL SERVICE L.	achese ()		22. NAME AN	D ADDRESS OF FA	CILITY		11101
	Thomas Jose	nh Rozek				lefeld Home		
	23. PART i. Enter the diseases, Dr	compilections that caused	the deeth. Do not	enter the mod	tork Roa	d, Baltimo	ratory arrest	D 21212 Approximete
	shock, or heart fellure  iMMEDIATE CAUSE (Final disease or condition resulting in death)	e Preuma	ech line.				,	interval Between Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentielly list conditions,							
SAT	If any, leading to immediate cause. Enter UNDERLYING							
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
田	resulting in death) LAST							
AL C	PART ii. Other significent condition	ens contributing to deeth be	It not resulting in	the underlying	Ceuse alven in	Pert i. 24s. WAS AN	ALITOREY	24b. WERE AUTOPSY FINDINGS
S			The state of the s	and underlying	Cadae Given III	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION DF CAUSE
PHYSICIAN: MEDIC						- YES 2	DHO	OF DEATH?
∑								1 🗆 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATN (Ch	ack anty one)		
SIC	EXAMINER?	HOSPITAL:		THER:		6 C Other (Specify)		
Ĭ	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIME (	OF 28c. INJU	IRY AT	26d. DESCRIBE HOW II	NJURY OCCUR	ED
BYF	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		ES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stre	el, fectory, office		281. LOCATION (Street a	nd Number or I	Rural Route Number,
	4 Nomicide determined					City or Town, State)		
<u> </u>	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my knowle	edge, death occurred	at the time, date	end place, end due	to the cause(e) end men	ner ee stated.	
COMPLETED		IER: On the beele of exemination						puse(e) and manner ee stated.
w II	29b. SIGNATURE AND TITLE OF CERTIFIE	70 1			29c. LICENSE NUN	BER	29d. DATE SI	GNED (Month, Day, Year)
0 B	101 auch	stronby	as		D32	243	▶ 3	129/97
F	30. NAME AND ADDRESS OF PERSON W							
	Mark Stromberg M.	יע /505 Osle	r Drive,	Baltimo	ore, MD	21074 Sui	te 410	
	31. DATE: FILED (Month, Day, Year)	fuia Devidson-Ad	TURE				<del></del>	
	APR 02 1993	Jula vavidson-10	Section 1					

BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ne medical examiner must be notified at once.	
THE ON OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITHERS ATTEMNING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNE MAL CIRECTOR After this certificate has been signed by the attending physician and completely filled in by the fune be filled within 72 hours after charaction, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

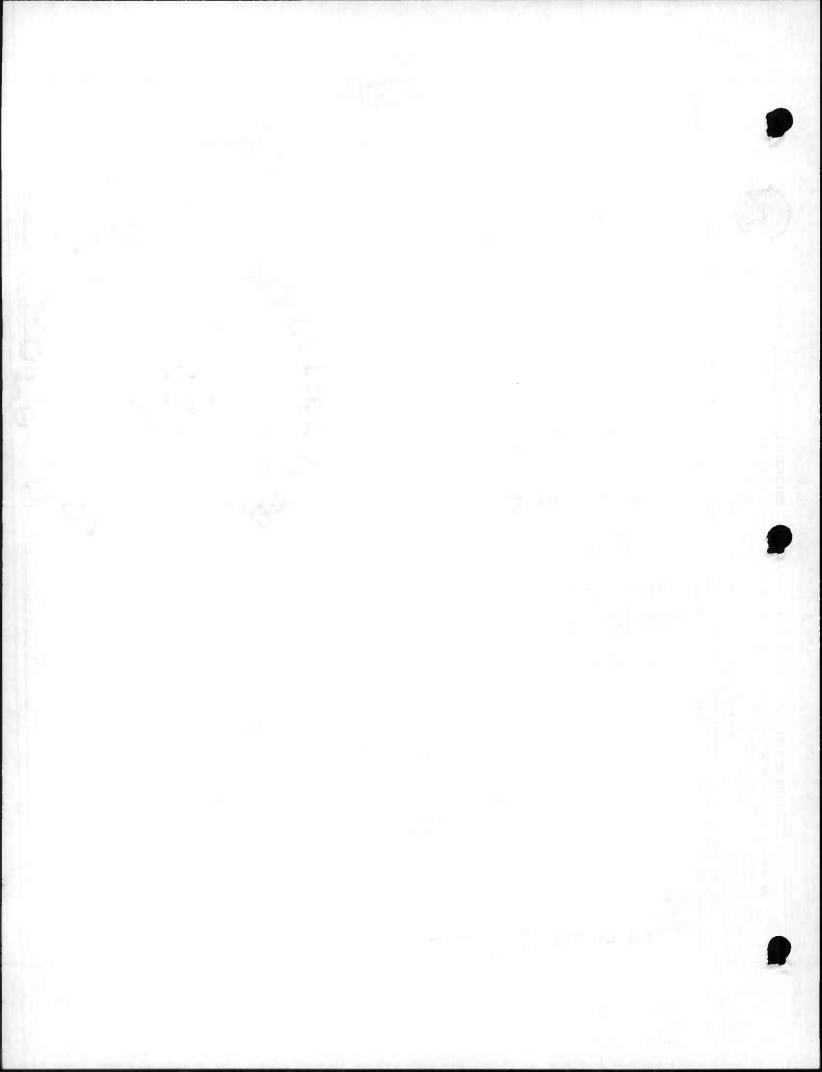
	REGISTRAR		CERTIF	ICATE OF	DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) CONCETTA J. GEPPI					2. DATE OF DEA	DATE OF DEATH 3. TIME OF DEATH		
	Concetta		eppi			MONTH	3 26 93 6.00 F		
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)					-	
	The state of the s	11.75	7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	harl	Country	PLACE (State or Foreign
	212-05-1597			June 23			Mar	yland	
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	NTY OF DE	ATH
Œ	Charlestown Retirement Community			Caton	eville		R.	1+im	ore
DIRECTOR	Charlestown Retirement Community Catonsville Baltimore								
E								10d. INSIDE CITY	
E	Maryland Bal	timore		Catonsvi	110				LIMITS?
	10e. STREET AND NUMBER								
₹				101	. ZIP CODE		10g. CIT		HAT COUNTRY?
<b>L</b>	711 Maiden Choic			2122	.8		U.	S.A.	
FUNERAL	11. MARITAL STATUS 12: WAS DECEDENT EVER IN U.		U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spec	Ify Yes or No-	14. RACE	- American Indian, White, etc.
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexic	an, Puerto Rican, el	(c.)		
BY	3 X Widowed 4 Divorced	IF 165, GIVE WAR ON DI	116347	1 U YES	2X NO Speci	ry:		Specify	White
0	15. DECEDENT'S EDU	ICATION	184 DECEDENTIE	USUAL OCCUPATION	N4	Last warm o			WILLOC
COMPLETED	(Specify only highest grade	completed)	(Give kind of t	work done during mo	st of working	160. KINU C	F BUSINESS/INC	JUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		ille. Do NOT use retired.)					
8	12 years		HC	omemaker					
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, A	faiden Sumame)		
	Anthony Cascio				Grac	e Serio			
핆	19a. INFORMANT'S NAME (Type/Print)		195 MAILING	ADDRESS (Street		Route Number, City	as Toron Chat. Th	Codel	
2	Grace Connelly					son, Mar		2120	/.
			110	duges L	alle IOW	Son, Mai	yrand	2120	4
2	20a. METHOD OF DISPOSITION  1. Burlel 2 Cremation 3 Rem	20b	PLACE AND DATE	OF DISPOSITION (NE	me of	DATE 2	c. LOCATION —	City or Tow	m, State
1	4 Donation 5 Other (Specify)	Du	Taney Va	allev Me	morial G	dns. 3-3	1 Time	onium	, Maryland
1	21 SIGNATURE OF FUNERAL SERVICE LIGENSES								
1 3	Sever!	enance						Ku.	
	George/J.	Ferrarse		Mitch	ell-Wied	efeld Ho	me		21212
		complications that coused List only one cause on e	I the death. Do r ach line.	not enter the mo	de of dying, suc	ch as cardiac or	respiratory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	m			^ -				Onset and Death
	resulting in death)	· YOC	0-01,01	Lax	-arc T	104			
	disease or condition resulting in death)  a.   Myoco-dial In xarction  Due to (or as a consequence of):								
Z									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate								
8	cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):								
ΙĒΙ	resulting in death) LAST								
回		d							+
	PART II. Other algnificant condition	ns contributing to death b	ut not resulting	In the underlyin	cause given in	Part I. 24a, W	AS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL				,		PI	ERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
اقا						¹□¹	ES 2 NO		OF DEATH?
¥.									1 WES 2 NO
								- [	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C	heck only one)			
2	EXAMINER?	HOSPITAL:		OTHER:	-		9		
ΥS	1 TYES 2 NO	1 Inpetient 2 ER/Outp				8 - Other (Specif			
표	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b, TIM		URY AT RK?	28d. DEŞCRIBE	HOW INJURY OC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	rES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm,	street, factory, offic		28f. LOCATION (S	Street and Number	or Rural Ro	oute Number,
ш	4 Homicide datarmined	building, etc. (Spec	ify)			City or Town,	State)		.000.00
<u> </u>	no- continue					<u> </u>			
COMPLET		ICIAN: To the best of my knowl	edge, death occurr	ed at the time, date	and place, and du	to the cause(s) ar	d menner as sta	ted,	
M		ER: On the besis of exemination							and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE								
8	AND THE OF CENTIFIE	m			29c. LICENSE NU				Month, Day, Year)
5	y Y				034	053		3/2	6/93
	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)					
	6 9 h > Apple	back my	711 m	aiden	C4016	+ Lou	e 21	222	7
	APR 02 1993 4	. 3 AGGISTRAR SEIGN	ATUBE	-					
		All of John Markette A Cham	TA BUZ.						
	APR 02 1993 9	Suppression Notes							

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING F TO THE FUNERAL DIRECTOR: After a be filed within 72 hours after death	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit per	with the State Dept. of Health and Mental Hyglene prior to burtal, cremation, or removal.	IMPORTANT If hem 28 to marked or Hem 23 chains any injury or other fraumatic event the medical eventeur must be notified at once
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The TO THE FUNERAL DIPECTOR: After this certificate has be filed within 72 hours after death with the State D MEDITALITY H Many 28 to manded or Hammy	law requires t	is been signed	ept. of Health	23 shows 2
TO THE HOSPITAL DR ATTENDING PHYS TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	SICIAN: The	certificate his	the State D	or Harm
TO THE HOSPITAL DR ATTEN TO THE FUNERAL DIRECTOR. be filed within 72 hours after	IDING PHY	After this	death with	e marked
TO THE HOSPITAL TO THE FUNERAL De filed within 72	DR ATTEN	DIRECTOR:	hours after	Ham 28
THE OF THE De fied	HOSPITAL	FUNERAL	within 72 i	TANT H
	TO THE	TO THE	be filed	MPAR

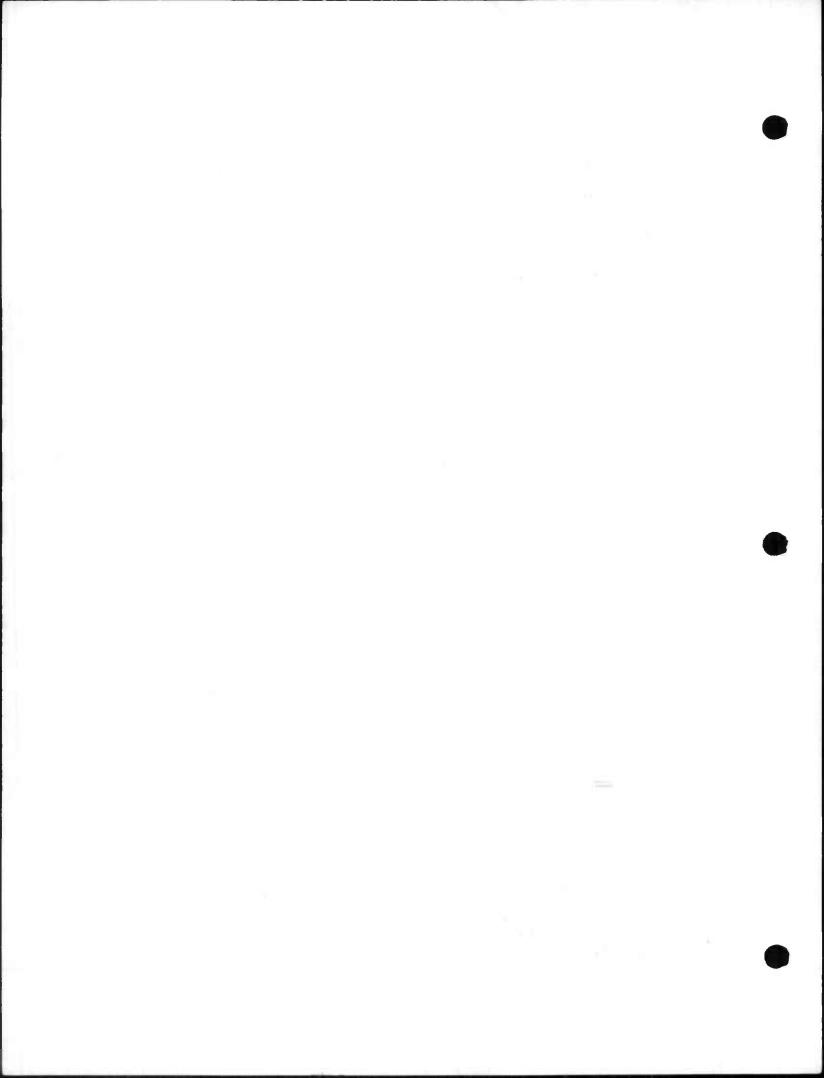
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH						GIENE 9 J	09104	
1. DECEDENT'S NAME (First, Middle, Last)	WILLIAM JA		DERMAN		2. DATE OF DEA MONTH		93 3. TIME OF DEATH	0 4
4. SOCIAL SECURITY NUMBER 176 16 5508	5. SEX 6. AGE (In y	YRS. MO	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, W 8-12-2	bar)	BIRTHPLACE (State or Fore Country) Penna	ign
Joseph Richey Ho			Baltimo	r LOCATION OF DI	EATH	na_	Y OF DEATH	
Maryland n			imore	ION			10d. INSIDE CITY LIMITS? 1 YES 2 N	ю
828 N. Eutaw St	reet			21201			N OF WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 NO	If yes, spe		NIC ORIGIN? (Speci in, Puerto Rican, et fy:		Black, White, etc. Specify: White	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION 16 completed) 16 College (1-4 or 5+)	Give kind of work (Give kind of work life. Do NOT use re	done during mo-	N at of working		or Business/Indus		4
17. FATHER'S NAME (First, Middle, Last)  Jacob Walter Hal	derman			16. MOTHER'S NA	ME (First, Middle, M	feiden Sumame)		
19a. INFORMANT'S NAME (Type/Print)	CEIMAII	19b. MAILING AD	DRESS (Street a			or Town, State, Zip C	ode)	_
Jane Edwards		520 W			irdsboro		9508	
20e. METHOD OF DISPOSITION 1	noval from State cameta	ACE AND DATE OF D ry, crematory or other	DISPOSITION (Ne place)	me of	DATE 20	Oc. LOCATION — CI	y or Town, State	
Simul 1/1	Well 3/	30/93	655W.E	Baltimore	eSt,Balt	e Anatom	01	
23/PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A CO	n line.			th sa cardisc or	reapiratory arree	Approximate Interval Bet Onset and I	ween Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury	DUE TO (OR AS A CC					1		
that initiated eventa resulting in death) LAST	d	ONSEQUENCE OF):						
PART II. Other algorificent condition		A	the underlying	ceuse given in	PE	AS AN AUTOPSY ERFORMED? YES 2 AGO	24b. WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	USE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (Ch	neck only one)			
1 Ves 2 No  27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		8 DOther (Specify 28d. DESCRIBE I	Hospice		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street			281. LOCATION (S City or Town,		Rural Route Number,	
	ICIAN: To the best of my knowleds							led.
29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)	
Offersom	= 1 h.D.			2021	15	13-	19-93	
30. NAME AND ADDRESS OF PERSON WITH ROUTE B. FIN N	M.D.	630 h	. Fazett	e 34.	Belt: -e-	e , MD	rnoi	
APR 05 1993	32 REGISTRAR'S SIGNATU	Amendo						



ITEMS: 23 PART I, 27, PER MEO G-698 4/8/93 t.t

		1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
		HOWARD  4. SOCIAL SECURITY NUMBER	E. La corre		ART	03 2	9 9	3 12:30 PM.		
pin		245-60-8144	5. SEX 6. AGE (In yrs. last	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5 - 19 - 28	8	BIRTHPLACE (State or Foreign Country)  N . C .		
ges 1, 2, 3 should	CTOR	90. FACILITY NAME (If not institution, give str 902 SEAGULL AVE			OR LOCATION OF DE		9c. COUNTY	OF DEATN		
	ш	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCAT	TION			10d. INSIDE CITY		
permit. Pages 1,	DIR	MD 104. STREET AND NUMBER		Baltimore	9			LIMITS?		
ısı	NERAL	902 Seagull A		2	1. ZIP CODE 21225		10g. CITIZE	USA		
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FDRCES? 1 _XYES 2 ☐ N IF YES, GIVE WAR OR DATES		ENDENT OF NISPAI Becify Cuban, Mexica 2 1 NO Specif	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.)  y:	e or No— 14	RACE — American Indian, Black, White, etc. Specify: Black		
T 8 2	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th	Completed) (G/n	CEDENT'S USUAL OCCUPATION  Ive kind of work done during mo Do NOT use retired.)  IN Struction	ost of working	16b. KIND OF BU	SINESS/INDUS			
YLAND 2 by the hospital be detached fo at once.	COMPI	17. FATHER'S NAME (First, Middle, Last)		II S C I U C C I C II		AME (First, Middle, Meiden	Surname)			
fARYL stained by t should be stiffed at	BE	19e. INFORMANT'S NAME (Type/Print)	104	TAN DIO ADDROPO (Complete						
RE, MAR ay be retained page 5 should	2	William Cole	7		Biddle			e, MD 21202		
AORE e 6 may rector, pa		20s, METHOD OF DISPOSITION  1 [2] Burtel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	20b. PLACE A	AND DATE OF DISPOSITION (Na metody or other pince) ISON FOR ES	t Va Ce		ings M	or Town, State		
SALTIN death. Pag e funeral dia li.		21. SIGNATURE OF FUNERAL SERVICE LICE		22. NAME AN	ND ADDRESS OF FA	CILITY		NORTH AVE.		
executed within 24 hours after and completely filled in by the o burial, cremation, or removematic event, the medical		IMMEDIATE CAUSE (Final	Examplications that caused the declist only one cause on each line.  ARTERIOSCLEROTI  DUE TO (DR AS A CONSEQ	IC CARDIOVASO	oda of dying, auc	h sa cerdiec or reap	iratory srreat	, Approximate Interval Between Onset and Death		
a cian be	RTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  b.  DUE TO (DR AS A CONSEQUENCE OF):								
nding pl	CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQ	IUENCE DF):						
이 의표로 등	MEDICAL (	PART II. Other significent conditions	a contributing to death but not re	esuiting in the underlying	g ceuse given in	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
law requi as been s Dept. of H 23 shov	N. N.		_					1 TES 2 NO		
VITAL AN: The lav inficate has State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO	HOSPITAL:	07110	LACE DF DEATH (Ch					
SICIAN certific the S	HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3	DOA 4 Nursing Nom 26b. TIME OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW	IN ILIEN OCCUE			
NG PHYSIC fler this ce eath with th	BY PI	1 X Natural Pending 2 Accident Investigation	(Month, Day, Year)	INJURY WO	YES 2 NO	280, DEȘCRIBE NOW	NJUNT OCCUR	ED		
TTENDI TTENDI TTOR: A after d		3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hon building, atc. (Specify)			261. LOCATION (Street City or Town, State)	)	Rural Route Number,		
로 작전 <del>=</del>	COMPLET	2X MADICAL EXAMINER	CIAN: To the best of my knowledge, des	ath occurred at the time, date nvestigation, in my opinion, d	end place, end due leath occured at the	to the cause(e) end mai	nner ee stated.	suse(s) end menner es stated.		
TO THE HOSPI TO THE FUNER be filed within	BE	29b. SIGNATURE AND TITLE OF CENTIFIER	Mark		29c. LICENSE NUR			GNED (Month, Day, Year)		
₽ <b>₽ 3 ₹</b>	2	30, NAME AND ADDRESS OF PERSON WHD	COMPLETED CAUSE OF DEATH (ITEM	1 27) (Type, Print)	O.C.M.	E.	3-	30-1993		
	,	H. WATE FILED (MONTH, Day, Year)	id James Transporter	11 Penn St	reet, B	altimore	, Mar	yland 21201		
		APR 02 1993 gu	ind Davidson-Handeloc							



Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

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23 shows any Injury, MEDICAL

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PHYSICIAN: Item

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ITEMS: 23 PART I, 27, PER MEO G-698 4/14/93 t.t

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEGENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YUKARI HATA MONTH 200 9YEAR 4:30 A . M 4. SOCIAL SECURITY NUMBER 6. AGE (in vrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year DAYS HOURS 1 M 2 K F None 11-12-91 Japan 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE CITY Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Baltimore County 1 YES 2 1 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21209 6716 Bonnie Ridge Drive T1 Apt Japan 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 🛣 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Pt 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY "Oriental 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Child 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Shinsuke Hata Yuko Yamaguchi BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dr. and Mrs. Shinsuke Hata 6716 Bonnie Ridge Drive T1 Balto. MD 21209 20a. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☑ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Carroll Cremation Serv. 3/29 Hampstead, Maryland 4 Donation 5 Other (Specify) 21. SIGNATUBE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23. PART VEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart fallure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition a. DEHYDRATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):

that initiated events resulting in death) LAST

ART II	. Other	aignificent	conditions	contributing	to deeth b	out not resulti	ing in the u	nderlying ce	uae given i	n Part I.
								_		

24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

25.	WAS	CASE	REFERRED	то	MEDICAL
		MINEF			
	1 🛚	YES	2 NO		

HOSPITAL:
1 | Inpetient 2 | XER/Outpetient 3 | DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)

1 TYES 2 NO

27. MANNER OF DEATH

Be. DATE OF INJ (Month, Day, )	

28b. TIME OF 28c. INJURY AT WORK? 1 YES 2 NO

ŀ	28d.	<b>DESCRIBE</b>	HOW	INJURY	OCCURED						
Ì											

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

2 Accident 3 Suicide 4 Homicide

1) (Natural

6 Could not be determined

28e. PLACE OF INJURY - At home, farm, street, factory, office

29a, CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

piq	ATURE AND TITLE OF	GRITIFIER	M
П	MILL D.	(1)	N - 00
W	uning	MIN	will

29c. LICENSE NUMBER O.C.M.E.

26. PLACE OF OEATH (Check only one)

29d. DATE SIGNEO (Month, Day, Year) 3-28-1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CARITA KORELL 111 Penn Street, Baltimore, Maryland 31. DATE FILED (Month, Day, Year) 02 1993

32. REGISTRAR'S SIGNATURE

24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, iton, or removal. certificate has been signed by the attending physician and completely filled in by : In the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remo HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within After this co FUNERAL DIRECTOR: A within 72 hours after de RTANT; If Item 28 Is TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 ho

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

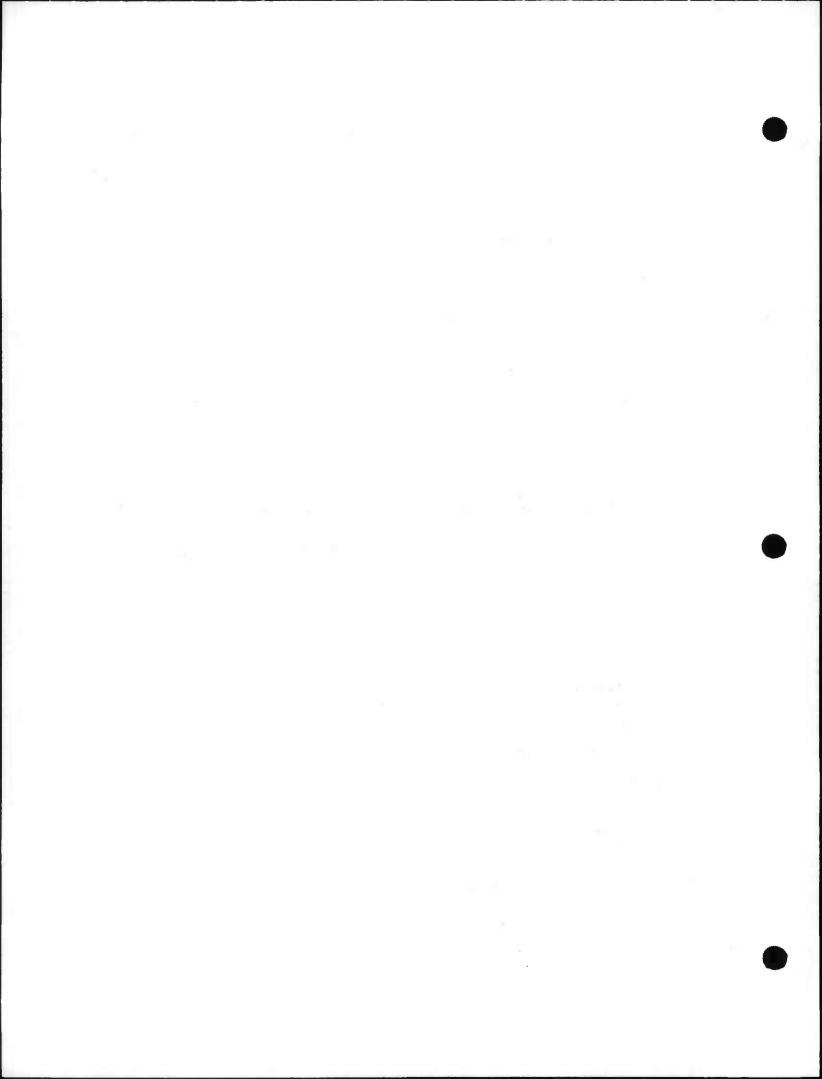
1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) ERIC NOLTE HELD 2. DATE OF DEATH 3. TIME OF DEATH MARCH 5-35 HELD AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 6/22/35 091-26-8843 1 XX X4 2 - F 57 New York use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAT N/A BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland N/A 1 XX ES 2 | NO Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3511 Newland Road 21218 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. If filed in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Rican, stc.)

1 YES 2 ND Specify: В 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g 99e (1-4 or 5 +) Elementary/Secondary (0-12) Banker Banking once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Eric Held Louise Nolte क्र BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Janet McGuigan-Held 3511 Newland Road Baltimore Maryland 21212 99 20a. METNOD OF DISPOSITION
1 ☐ Burtil 2 X X Cremation 3
4 ☐ Dojietion 5 ☐ Other (Special Control of the Contro 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Greenmount Crematory 3/31 Baltimore Maryland 22. NAME AND ADDRESS OF FACILITY MItchell-Wiedefeld Home ATURE OF FUNERAL SE examiner mio Stephen Kenakis Dennis M00640 6500 York Road Baltimore, Maryland 21212 or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line nterval Between completely filled rial, cremation, c **IMMEDIATE CAUSE (Finel** Onset and Death other traumatic event, the OBSTRUCTIVE Pulmovary disease or condition executed within resulting in death) DUE TO (OR AS A CONSEDUENCE OF) ed by the attending physician and commit and Mental Hygiene prior to burial, GR MUMUNAR CERTIFICATION DOE TO (OR AS A CONSEDUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING that the death certificate be NRUMO CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 50 23 shows any injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 2 28. PLACE DF DEATN (Check only one) FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State ITANT: If Item 28 is marked, or Item HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 1 TYES 2 NO 5 - Residence 8 - Other (Specify) 28a. DATE DF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NDW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and manner ea stated. TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If It (Check only one) MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, desth occured at the time, data and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER THE Fled y. Mi 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) lemoria UNION CALL STREET THAT'S CHALLED

		REGISTRAR		CERTIF	ICATE (	OF DEATH		REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)	orbin N.				MONTH	OF DEATH	AY Y	EAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		Hammon					0,199		м
		577-28-9101	1\\ M 2 □ F 77	(In yrs. lest birthday) YRS.	200	HOURS MIN.	Sept	Day, Year)	1915 <sup>N</sup>	country) 1ary	
	10H	9a. FACILITY NAME (If not institution, give st  North Arundel  RESIDENCE OF DECEDENT	,		100	n Burnie			9c. COUNTY	OF DEAT	
	DIRECTOR	10a. STATE 10b. COUNTY Maryland			y, TOWN OR L	City, Md.					d. INSIDE CITY LIMITS?
		10e. STREET AND NUMBER				10f. ZIP CODE			10a CITIZEN	7	T COUNTRY?
	FUNERAL	303 E.Cross	St.  12. WAS DECEDENT EVER I			21230			US	SA	
	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1X YES IF YES, GIVE WAR OR D Peace tim	2 NO	If ye	DECENDENT OF HISPA s, specify Cuben, Mexica YES 2 NO Specific	en, Puerto R		or No   14.	Black, W	American Indian, Thite, etc. Thite
	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th.Grade	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us Super	work done during retired.) Mass	PATION g most of working laintenan engercar	CE 16b.		. & . O . I		
	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				.\ . 1\ .	
i	B	Corbin  190. INFORMANT'S NAME (Type/Print)	N. Hamm	ond, Sr.		Elver	etta		- 5		rens
	2	Mrs.Ruth Dolor	as Hammond			oss St.B					
ŀ		20a. METHOD OF DISPOSITION	201	. PLACE AND DATE			DATE		CATION — City		Stete
		1 Donation 5 Other (Specify)	val from State can	netary, crematory or o	thar placel	m,Park4/	1				
		21. SIGNATURE OF FUNERAL BERVICE LIC		1		E AND ADDRESS OF FA		7 7 2 0			1d. 21230
מונים מונים מיסווווונפו	-1	23. PART I. Enter the diseases, pro	U-1/a	ully Fun	eral	Home	2,130	E.F			
		shock, or heert fellure. I	list only one ceuse on e	ech line.		OCAYON A					Approximate Interval Between Onset and Death
	_		DUE TO (OR AS A	CONSEQUENCE O	F):						
	SATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):						
	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	F):						
		PART II. Other significent conditions	contributing to death b	out not resulting	In the under	lying ceuse given in	Part I.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
	DICAL	STROKE				10 V3 10 MH 18W 20W		PERFOR	MED?	AM CO	AILABLE PRIOR TO IMPLETION OF CAUSE
	M	CANDERTI			A/ LO	No		1   TES 2	LIMO.		DEATH?  YES 2 NO
	AN	25. WAS CASE REFERRED TO MEDICAL	ARRYTH	MIA							
	SICIAN:	EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (Ch					
	PH	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c	Home 5 Residence INJURY AT WORK?  YES 2 NO	_		NJURY OCCUR	ED	
	red BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State)						» Number,			
	Ē	29e. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the heat of my beam	dadas daeth assum	4 - 4 - 4 - 4 - 4						
	COMPL		EAN: To the best of my know t: On the bests of examination							luse(s) en	d menner es stated,
	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	ATTENO	126		29c. LICENSE NUI	MBER > 7 (		29d. DATE 81	GNED (MG	C 2
		30. NAME AND ADDRESS OF PERSON WHO	) 203 E.	ATH (ITEM 27) (Type,	Co A	D21	rimi	no 1	w ?	2/ L	21-
		APR - 2 1993	32 REGISTRAR'S SIGN	ATURE Pandell		<del>-</del>					

BALTIMORE, MARYLAND 212157

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAI	RTMEN	IT OF I	IEALTH DEA	AND	MENTA	L HYGIEN	IE	93	091	U 9
	1. DECEDENT'S NAME (First	t, Middle, Last)				100:4				2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEA	TH
	4. SOCIAL SECURITY NUM					JOSK,				Apr			993	12:55	AM
			5. SEX	6. AGE (In yrs. I		IF UND	DAYS	IF UNDER	R 24 HRS.		OF BIRTH h, Day, Year)		8. BIRTI Count	HPLACE (State or F	orwign
	218-68-131		1 □ M 2 ∏ F	89	YRS.	7 1	11111	- 33.97	1 (0)	1	-25-04	4		CIM	
~	9a. FACILITY NAME (If not in		,	- 1				OR LOCAT	ION OF D	EATH		9c. COL	UNTY OF E	HTAS	
5	RESIDENCE OF DE		e Hospit	aı	_	Ro	ossvi	llle				Ba	altin	nore	
EC	10a. STATE	10b. COUNT	Y		10c, Cf	Y. TOWN	OR LOCA	TION						10d, INSIDE CIT	~
DIRECTOR	MD		Baltimor	е			Ros	seda1	.e					LIMITS?	
	10e. STREET AND NUMBER						10	. ZIP COD	E			10a, CI1	TIZEN OF	WHAT COUNTRY?	, NO
FUNERAL	1241 Prim	rose A	we.							2123	7			SA	
S	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13	. WAS DEC	ENDENT (	OF HISPAI	NIC ORIGIN	17 (Specify Ye	s or No-			llen
	1 Never Married 2		FORCES? 1	YES 2 T	NO NO		If yes, sp	ecity Cubi	ın, Maxica	ın, Puarto I	Rican, etc.)		Spec	E — American Ind k, White, atc.	
84	3 XWidowed 4 Dive	preed	<u></u>					- 12		/·			Space	whit	te
COMPLETED	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	(	ECEDENT'S	work done	e durina ma	DN ost of worki	na	16b	KIND OF BU	SINESS/IN	DUSTRY		
E	Elementary/Secondary (	0-12)	College (1-4 or 5		le. Do NOT u	se retired.	)								
MP	/				Hon	nemak	cer	_							
	17. FATHER'S NAME (First, M Peter Woj										Middle, Malden	Surname)			
BE										Deli:					
0	Joyce Wal			1							imore,			26	
	20a. METHOD OF DISPOSIT			10000					UU.	7			212		
	1 Donation 5 Other	on 3 🗆 Rem	oval from State		ANO DATE	ther place	9)	ame of		OAT		CATION —			
	21. SIGNATURE OF POWERA				Ho11			ND ADDRE		3 <u>+93</u>	1	<u> 1iddl</u>	e Ri	ver, MD	
	1	, ,	1	FOOR	/	"	Cvac	h/Ro	seda	le F	unera1	. Hom	e		
_		Mis.	0. /	eu.	<u> </u>					Ave	•				
	23. PART I. Enter the d ahock, or h	eart feilure.	complications that List only one ceu	t coused the di	leath. Do i	not ente	r the mo	de of dy	ing, suc	h as cerd	liec or resp	iratory ar	rrest,	Approxim	
	iMMEDIATE CAUSE (Fig disease or condition													Onset an	
	resulting in death)	<b>→</b>	a. Pulmo	nary Ed	ema										
_			Statu	S DOST	MVOCA	ndia	al Ir	farc	tion	1					
ERTIFICATION	Sequentially list condit		b	(OR AS A CONSI						<u> </u>					
AT	if any, leading to imme cause. Enter UNDERLY	ING												j	
Ĭ.	CAUSE (Disease or inju- that initiated events	I'V	DUE TO	(OR AS A CONSI	EOUENCE O	F):								-	
F	resulting in death) LAS	т	d												
O	PART II. Other significa	nt condition	s contribution to	death but not	manifela m	Im Alba as			-11-	D					
PHYSICIAN: MEDICAL					resulting	in the u	nderiyin	g ceuse i	given in	Part I.	24a. WAS AN PERFO	AUTOPSY	24b	. WERE AUTOPSY F AMAILABLE PRIOR	TO
		UXIL E	ncephalo	pacity						-	1 TYES 2	M NO		OF DEATH?	CAUSE
Σ										- 1				1   YES 2	NO
AN	25. WAS CASE REFERRED TO	O MEDICAL					04 84	105.05.0	F 1 TH 404						-
SIC	EXAMINER?		HOSPITAL:	ER/Ordnetlant	2 🗆 004	OTHE	R:			eck only on					
Ξ	27. MANNER OF DEATH		26a. DATE OF		28b. TIM		28c. INJ		sidence	6 Other	r (Specify)	N IIIIRY OC	CLIBED		
	44	Pending Investigation	(Month, D	ay, Year)	IN	JURY M	WO	RK?	NO				JOUTHED		
) BY	0 0 0 111	Could not be	26a. PLACE O	F INJURY — At h	ome, farm,	street, fac				28f. LOC/	ATION (Street	and Numbe	r or Rural I	Route Number,	
E		determined	bullaing,	etc. (Specify)						City	or Town, State)				
COMPLETED	29a. CERTIFIER	TIFYING PHYSI	CIAN: To the best of	my knowledge d	aath occurr	ed at the	time det-	and stace	and due	to the error	anda) and m		ded.		
MC	(Check only one) 2 MEDI	ICAL EXAMINE	R: On the basis of a	camination and/or	Investigation	on, in my	opinion, d	eath occur	red at the	time, data	and place, an	nor as sta	he cause/s	ı) and manner es s	stated
	29b. SIGNATURE AND TITLE								ENSE NUA		ACCEPTED A				
8	Mun	110	110001					. J. LIG	LITTE NUM	-DEN		290. DA1	H /	(Month, Day, Year)	
2	20 11111	7	recu										011	193	

PLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

M.D. 9000 Franklin Square Drive

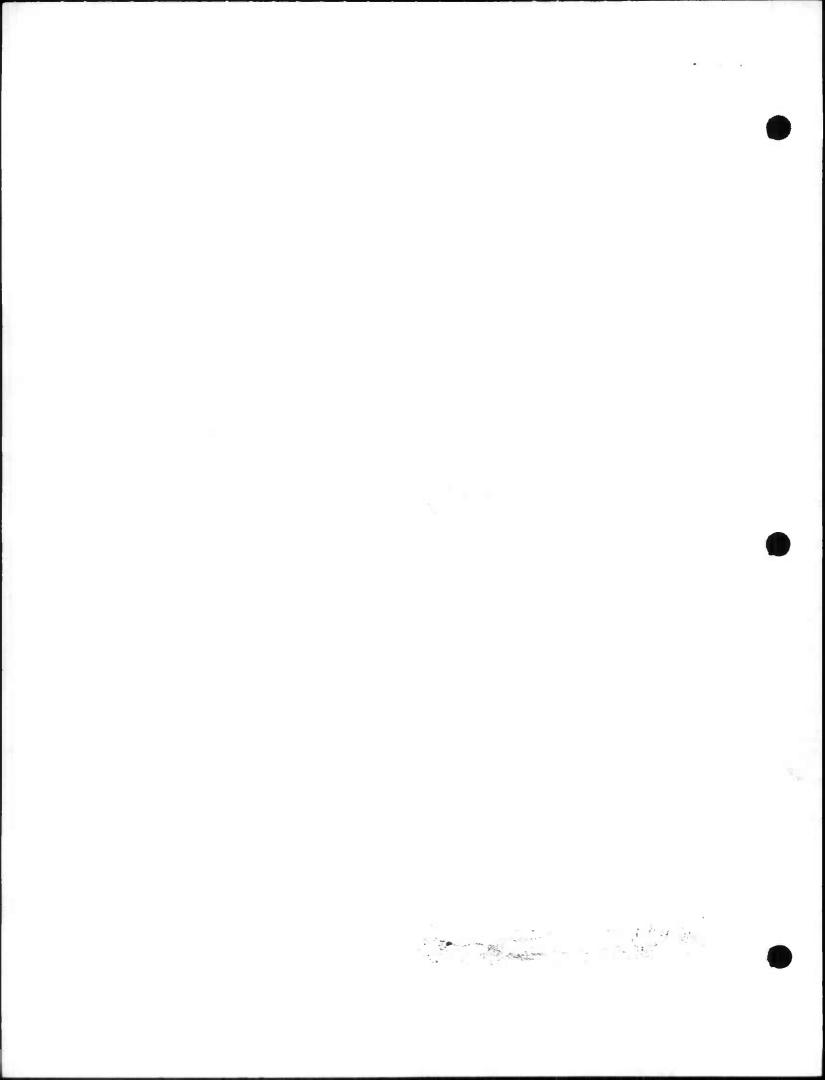
21237

Baltimore

Laura Hensler, M.D.

31. DATE FILED (Month, Dey, Your)

APR 02 1993



1	-	STATE REGISTRAR
	_	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

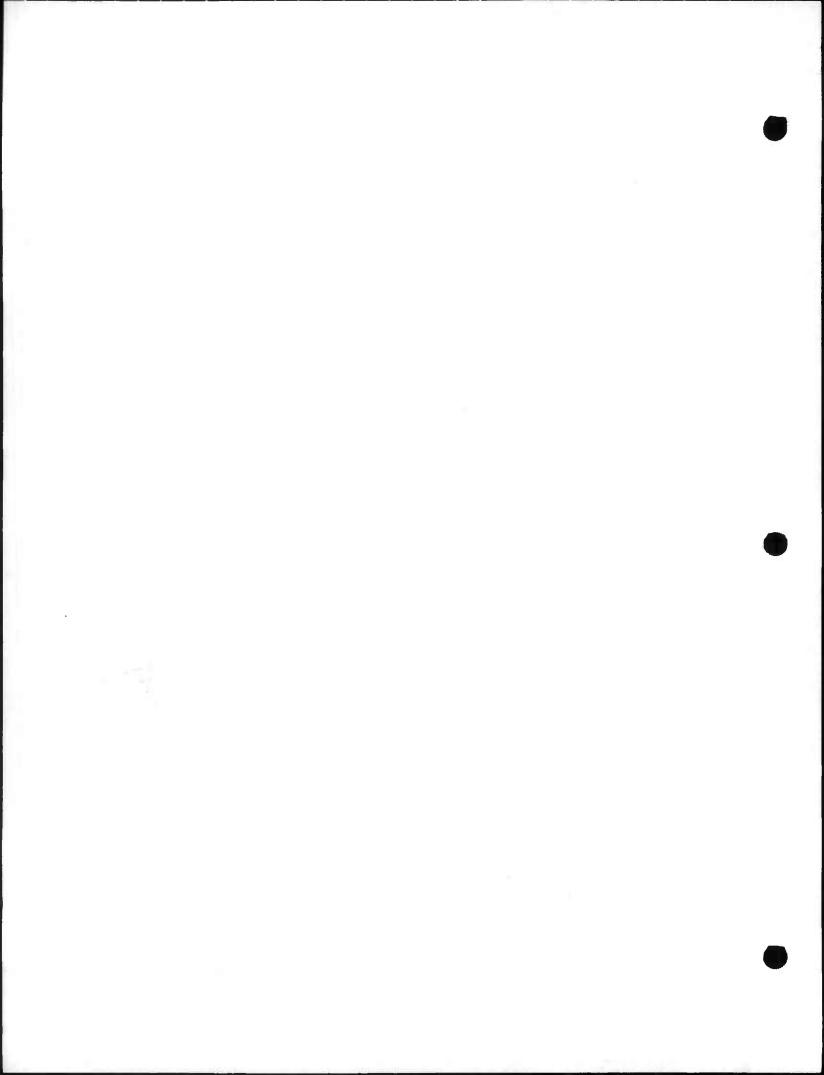
	1 - STATE REGISTRAR	OIAIL OI	CE	ERTIF	ICATE OF			MEN IAL	REG. NO.			
Ė	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH DA		WEAD	3. TIME OF DEATH
	Charles		Jo	nes					7-93	-11	YEAR	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	it birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF	F BIRTH Day, Year)		8. BIRTI Count	HPLACE (State or Foreign
9	217 26 5718	1 ☑ M 2 □ F	62	YRS.	MONTHS DAYS	HOURS	MIN.		0-193	n	COUNT	' ' '
-	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOWN	OR LOCATIO	ON OF DE	ATH			NTY OF C	DEATH
O	Bon Secours Hosp	ital			Baltim	ore						
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	ν		100 CIT	Y, TOWN OR LOCA	TION						[
E	Maryland	na			altimore							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	114		1		f. ZIP CODE				10- CIT	TEN OF	1 VES 2 NO
FUNERAL	1217 W. Fayett	e St				i. zw cobi				log. Cit	IZEN OF	WHAT COUNTRY?
5	11. MARITAL STATUS		NT EVER IN U.S. AR					IC ORIGIN?		or No-	14. RACI	E — American Indian, k, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES	***		2 NO		n, Puerto Ric	can, etc.)		Spec	
COMPLETED	15. DECEDENT'S EQU (Specify only highest grade		16a, DE	CEDENT'S	USUAL OCCUPATI	ON		16b. K	UND OF BUS	SINESS/INC	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5		. Do NOT u	work done during mo se retired.)	ost of working	g					
MP												
00	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAM	ME (First, Mic	dde, Meiden	Sumame)		
BE												
2	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Street	and Number	or Rural R	Route Number	City or Town	n, State, Zij	p Code)	
	29a, METHOD OF DISPOSITION							_	1			
	1 🗆 Buriel 2 🗆 Cremation 3 🗆 Rem		cemetery, cre		OF DISPOSITION (Nather place)	ame of		DATE	20c. LO	CATION —	City or To	own, State
	21. SIGNATURE OF ECHERAL SERVICE L	CENSEE D	emoval	n/	22. NAME A	ND ADDRES	SS OF FAC	CHUTY	1		-	-
	Anna/1/	Konar	d Wade, 3/22/		CEE	. D-14			ate A		-	
7	23. PART I. Enter the diseases, or							rest,				
	shock, or heart fallure.	List only one car	use on each line	h.	not enter the int	rue or uyi	ng, such	i as cardia	ic or respi	ratory an	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Aca	the same	0.		44						Onset and Death
	resulting in death)	a. ASP	OR AS A CONSEC	QUENCE O	F):	~						
Z	Construction that was distanced	b										ļ
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	QUENCE O	P):	-3						
걸	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	(OD 46 4 COMPE	) I EN 65 0								
Ē	that initiated events resulting in death) LAST	DOE TO	(OR AS A CONSEC	JUENCE O	F):							j
Ü		d										
	PART II. Other significant condition	ns contributing to	death but not r	esulting	In the underlyin	g cause g	jiven in i	Part I. 2	4a. WAS AN PERFOR		246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	CVA & BHOW:	PORKSIS						,	YES 2			COMPLETION OF CAUSE OF DEATH?
E I	Dys phagia							_				1 TES 2 NO
ž												
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DI	EATH (Che	ock only one)				
YSI	1 TES 2 KNO	1 - Inpatient 2	ER/Outpatient 3	□ DOA	OTHER: 4   Nursing Hon	10 5 🗆 Re	sidence (	6 🗆 Other (	Specify)			
표	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF (Month, L	F INJURY Day, Year)	28b. TIM	JURY WO	URY AT ORK?		28d. DESC	RIBE HOW II	NJURY OC	CURED	
B	2 Accident Investigation	200 BLACE	DE IN HIPW AND IN			YES 2	NO					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building.	OF INJURY — At ho , etc. (Specify)	me, term, :	street, factory, offic	•		City or	TON (Street e Town, Stete)	and Number	r or Rural i	Route Number,
ا پر	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	l my knowledne de	ath necu-	ad at the time state	and plant	and duri	to the	(a) and		ad	
N N	(Check only one) 2 MEDICAL EXAMINI											e) and manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE						NSE NUM					(Month, Day, Year)
BE	h =	0	HI				3333			DATE DATE	7/21	
		and the same of th	11.7			$\nu$	1311	U		-	11150)	
임	30 MANE AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	, Print)							175
1	DR STOKES 2											775
70		2243 Madi		ue	Baltimon							775

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2

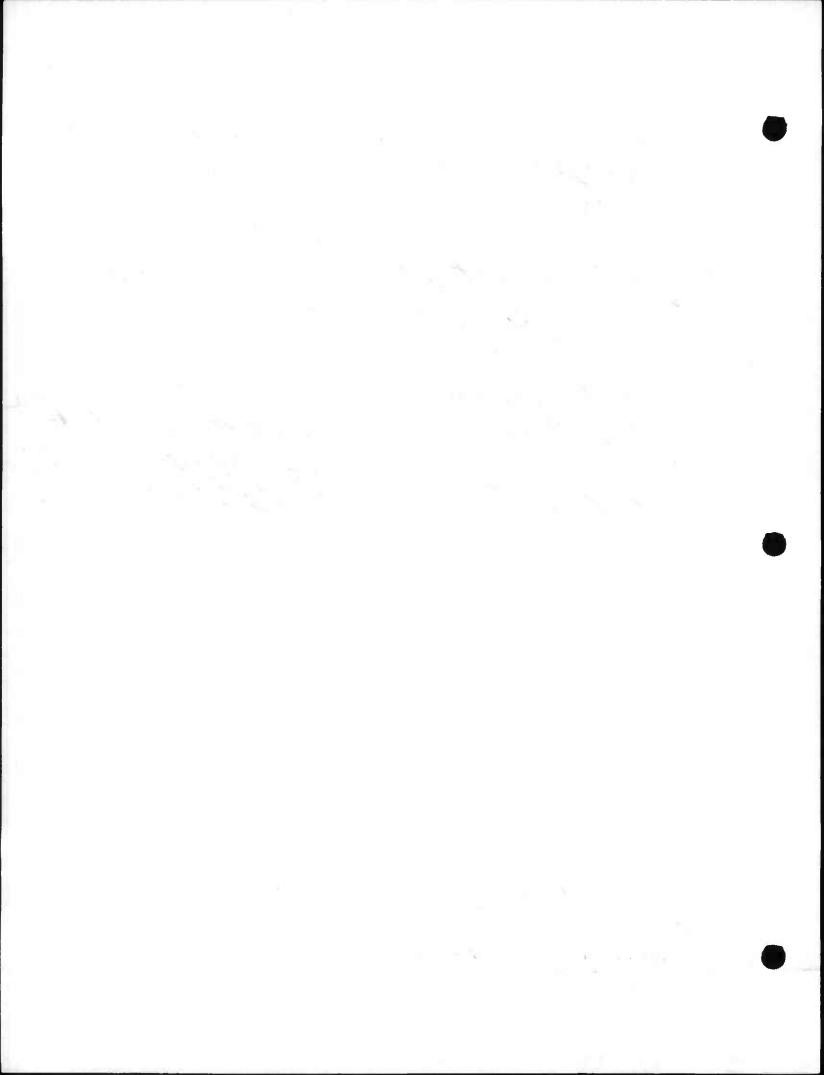
DHMH-16 Rev 1/89



AND 21215-0020	
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MORE, MAF	
BALTIMO	Share danah .

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTMENT OF I			YGIENE EG. NO.	05111
		1. DECEDENT'S NAME (First, Middle, Lest)  4. SOCIAL SECURITY NUMBER	J. Jaku	DOWSKI VIS. Insil Dirthday) PUNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF C	31-93	BIRTHPLACE (State or Foreign
3 should	~	219-18-68 93 In FACILITY NAME IT FOR JUSTILIAN, GAN	M 2 0 F 67	7 YRS. MONTHS DAYS	OR LOCATION OF D	5/2	5/35 sc. COUNTY	med.
1, 2,	DIRECTOR	PRESIDENCE OF DECEMENT  10s. STATE  Job. COUNT	uk Hon	18c, CITY, TOWN ON LOCA	TION	d.	/	10d. RESIDE CITY
physician. burial-transit permit. Pages	AL	104 STREET AND NUMBER	Pement	Sauce 10	2006 8123	Ma	10g. CITIZES	1 € VES 2 □ NO
	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER INTO FORCEST 1 LYES OF YES, GIVE WAR OR DATE	2 NO If yes, as	CENDENT OF HISPA Secity Cuben, Mexico 1 2 NO Specif	in, Puerto Rican		RACE - American Indian, Black, White, etc. Special
ispital or attending hed for use as the L.	APLETED	15. DECEDENT'S EDA (Specify only highest grad Elementary Sectionality (0-12)		No. DECEDENT'S USUAL OCCUPATI (Give bind of work done during me the Do NOT (day retired.)	ON osf of working	166. KIN	O OF BUSINESS/INDUS	THY
retained by the hospital 5 should be detached to notlifled at once.	BE COMPL	17. PATHER'S HAME FOOL MICHOL LAST)  THE DIFFORMANT'S NAME (Typeshirt)	akeeboo	USKÉ TIBO MAKING ADDRESS (SOME	IR MOTHER'S NA	hal	Maichen Şurname)	Olzack
2 8 0	ο	20a, METHOD OF DISSO SILTON 1) Burtal 2 Graphation 3 Rev	had 200 P	P.O. BOL 3	36 \$	221	velle)	lee Jok
death. Pag funeral dir sxaminer		21. SIGNATURE OF FUNERAL SERVIGE LI	CENSEE	J Ska	HO ADDRESS OF FR	10/9	axein was	attell vel
ted within 24 hours after completely filled in by the fal, cremation, or removal event, the medical		23. PART f. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused to List only one cause on each a. Melanor Due TO (OR AS A C	th line.	r extr			Approximate Interval Between Onset and Death
ficate be execu physician and ne prior to bur her traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEDUENCE OF):	ef in	elan	in	6 m
를 보고 를	AL CE	PART II. Other significant condition	dns contributing to death but	npt resulting in the underlyin	g cause given in	Part i. 24a	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health an IMPORTANT: If Item 28 is marked, or item 23 shows any	IN: MEDIC					_   10	YES 2 NO	OF DEATH?
AN: The lificate has State D	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpati	OTHER:	LACE OF DEATH (C)		acily)	
this cert with the		27. MANNER OF DEATH  1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 28c. IN.	JURY AT DRK? YES 2 NO		E HOW INJURY OCCUR	ED
ATTENDING ECTOR: After 's after death n 28 is ma	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street, factory, offic		28f. LOCATION City or Tox	N (Street and Number or i vn, State)	Sural Route Number,
HOSPITAL OR UNERAL DIR Ithin 72 hour ANT: If Iten	COMPLET	one) 2 MEDICAL EXAMIN	ER: On the basis of examination a	ige, death occurred at the time, data and/or investigation, in my opinion, o				suse(a) and manner as stated.
TO THE F TO THE F De filed w	TO BE	296. SIGNATURE AND TITLE DE CERTIFIE  SILLIAN M M	ussell	RUSSEL MD	29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year) 3+-4-1-23
	-		O COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Print) BALT	MO	BAZ	TMD2	1227
8+1		31. DATE FILED (Month, Day, Year)  APR 02 1993	32. REGISTRAR'S SIGNATI	URE MARK				



3. TIME OF DEATH

REG. NO

King

Theresa

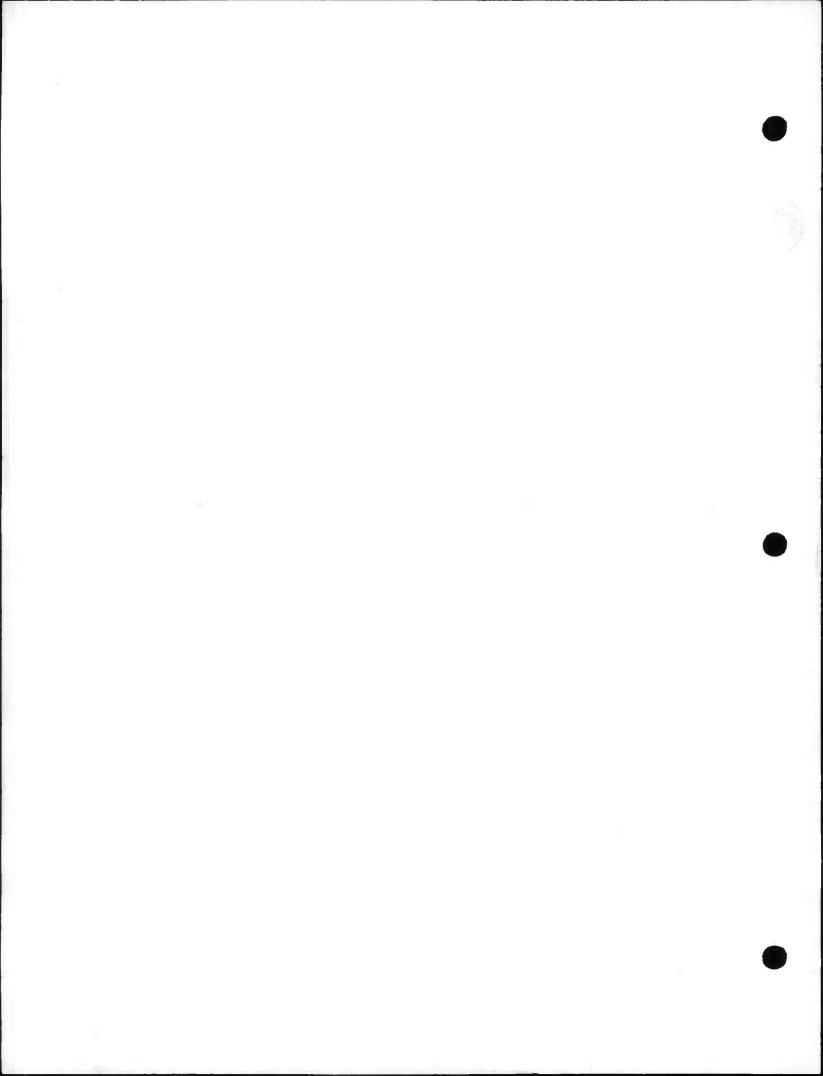
Mildred

BALTIMORE, MARYLAND 21215-0020

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signed	death with the State Dept. of Health and Mental Hygiene prior to burial, cr
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fic	S
cert	ŧ
this	With
After this certificate	death

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2. DATE OF DEATH 3-26-93 MONTH DAY 93 ILDRED ERESIA KING 0725 M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 69 220-14-6820 HOURS 1 M 2 W F YRS Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH AGNES FUNERAL DIRECTOR TIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND IMOR 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3600 W. FRANKLIN STREET 229 use as the burial-transit # 11-1 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu IF YES, GIVE WAR OR DATES 1 TES 2 NO ВУ Specify. BLACK 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high detached for Elementary/Secondary (0-12) College (1-4 or 5+) Bar Maid 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) etely filled in by the funeral director, page 5 should be notified at Leroy BE Cooper Maude Jones 19a. INFORMANT'S NAME (Type/Print) Warren Cooper 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code)
1010, EveshamAve, Balto, MD 21212
1790, CHEROLLTUD ALEROLE BALT/MOR 21225 2 BUTCHER ANESSA TIMORE MARYLAND Pe 20s. METHOD OF DISPOSITION
1 Burlel 2 Commettee 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Burial 2 Cremation 3 Removal from State 4 St Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE Ronald Wade, Dir examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 3/30/93 655W.BaltimoreSt, Balto, MD 21201 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between 10 IMMEDIATE CAUSE (Final **Onset and Death** emation, the disease or condition resulting in death) event, OUE TO (OR AS A CONSEQUENCE OF): DUE TO TOR AS A CONSEQUENCE OF): 515 traumatic COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or item 23 shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 T NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: 1 ES 2 NO OTHER stient 2 - ER/Outpatient 3 - DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 3 Suicide 6 Could not be TO THE FUNERAL DIRECTOR: A be fied within 72 hours after d iMPORTANT: If item 28 is 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the less of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the Date of the ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) 29b, SIGNATURE AND TITLE OF CERTIFIER 29d. DATE WENEO (Morth, Day, Mer) 29c. LICENSE NUMBER BE 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Print 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE i Dindem Rudett



TO BE COMPLETED BY FUNERAL DIRECTOR

CTATE OF MADVI AND / DEPARTMENT OF HEALTH AND MENTAL

1 - STATE REGISTRAR		C	ERTIF	ICATE	OF	DEAT	ГН		REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
William  4. SOCIAL SECURITY NUMBER	I amy			MMEL				_		<del>Ö</del> 19	93°	3:05 Am
217-01-8411	5. SEX	6, AGE (In yrs. Ia:	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	of BIRTH	1912	8. BIRTH Count	HPLACE (State or Foreign MAryland
		- 00	YHS.						22,			
9a. FACILITY NAME (If not institution, give Franklin Squ		ital		9b. CITY,	TOWN O	R LOCATIO	ON OF DE SSVi				NTY OF D	
RESIDENCE OF DECEDENT	are nosp.					- KO	32 A T	тте		Re	ltim	lore
10a. STATE 10b. COUNT	Υ		10c. CITY	Y, TOWN O	R LOCAT	ION				-		10d. INSIDE CITY
Md.	Baltimo	ce			Es	sex						LIMITS?
10e. STREET AND NUMBER					10f.	ZIP CODE	E			10g. CIT	IZEN OF Y	WHAT COUNTRY?
2 Punte La	ne					2	1221				US	Δ
11. MARITAL STATUS	12. WAS DECEDEN			13. V	NAS DECI	ENDENT O	F HISPAN	IC ORIGI	N7 (Specify Ye	s or No—		E — American Indian, k, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced		TYES 2 THE PAR OR DATES	NO			city Cube 2			Rican, etc.)		Spec	
						Λ				i		hite
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	- (6	CEDENT'S	work done d	CCUPATIO	N st of workin	g	160	. KINO OF BU	JSINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 a	·) #6	. Do NOT us	e retired.)								
	2yrs.		Tave	ern (	wne							
17. FATHER'S NAME (First, Middle, Last) Franklin Kimm	2						HER'S NA 11a	ME (First,	Middle, Maide			
	ET								7.			
194. INFORMANT'S NAME (Type/Print)  June Kimmel									ber, City or Tox		Code)	
						_	THOL	e Mo				
29a. METHOD OF DISPOSITION  X Burial 2 Cremation 3 Rem	oval from State	20b. PLACE cemetery, cre			ITION (Nai	me of		DAT		CATION —	-	own, Stata
4 Donation 5 Other (Specify)	OGNORE	BelAi	r Mer				4/2/		ве.	LAIL	. עוויין	
J. SHAPETONE OF PONERAL SERVICE D	CENSEE	011				D ADDRES			e 3001	/ T	77.0	21221
( onnelly	unera	W HA		COT	шет	тугц	ner a	TUON	16 200T	MaceA	ve.	21221
		- / / / /	me	ノ		2						
23. PART i. Enter the diseases, or	complications that	t caused the de	eath. Do n	ノ								Approximate
23. PART I. Enter the disease, or shock, or ment beliure. IMMEDIATE CAUSE (Final	complications that List only one ceu	t caused the de	eath. Do n	ノ								
iMMEDIATE CAUSE (Final disease or condition	List only one ceu	ise on each line	9.	ot enter	the mod	de of dyi	ing, suci					Approximate interval Between
immediate cause (Final	a. Massi	t caused the dese on each line  VE Gast  (OR AS A CONSE	roint	esti:	the mod	de of dyi	ing, suci					Approximate interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Massi Due to	Ve gast	roint	estil	the mod	blee	ing, suci					Approximate interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. //assi DUE TO  ACUTE DUE TO	Ve gasti (OR AS A CONSE MYOCAY (OR AS A CONSE	roint ouence of dial ouence of	estillinfa	nal rcti	blee	d	n as car	diac or reep			Approximate interval Between
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immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Acute Due to Arter Due to	Ve gasti (OR AS A CONSE  MYOCar (OR AS A CONSE  1 OSCler	roint ouence of dial ouence of otic ouence of	estilles infa	nal rcti	blee	d	n as car	diac or reep			Approximate interval Between
immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Massi DUE TO b. Acute DUE TO c. Arter DUE TO d. Diabe	Ve gasti (OR AS A CONSE  MYOCar( (OR AS A CONSE  ioscler( (OR AS A CONSE  tes mel	roint ouence of dial ouence of otic ouence of	estiinfar	nal rcti	blee on on	ed ar d	isea	diac or reep	niratory ar	reat,	Approximate interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

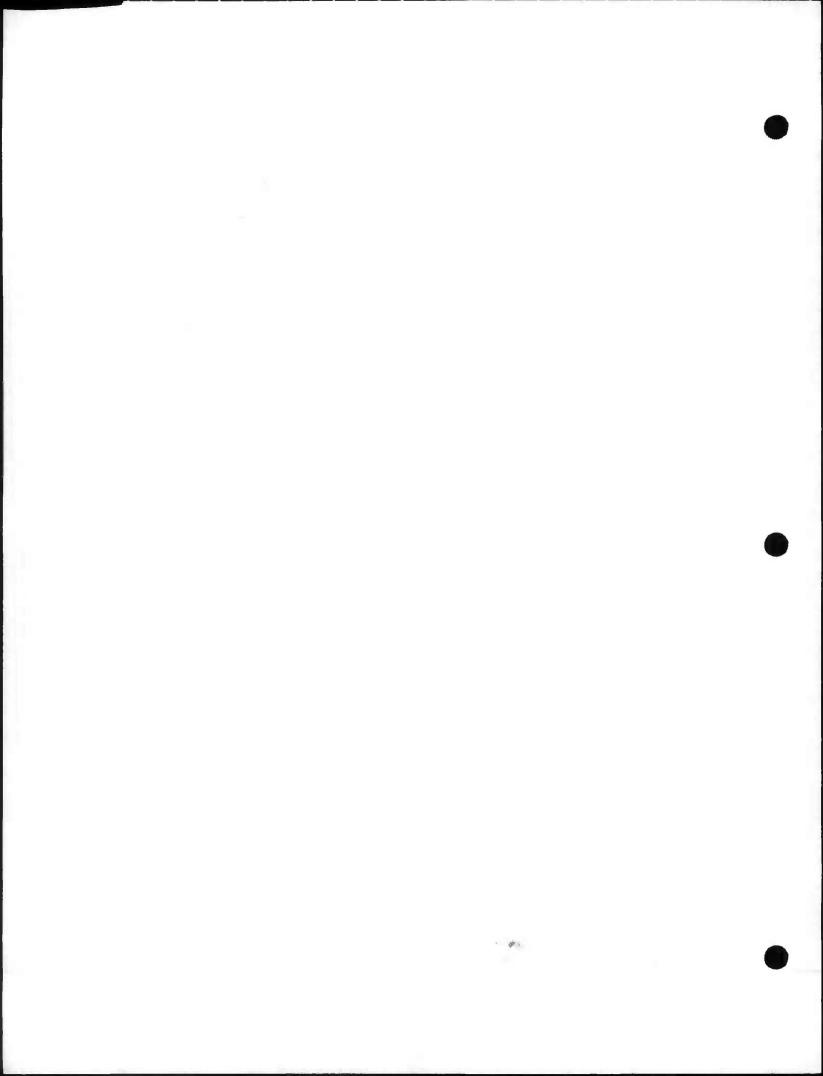
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

0 9 1993

BALTIMORE, MARYLAND 21215-0020



BALTIMORE, MARYLAND 21215-0020

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG.	NO.	
1	1. DECEDENT'S NAME (First, Middle, Last) OLIVIA	A HARRIET KI	EMP			2. DATE OF DEATH	c.57	3. TIME OF DEATH 5 \$ 30 p
	4. SOCIAL SECURITY NUMBER 218 22 0174	5. SEX 6. AG	GE (In yrs. lest birthdey) 92 YRS.	IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTH	3	BIRTHPLACE (State or Foreign Country)
e B	9e. FACILITY NAME (If not institution, give s Long Green Nurs				n or Location of D	DEATH		Y OF DEATH
51	RESIDENCE OF DECEDENT							
DIRECTOR	10e. STATE 10b. COUNTY	Y	10c. CIT	ry, town or lo Bal	cation timore			10d. INSIDE CITY LIMITS? 1 A YES 2 NO
FUNERAL	115 E. Melrose	e Ave.			101. ZIP CODE 212	212		IN OF WHAT COUNTRY?  J S A
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2X NO	If yes,	DECENDENT OF HISPA apocity Cuben, Mexic (ES 2 NO Speci	an, Puerlo Rican, atc.)	Yee or No — 1	4. RACE — American Indien, Black, White, etc. Spacty: White
	15. DECEDENT'S EDU	CATION	16e. DECEDENT'S	IISUAL OCCUP	TION	1 185 KIND OF	BUSINESS/INOUS	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 12	completed) College (1-4 or 5+)	(Che kind of )	work done during se retired.) Clerica	mand of madeline			re City
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles William	Frederick !	Kemp		16. MOTHER'S NA	AME (First, Middle, Meio nna Muelle	len Surneme)	
TO B	Mr. Robert C. Pr	rem	19b. MAILING 201	N. Cha	et and Number or Rural trles St.	Rouge Number, City or # 710 I	Rown, State, Zip C altimo	re, Md. 21201
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Remote A Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE: cemetery-cremetory or o			4/3 E	LOCATION — CH	ry or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Derry Sr.	M00145		TCHELL-WI			
	23. PART I. Enter the diseases, or o							
	ahock, or heart fallure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Natura	al Cau	201 -			phracory arres	Approximate Interval Between Onset and Daath
Z.	Sequentially list conditions,	OUE TO (OR AS	S A CONSEQUENCE O	F):	,			
ICATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	S A CONSEQUENCE OF					
CERTIFICATION	that Initiated eventa resulting in death) LAST	OUE TO (OR AS	S A CONSEQUENCE OF	P):				
	PART II. Other aignificant condition.	- contributing to death	4 4 1 1 1 1 1 1 1	* **				
: MEDICAL	one of the contract of the con	a commoning to dead	Dut not reauting	in the underly	ing causa givan in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
A N								
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	neck only one)		
YS	1 TYES 2 NO	1 Inpatient 2 ER/Ou	utpatient 3 🗆 DOA		ome 5 - Residence	6 Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	Y 285. TIM	JURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	V INJURY OCCU	RED
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUI building, atc. (Sc	RY — At home, ferm, a pecify)	streel, factory, of	fice	28f. LOCATION (Stre City or Town, Sta	et and Number or te)	Rural Route Number,
COMPLETED		ICIAN: To the best of my kno						euse(s) end menner ee stated.
0	MO ATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI			IGNED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	REATH STEM 271 (Keep	Codest	D230		► 4-1	
	3730 Falls	Rd	Bul		e 212	11		
	APR 02 1993	12 32. MIGISTHAR'S SIG	andere.					

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lached for use as the burlal-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be with the property of the property of the attending physician and completely filled in by the funeral director, page 5 mount be marked be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BALTIMORE, I

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ANLIS

APR - 2 1993

hospital or attending physician. CAND 21215-0020

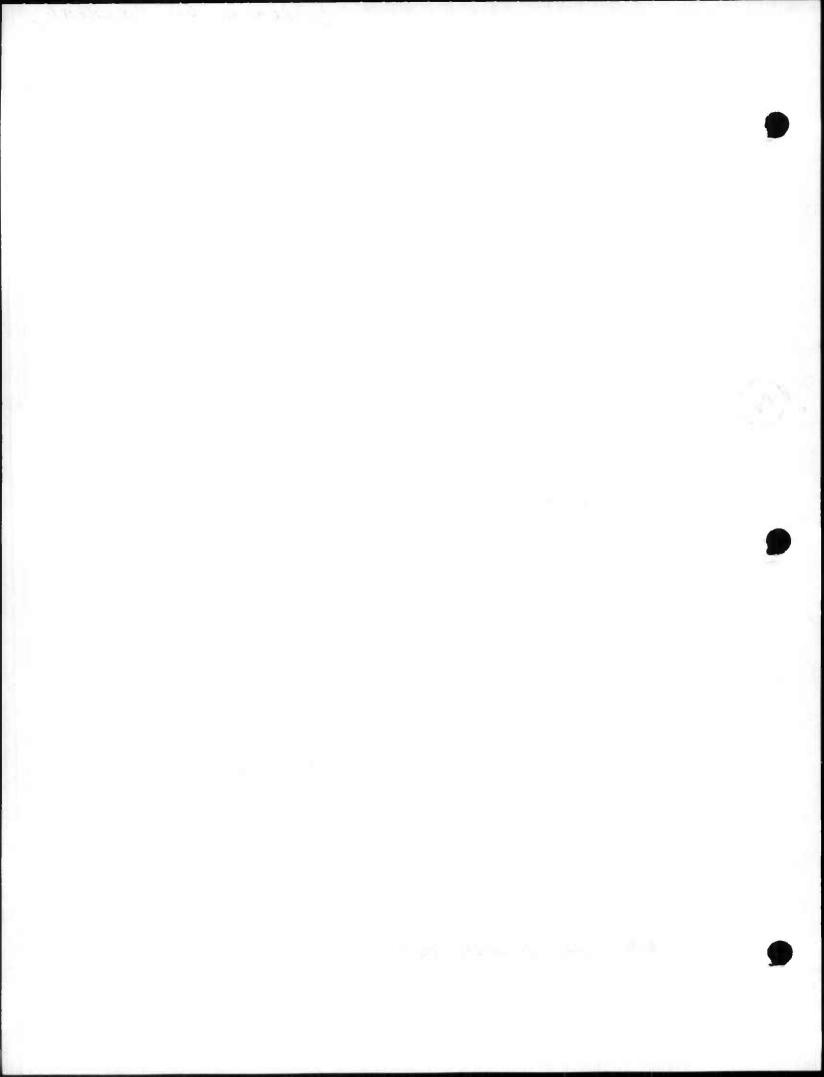
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND A	/ DEPAR ERTIF	RTMEN	IT OF H	IEALTH DE A	AND I	MENT		_	93	3 0911
	1. DECEDENT'S NAME (First, Middle, Last)	ANEliz	aneth,				-		2. DAT	REG. N	DAY	9 YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 1  M 2  F	6. AGE (In yrs. Is		IF UND	ER 1 YEAR	IF UNDER	24 HRS.	(Mo	E OF BIRTH rith, Day, Year)	2	8. BIRTH Country	
	218-42-0330  90. FACILITY NAME (If not institution, give s	A	4.9	YRS.					_	-17-4	_	_	yland
œ						ry, town o			EATH		9c. CO	UNTY OF D	EATH
6	5169 Chalk Poi	nt Road	1		We	st R	ive:	<u>r</u>			An	ne A	rundel
DIRECTOR	MD 106. COUNT	Arunde	21	Wes	y, TOWN	or LOCAT Rive	rion						10d. INSIDE CITY LIMITS? 1 YES 2 NO
A L	10e. STREET AND NUMBER					10f	. ZIP COD	E			10a. Cr	TIZEN OF W	HAT COUNTRY?
FUNERAL	5169 Chalk Poi	nt Road					207	7 Q				SA	
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13				VIC ORIG	IN? (Specify Y			- American Indian
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 K	ЙО		If yes, spe	ecify Cube 2 NO	n, Mexice	n, Puerto	Rican, etc.)			- American Indian, White, etc.
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DE	ECEDENT'S	USUAL	OCCUPATIO	ON		16	5b. KIND OF B	USINESS/IN	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5 +		live kind of value. Do NOT us	work done se retired.	during mo:	st of workir	ng					
COMPL	12		Sec	reta	ary				I	Board	of	Educ	ation
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA		, Middle, Maide			
BE	Joseph Henry C	'Neill					1	Alio	ce 1	Norfo.	lk		
10	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street a	nd Number	or Rural F	Poute Nur	mber, City or To	wn, State, Z.	ip Code)	
<u> </u>	Kenneth Kirchn	er	133	5169	CI	nalk	Po:	int	Roa	ad, W	est	Rive	r, MD
	20e. METHOD OF DISPOSITION  1 M Buriel 2 Cremetion 3 Rem	cumi from State	20b. PLACE	ANODATE	OF DISPO	SITION /Na						- City or Tov	
	4 Donetion 5 Dother (Specify)	Oval Holli State	Lake	mont	ther place	emet	ery		1	Da	vids	onvi	lle, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	D as	ed l		22 ]	. NAME AN	esty	y Fu	inei	cal H	ome,	P.A	
	23. PART I. Enter the diseeses, or o	complications that	ceused the de	eth. Do n	ot ente	r the mo	de of dvi	na. auci	h sa ce	rdiec or ree	niretory m	T T S /	Approximate
	IMMEDIATE CAUSE (Fine)	. CANC	FA C	). ).F	Bo								Interval Between Onset and Deeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	OUENCE OF	7):								
	PART II. Other eignificent condition	e contributing to	deeth but not r	reculting i	n the u	nderiying	cause g	liven in	Part I.	24a, WAS AI PERFO	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL													DF DEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ick only o	one)			
YS	1 TYES 2 NO	1   Inpatient 2		□ DOA		rsing Home	5 Re	eldence	s 🗌 Oth	er (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Da		28b. TIMI INJ	E OF URY M	28c. INJL WOR	JRY AT RK? ES 2	ND	28d. DE	\$CRIBE HOW	INJURY OC	CUREO	
	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF building,	FINJURY — At ho etc. (Specify)	me, ferm, a	treet, fac	tory, office	,		28f. LO	CATION (Street or Town, Stets	and Numbe	or Aural Ac	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of a	my knowledge, de amination and/or i	ath occurre	d at the	time, date opinion, de	end place, eath occur	end due	to the ce	e end place, e	onner es sta	nted. he ceuse(e)	end menner se stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	mich-		V.			29c LICE	NSE NUM	BER / / }	1	29d. DAT		Month, Day, Year)
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMMETTER OUTER			-								

TATKINS 900 BEST LATE

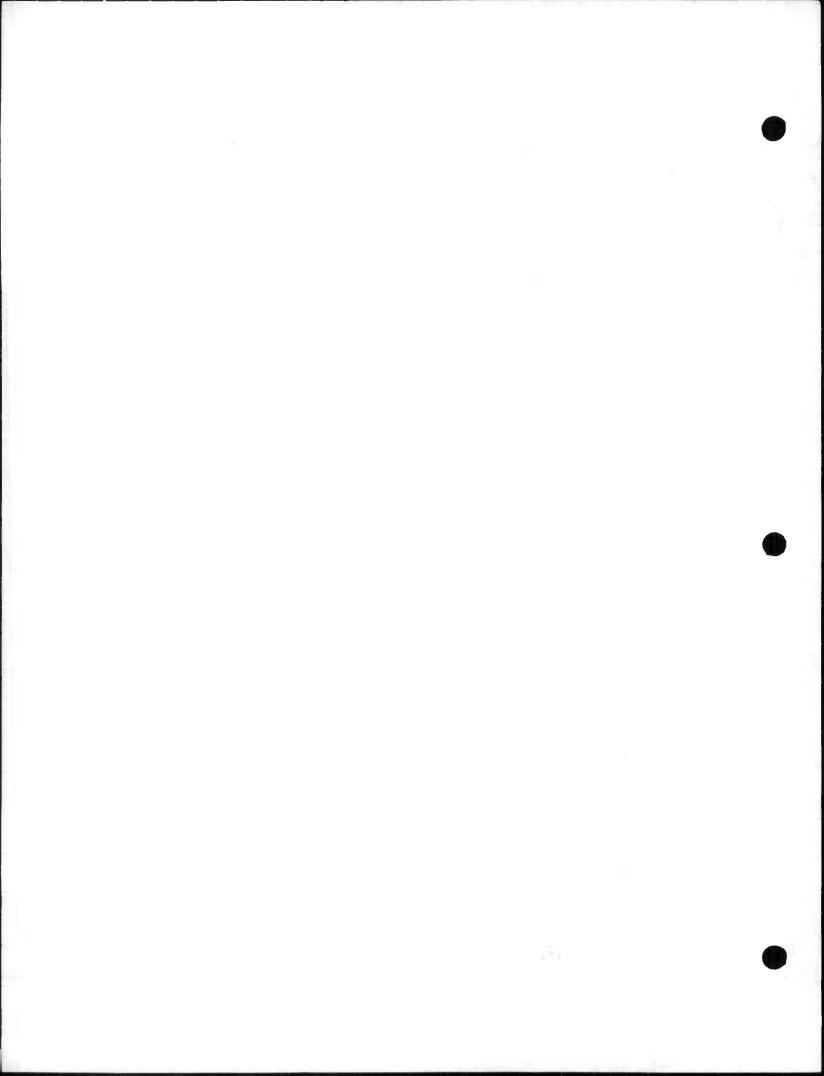
32 REGISTRAR'S SIGNATURE
Julia Davidson-Randale

RD

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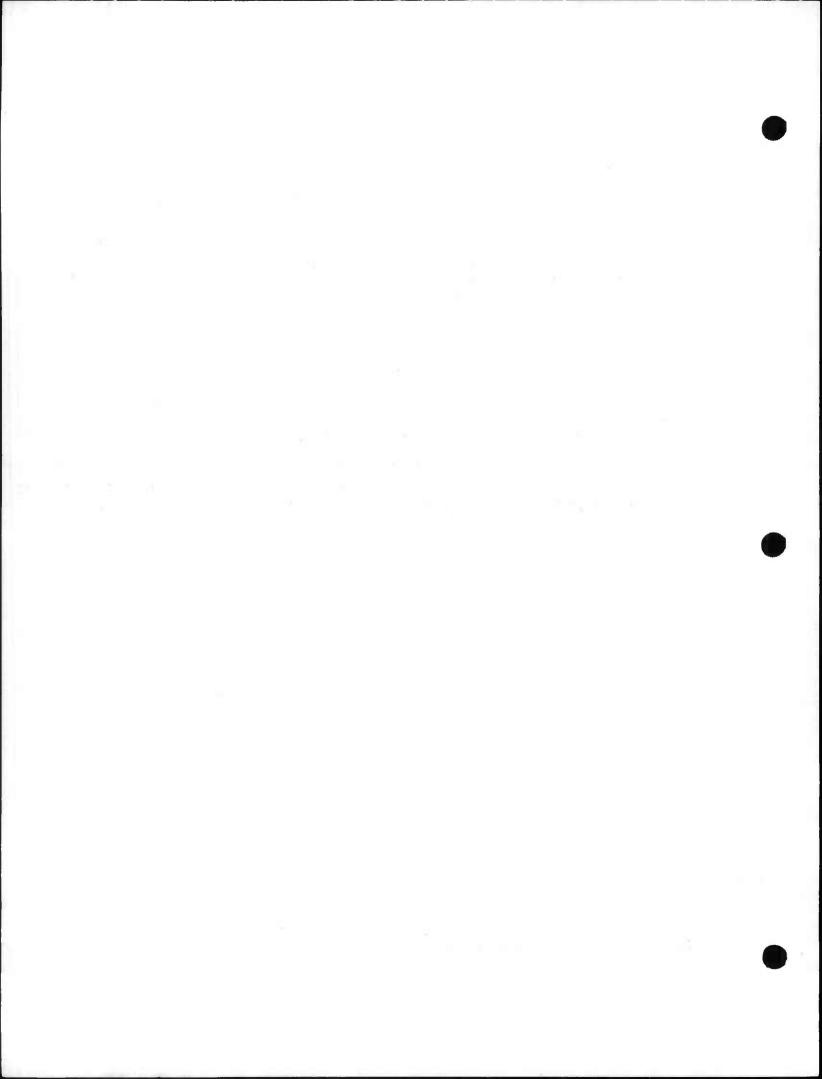


1. DECEDENT'S NAME (First, Middle, Last) Margaret ET Ellen 2. DATE OF DEATH 3-27-93AR NORTH DAY 27 . 1943 LECKWOOD 10 30 (一〇七十分) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) 1 🗌 M 2 💭 F HOURS YRS. 215 32 1700 7-28-1906 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritian Hospital Baltimore na RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1834 Trenleigh Road 21234 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced use as the White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ,io entary/Secondary (0-12) College (1-4 or 5+) Manager detached Food 7 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 funeral director, page 5 should be William Witt Margaret Rohe notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary C. Wernecke 1834 Trenleigh Road, Baltimore, MD 21234 99 20s. METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must 4 X Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE ROnald Wade, Dir examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 3/30/93 655W.BaltimoreSt,Balto,MD 21201 the or removal. medicai signed by the attending physician and completely filled in by . Health and Mental Hygiene prior to burial, cremation, or remo 23/PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. Interval Retw IMMEDIATE CAUSE (Final Onset and Death other traumatic event, the disease or condition \_\_\_\_\_ Pneumonia executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, Psudobulbar CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be SCUD + HUPBYU DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO DEMENTIA COMPLETION OF CAUSE 1 YES 2 NO Afrial 1 YES 2 NO has been a PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) r this certificate his EXAMINER? HOSPITAL OTHER:
4 \( \text{Nursing Home} \) 5 \( \text{Residence} \) 8 \( \text{Other} \) (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1. Natural 1 YES 2 NO В FUNERAL DIRECTOR: After twithin 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, lactory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be TO THE HOSPITAL OR ATTEND TO THE FUNERAL DIRECTOR: , be filed within 72 hours after ( COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) SW 1 MD 2 PLÉTED CAUSE OF OEATH (ITEM 27) (Type, Print) 30, NAME AND ADDRESS OF PERSON WHO COM GOOD SAMMUTAN HOSPIL, BMMANUEL TANGLAD 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE which otender Renderto



	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

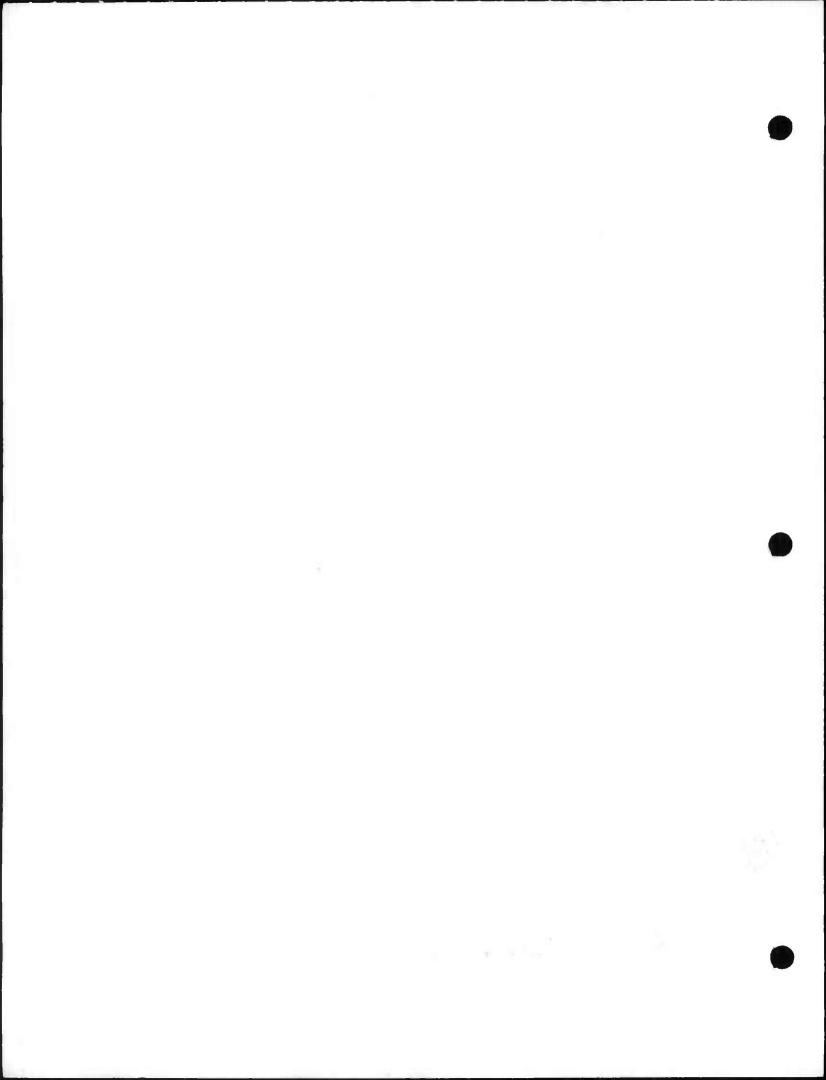
	i	1. DECEDENT'S NAME (First, Middle, Last)	CLN	TIFICATE OF		REG. NO.		3. TIME OF DEATH
<b>,</b>		THOMAS	>	LEAK		073 25	YEN TO	4:00 P
3 should	~	9a. FACILITY NAME (If not institution, give street and n	number)	YRS. MONTHS DAYS		1 1	COUNTY OF DE	
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it. Pages	DIRE	10a. STATE 10b. COUNTY	10	C. CITY, TOWN OR LOCATION	DN .			IOd. INSIDE CITY LIMITS? VES 2 NO
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ding pt	D BY FL	1 Never Married 2 Married FOR	ICES? 1 Z-YES 2 NO ES, GIVE WAR OR DATES		Ify Cuben, Mexican, Pu	RIGIN? (Specify Yea or N arto Rican, atc.)	o- 14. RACE - Black,	- American Indian, White, etc.
E 2	COMPLETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed  Elementary/Secondary (9-12)  College	d) (Give ki	ENT'S USUAL OCCUPATION ind of work done during most NOT use retired.	of working	16b. KIND OF BUSINES	S/INDUSTRY	
the hordetach	¥ CO VO	77. FATHER'S NAME (First, Middle, Last)		77770940	18. MOTHER'S NAME (F	First, Middle, Maiden Sume	ime)	
≥ 2 × 2	W	190. INFORMANT'S NAME (Typo/Print)	5R	AH MAC 4555500 AC	Luen	of les	gk.	
y be retained bage 5 should be notified	으	Mr Roy A. les	9K 5	573 WK	Number of Purel Route	Nymbel, City or Town, Sta	To Code	1202
rector, pa		20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from 4 Donation 6 Other (Specify)	State cemelery, cremato	DATE OF DISPOSITION (Name or ocother place)	estincen	DATE 20c. LOCATIO	ON City or Tow	o mol
24 hours after death. Page 6 may be retained if filled in by the funeral director, page 5 should ion, or removal.  The medical examiner must be notified.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	P. Russ	205	SWING	with hoe	BATO	ENA Hon
within pletely cremat		23. PARTUL Enter the discusses, or compilea shock, or heart failure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death)	one cause of the death.  Atherosclerof.  DUE TO (OR AS A CONSEQUEN	tic Cardi		ar Dis		Approximate Interval Between Onset end Deat
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th certificate be anding physician Hygiene prior to other traus	SERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUEN					
equires that the death certificate be en signed by the attending physician of Health and Mental Hygiene prior in hows any injury, or other traus	MEDICAL CE	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contrib	OUE TO (OR AS A CONSEQUEN	NCE OF):	ceuse given in Part	I. 24a. WAS AN AUTO PERFORMED! YES 2 \( \square\) N	0 0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 \( \sqrt{N} \) NO
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law requires that the death certificate be so been signed by the attending physician tept. of Health and Mental Hygiene prior to shows any injury, or other traus	SICIAN: MEDICAL CE	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributed in the c	buting to death but not result	iting in the underlying		YES 2 N	0 0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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NDING PHYSICIAN: The law requires that the death certificate be it. After this certificate has been signed by the attending physician or death with the State Dept. of Health and Mental Hygiene prior is is marked, or item 23 shows any injury, or other traus	D BY PHYSICIAN: MEDICAL CE	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions contribed to the contribed of the contribution of the contribu	oue to (or as a consequent of country to death but not result of the country of t	28. PLA  OTHER: OA 4 Nursing Home b. TIME OF INJURY M 28. INJURY M 1 YE farm, street, factory, office	CE OF DEATH (Check or 5 ARasidence 8 - 28d. X7 28d. X7 28f. Arasidence 8 - 28f. Arasid	PERFORMED?  YES 2 N  N  Other (Specify)  DESCRIBE HOW INJURY  LOCATION (Street and No. City or Town, State)	Y OCCURED  umber or Rural Roll stated.	MALEAGLE PRIOR TO COMPLETION OF CAUSE IF DEATH?  YES 2 NO
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The CALL RECTOR: After this certificate has been signed by the attending physician in the country of the control of the contro	E COMPLETED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributed in the c	DUE TO (OR AS A CONSEQUENT DURING TO GRAND TO GRAND	28. PLA  28. PLA  OTHER: OA 4   Nursing Home b. TIME OF INJURY M 28c. INJUI WORI 1   YE farm, street, factory, office	CE OF DEATH (Check or  5 Aresidence 8   28d.  X7 AT 28d.  X8 2   NO 28f.  and place, and due to the time, the occured at the time, 29c. LICENSE NUMBER  O . C . M . E	PERFORMED?  YES 2 N  Other (Specify)  DESCRIBE HOW INJUR  LOCATION (Street and No. City or Town, State)  e cause(s) and manner a data and place, and dua	y OCCURED  Jimber or Rural Rot a stated, to the cause(s) a  DATE SIGNED (A	MALEAGE PRIOR TO COMPLETION OF CAUSE IF DEATH?  YES 2 NO  Note Number,  Index Number,  And manner as stated.



BALTIMORE, MARYLAND 21215-0020	TENDING PRESIDANT THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The funeral Discontinuate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 3 should	or removal.	Liber 28 is marked, or liber 23 shows any injury, or other traumatic event, the medical examiner must be notified at nace
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ted within 24	completely fi	ial, cremation	event. the
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	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH		BIRTHPLACE (State or For
	235-28-5411 9a. FACILITY NAME (If not institution, g		69 YRS.		- 47.2	_	07,19		WEST VIRGIN
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1 2	RESIDENCE OF DECEDENT	r		1					
DIRECTOR	MARYLAND A	NNE ARUNDEL	10c. Cf	GLEN BU					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ARONDEL			DI. ZIP CODE			10a CITIZE	1 ☐ YES XXX I
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B	3 Wildowed 4 Divorced	IF YES, GIVE WAR			S 2 X NO Spec		mount, etc.)		Specify: WHITE
8	15. DECEDENT'S (Specify only highest of	EDUCATION		USUAL OCCUPAT		16b	KIND OF BUS	SINESS/INDUS	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT		ost of working				
COMPL	12TH GRADE  17. FATHER'S NAME (First, Middle, Last)		HOME	MAKER					
S	JOHN NOVAK	,			18. MOTHER'S N HELEN			Surname)	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rura			n, State. Zip Co	ode)
	LEO LEFKOWITZ								LAND 21061
	20e. METHOD OF DISPOSITION 1) Burial 2 Cremation 3 1	Removal from State	20b. PLACE AND DATE	OF DISPOSITION (A	lame of	OAT	E 20c. LO	CATION — Cit	y or Town, Stata
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	ELICENSE	MORELAND 1	MAUSOLEU.		4/3	BA	LTIMO	RE
	II. SIGNAL GILE VI TONENA BENTA	> M II			IND ADDRESS OF F		ME, IN	VC.	
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ETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease pr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are supported by the conditions of the cause of the	a. OUE TO (OF  b. DUE TO (OF  c. DUE TO (OF  d	auaed tha death. Do on each lina.  Coll R AS A CONSEQUENCE COR AS A CONS	or antar the more ant	oda of dying, au  my ham a  ig cause given in  LACE OF OEATH (C)  ne 5 Residence JURY AT  ORK?  YES 2 NO  ta	heck only on 8 Other 28d. OES	24a. WAS AN PERFOR 1 YES 2  e)  or (Specify)  cribe How II  ATION (Street a or Town, State)	AUTOPSY MED? NO NJURY OCCUP	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease pr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are supported by the conditions of the cause of the	a. OUE TO (OF b. DUE TO (OF c. DUE TO (OF d.  HOSPITAL: 1 Timpatlant 2 Ei 28a. OATE OF IN. (Month. Day. 0 3 3 0 28a. PLACE OF IP building, etc	auaed tha death. Do on each lina.  Coll R AS A CONSEQUENCE COR AS A CONS	or antar the more ant	oda of dying, au  my ham a  ig cause given in  LACE OF OEATH (C)  ne 5 Residence JURY AT  ORK?  YES 2 NO  ta	heck only on  B Other  28d. OES  26f. LOCy City  e to the cause time, date	24a. WAS AN PERFOR 1 YES 2  e)  or (Specify)  cribe How II  ATION (Street a or Town, State)	AUTOPSY MED? NO NJURY OCCUP and Number or	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNES OF DEATH  1 Natural 5 Pending Investigated investigated and	a. OUE TO (OF b. DUE TO (OF c. DUE TO (OF d.  HOSPITAL: 1 Timpatlant 2 Ei 28a. OATE OF IN. (Month. Day. 0 3 3 0 28a. PLACE OF IP building, etc	auaed tha death. Do on each lina.  R AS A CONSEQUENCE OF AS A CONS	or antar the more ant	LACE OF OEATH (Come 5   Residence JURY AT ORK? YES 2   NO	heck only on  B Other  28d. OES  26f. LOCy City  e to the cause time, date	24a. WAS AN PERFOR 1 YES 2  e)  or (Specify)  cribe How II  ATION (Street a or Town, State)	AUTOPSY MED? NO NJURY OCCUP and Number or	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease pr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the conditions of th	a. OUE TO (OF b. DUE TO (OF c. DUE TO (OF d. Thousand the second of the	auaed tha death. Do on each lina.  R AS A CONSEQUENCE COR AS A CONSEQUEN	PF):  26. P  OTHER: 4   Nursing Hor  E OF 28c. IN  JURY 1    street, factory, offlic  red at the time, date on, in my opinion,	LACE OF OEATH (Come 5   Residence JURY AT YES 2 NO Teles a and place, and du death occurred at the	heck only on  S Other  28d. OES  26f. LOC. City: e to the cau e time, date	24a. WAS AN PERFOR 1 YES 2 e) or (Specify) CRIBE HOW II ATION (Street a pro Town, State)	AUTOPSY MED? NO NJURY OCCUP and Number or ther as stated, d due to the c	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No.





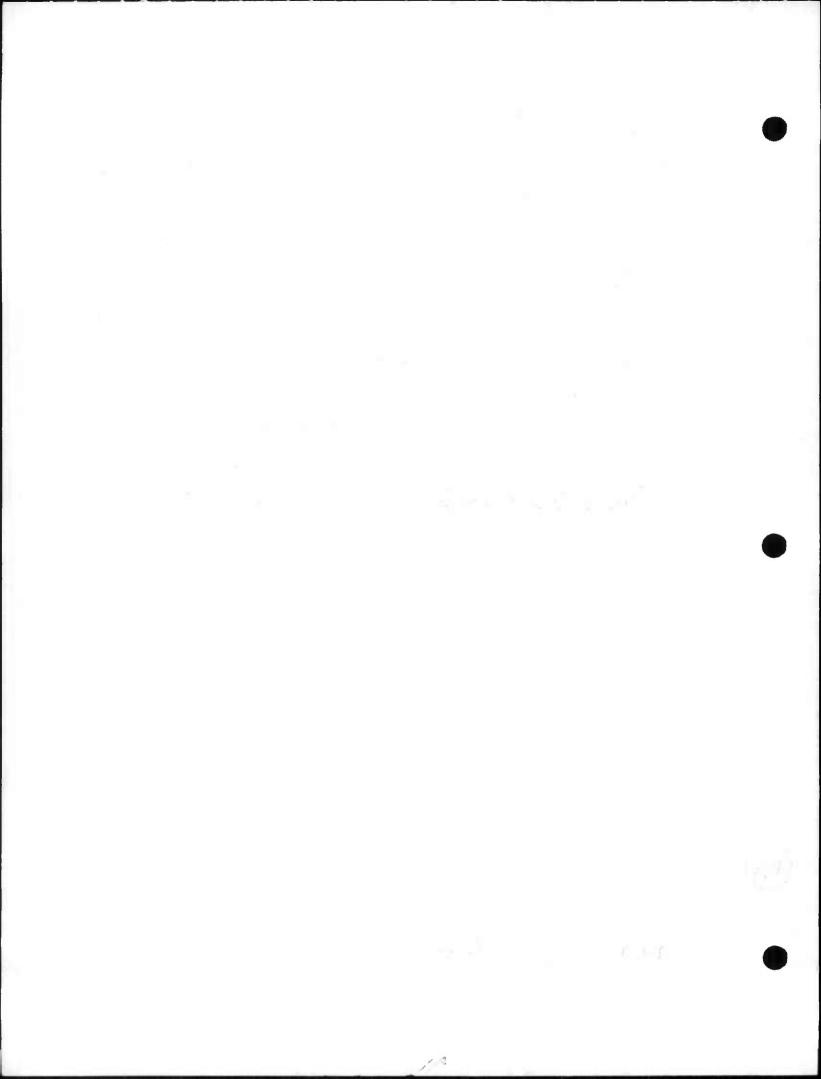
TO THE PROOF OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE PROOF After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, chemation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE	OF DEATH	F	REG. NO			
1 3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	DEATH		EAR 3.	TIME OF DEATH
	ADAM	LENDZA				04	0			8:00 mm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF	BIRTH		BIRTHPL	ACE (State or Foreign
	216-30-0330	1 [X-14 2 □ F	6 YRS.	MONTHS D	AYS HOURS MIN.	NOV . 02	189	6 1	Country)	JANIA
	9a. FACILITY NAME (If not institution, give at	reet and number)		96. CITY, TO	OWN OR LOCATION OF		, , ,	9c. COUNTY		
E C	HARBOUR HOSPITAL	CENTER		BA	LTIMORE					
DIRECTOR	RESIDENCE OF DECEDENT			<u> </u>				<u> </u>		
l iii	10a. STATE 10b. COUNTY		10c. CF	Y, TOWH OR I					10	d. INSIDE CITY
=	MARYLAND			H	BALTIMORE	(MORRE	ELL P	'ARK')	13	LIMITS?
4	10e. STREET AND NUMBER				101. ZIP CODE			10g, CITIZEN		T COUNTRY?
E .	1709 HARMAN AVENI	UE			21230			U.S.	Α.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGINS (S	nacity Vac	Or No. 14	PACE	American Indian.
	1 Never Married 2 Married	FORCES? IX YES	2 NO	If ye	is, specify Cuban, Maxie	an, Puerto Rica		0.00	Black, W	/hite, etc.
BY	3 X Widowed 4 Divorced	WW		''	YES 2 NO Spec	ny:			Specify:	Phite
8	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCL	PATION	16b. KIP	ND OF BUS	SINESS/INDUS	TRY	L 1
一一	(Specify only highest grade ( Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done duri se retired.)	ng most of working					
.   로	4th GRADE	,		MACH	HINIST	SI	CEEL	MANUFA	CTUI	RING
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S N	AME (First, Midd	le, Maiden	Surname)	_	
б ш	THEODORE LENDZA				ONA	(UNKNOW	VN)			
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and Number or Rura	Route Number (	City or Town	n Stete Zin Co	dal	
ဥ	RAMUTE HEINEMAN				CK DRIVE-					
2	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISBOSITIO	M /Nome of	DATE	00-10	0477041 011		
2	20a, METHOD OF DISPOSITION  1		metery, cremetory or o	ther plece)				CATION — City	or lown,	Stetn
5	21. SIGNATURE OF FUNERAL SERVICE LICE		CRED HEA		JESUS ME AND AGORESS OF F	4/5	וטעו	IDALK		
	1 . NO -t-V	11 h.	0		BARD FUNER		. TN	IC		
CAC.	Christopha	- N. Ma	\$10		WILKENS		•		MD	21229
	23. PART I. Entar the diseases, pr c	omplications that cause	d tha death. Do	not antar the	moda of dying, su	ch as cardiac	Dr respi	ratory arrest	,	Approximata
	shock, or heart failure. L	.ist Dnly Dna cause on	asch lina,							Interval Between Onset and Death
	disease or condition	· la	evmon,	14.						= Zwks
	resulting in dasth)		A CONSEQUENCE O							~ 20165.
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CERTIFICATION	Sequantisty list conditions, if any, lasding to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):						
8	cause. Entar UNDERLYING CAUSE (Disease or Injury									
E	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):						
	resulting in death) LAST									
	DAUT II Other significant and things	and thusbands and the								
EDICAL	PART II. Other significant conditions	contributing to death	out not resulting	In the undar	lying cause given in	1 Part I. 24s	PERFOR			RE AUTOPSY FINDINGS AILABLE PRIOR TO
ă						1(	YES 2	THO		MPLETION OF CAUSE DEATH?
¥									1 [	YES 2 AO
z										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110000000			8. PLACE OF DEATH (C	heck only one)				
Sic	1 YES 2 NO	HOSPITAL:  1 Pinpatient 2 ER/Out	patlant 3 DOA	OTHER:	Home 5 Rasidence	8 Other (Sc	ecify)			
	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 284	, INJURY AT			JURY OCCUR	ED	
	1 Natural 5 Pending	(Month, Day, Year)	N	JURY 1	WORK?					
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJUR	r — At home, ferm,	street, factory,	offica	28f. LOCATIO	N (Street a	nd Number or F	Turni Route	Number
	4 Homicide detarmined	building, etc. (Spe	iclfy)			City or To	wn, State)			
	29a. CERTIFIER									
N N		IAN: To the best of my know								
COMPLETED		On the basis of examination	n and/or investigation	m, In my opini	on, death occured at the	time, date and	placa, and	dua to the ca	use(s) an	d manner as stated,
BE	296. SIGNATURE AND TITALE OF CERTIFIER				29c. LICENSE NU	MBER		29d. DATE SI	GNED (Mo	onth, Day, Year)
0	the Mo	" " " " ( C C	ical docto					00	1/01	/93
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	ATH (ITEM 27) /Time	Print)						
	CharLes 1	Acias M.	300	15. 1	tanover s	T.				
	31. DATE FILED (Month, Day, Year)	32. RESERVE	ORE							
	TILHULTILED MICK	THE WALL GAME	MANUAL DE							1



BALTIMORE, MARYLAND 21215-0020

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1 - STATE REGISTRAR	STATE UF MAH	YLAND / DEPAR CERTIF	TMENT OF ICATE OF			YGIENE EG. NO.	0 00120
BREGOLV R.	Lee				2. DATE OF D	DAY C	3. TIME OF DEATH
215-50-6070	1×20F	32 YRS.	F UNDER 1 YEAR WONTHS CAYN	FUNDER 14 HIS. HOURS MIN.	6-7	3-60	Country)  MD
BALLIMORE V RESIDENCE OF DECEDENT	A Medica	1 CN+R	96. CITY, TOWN	OR LOCATION OF	DEATH	Se. COUNT	Y OF DEATH
10a. STATE 10b. COUNTY	1		altimo				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2225 Guilford	Ave.		11	11. ZIP CODE		US A	EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVEN FORCES? 1 V Y IF YES, GIVE WAR O	ER IN U.S. ARMED PER 2 NO PER DATES	If yes, s	CENDENT OF HISP pecify Cuben, Mexic 8 2 NO Spec	can, Puerto Rican,		4. RACE — American Indian, elack, White, etc. Specify: Black
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2 t h	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v ille. Do NOT us Disab	vork done during m retired.)	ON ost of working	16b. KINO	OF BUSINESS/INDU	
17. FATHER'S NAME (First, Middle, Last) Randolph W.	Lee			16. MOTHER'S N	AME (First, Middle, Dear	Maiden Surname)	
198. INFORMANT'S NAME (Type/Print) Randolph W. Le	ee					ty or Town, State, Zip C	MD 21218
20e, METHOD OF DISPOSITION   Burlal 2   Cremation 3   Rem 4   Donation 6   Other (Specify)	ovel from State	206. PLACE AND DATE Cometery, cremetory or of Garrison	OF DISPOSITION (A	ame of	DATE	20c. LOCATION - CI	ty or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE K-C	Ima	22. NAME /	ND ADORESS OF F	ACILITY	/1101 F.	NORTH AVE.
disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. /	STOUL AS A CONSEQUENCE OF	ŋ;	1 Dis	en Sl		
PART II. Other significent condition  MAI  Salmun	10	th but not reaulting in flething		g ceuse given i		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 □ YES 2 □ NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	heck only one)		
1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	1 Impatient 2 ERM 26e. DATE OF INJU (Month, Day, Yell	RY 28b. TIME	E OF 28c. IN	IURY AT DRK? YES 2 NO	1	city) E HOW INJURY OCCU	RED
T Accident Investigation  3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, etc. (	URY — At home, farm, a Specify)	treet, factory, offi	20	26f. LOCATION City or Town	(Street end Number or n, State)	Rural Route Number,
	CIAN: To the best of my k						cause(s) and manner as stated,
296. SIGNATURE AND TITLE OF CERTIFIEF  30. NAME AND ADDRESS OF PERSON WHI	· nu	sun!		29c. LICENSE NO		29d. DATE S	SIGNEO (Month, Day, Year)
AND FILED (Month: Day, -Veer)	32. REGISTRAR'S S	HGNATURE			-		
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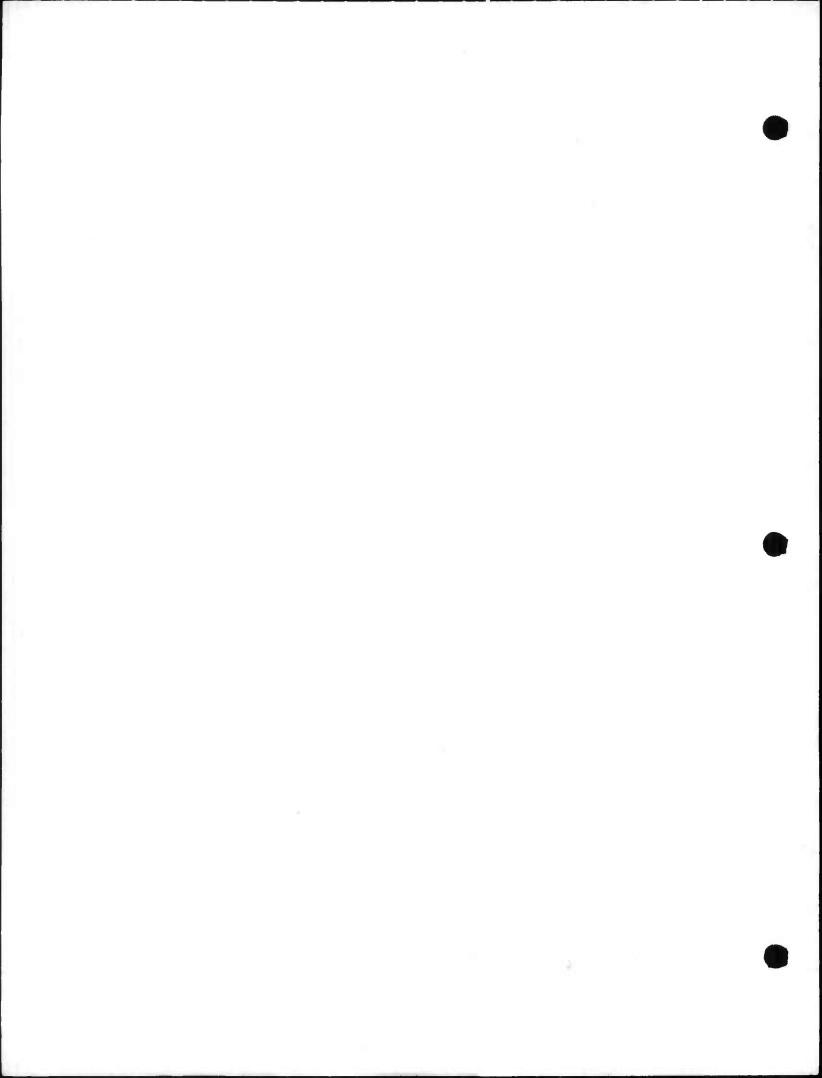
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WITAL RECORDS, P.O. BOX 68760,  Wh. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  Which has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be taken any Injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 09121

	1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE!		09121
	1. DECEDENT'S NAME (First, Middle, Last)	Charles	1 +11 =	-1	2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		LYLE	DER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	7 196	33 23:15 P M
	225-14-5868 9a. FACILITY NAME (If not institution, give str	1 M 2 □ F	18 YRS. MONTH	B DAYS HOURS MIN.	(Month, Day, Year)	914	BIRTHPLACE (State or Foreign Country)
DIRECTOR	St. Hanes	bet and number)	01 1	aty, town or location of a	DEATH	9c. COUNTY	OF DEATH
REC	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY
	IND		T3.4	thmore			1 YES 2 NO
FUNERAL	104. STREET AND NUMBER	ine S		101. ZIP CODE 2/6	723	V	OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 NO	IS. WAS DECENDENT OF HISPA If yes, specify/Cuban, Maxic 1 YES 2 NO Speci	an, Puerto Rican, atc.)	14.	. RACE — American Indian, Black, Whita, atc.
8	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S USUAL.	OCCUPATION ne during most of working	16b. KIND OF BU	JSINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired	f.)			
BE CO	17. FATHER'S NAME (First, Middle, Last)  DAVIO LYCE  18. MOTHER'S NAME (First, Middle, Making Surname)  LOTTE BALLEY						
10	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State.) In Code)  19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State.) In Code)						0 21223
	20a/METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramon	vel from Stata 20b.F	PLACE AND DATE OF DISP	OSITION (Name of	DATE 20c. LC	OCATION — City	or Town, State
	4 ☐ Donation 5 ☐ Other (Specify)	ENSEE	ing me	22. NAME AND ADDRESS OF F	ACH ITY	Ndalls	town, mu
	Fra C. March 1101 E. North Aug						
	23. PART I. Enter the diseases, or co shock, or heart fellure. Li	omplications that caused to list only one cause on each	the daeth. Do not ent	ar the moda of dying, aud	ch as cardiac or resp	elratory arrest	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A C	obsh.	Hve Pul	money)	Diseas	Opent and Dooth
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CERTIFICATION	Sequantially list conditions, if sny, leading to immediate	DUE TO (OR AS A (	CONSEQUENCE OF):				
-ICA	CAUSE (Disease or Injury	DUE TO (OR AS A (	CONSEQUENCE OF):				
F	that initiated events resulting in death) LAST	. Sold to the second	JUNSEQUENCE OF):				
- 11	PART II. Other significent conditions	contribution to death bu	* ant consistent in the	de de de la companione de	= ]		
PHYSICIAN: MEDICAL	Territoria all'annonia constitucia	contributing to death bet	. not resulting in the	underlying cause given in	PERFO	AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED					1 YES	2/50 NO	OF DEATH?
Z.					_		100 - 100
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН				
HYS	1 TYES 2 NO  27. MANNER OF DEATH	1 Inpatiant 2 ER/Outpat		fursing Home 5 Residence	6 ☐ Other (Specify)  28d. DESCRIBE HOW	IN ILIBA OCCID	FA
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?	200. DEGOMBE 110	INJUN: OCCU.	1
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, stc. (Specify	At home, farm, streat, to	actory, office	28t. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,
2	4 Homicide determined	sansing, ater (open,					
PLETE	4 Homicide determined		ige, death occurred at the	time, data and place, and dua	to the cause(s) and me	nner as stated.	
OMPLETE	4 Homicide detarmined  29a. CERTIFIER (Check only)	ZAN: To the best of my knowled:					tuse(s) and manner as stated.
BE COMPLETED	4 Homicide detarmined  29a. CERTIFIER (Check only)	SIAN: To the best of my knowled: On the basis of examination a	and/or investigation, in my	y opinion, death occured at the	s time, data and place, a	29d. DATE SI	GNED (Month, Day, Year)
BE	4 Homicide detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	SIAN: To the best of my knowled: On the bests of examination a	and/or investigation, in my	y opinion, death occured at the	e time, deta and placa, as	29d. DATE SI	GNED (Month, Day, Year) 3 /27 15 ]
	4 Homicide detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	SIAN: To the best of my knowled: On the bests of examination a	and/or investigation, in my  TH (ITEM 27) (Type, Print)  SA	y opinion, death occured at the	e time, deta and placa, as	29d. DATE SI	GNED (Month, Day, Year)



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24 hours within certificate be executed that ATTENDING PHYSICIAN: The law

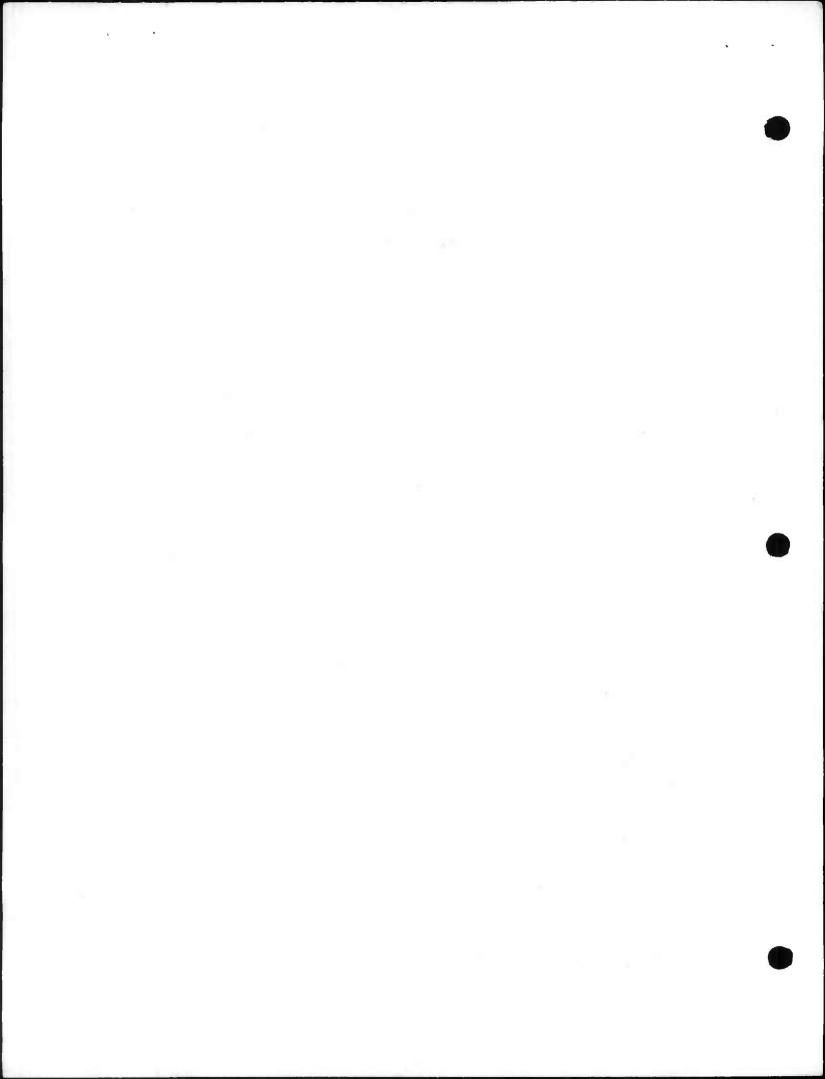
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ELEANOR 0.3 (Irene) LOBER 06:15 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Ybar) 12/21/1906 86 1 M 2 X F Maryland 216-46-7321 hould 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Co. Linthicum 1 YES 2 XX10 FUNERAL 10e. STREET AND NUMBER 18g. CITIZEN OF WHAT COUNTRY? 700 East Maple Road, 21090 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No--If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE --- American Indian, Black, White, atc. 1 Never Married 2 Marrie BY IF YES, GIVE WAR OR DATES Specify 3 X Widowed 4 Divorced White COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 12th Grade Homemaker Housewife be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
Anna Belle Pumphrey Stroh Edward Stroh BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Atty. William Zimmerman 210 East Lexington St., Baltimore, Md. 21202 20a. METHOD OF DISPOSITION

1 XBurlel 2 Cremation 3 Red
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must "Cedar" Hill" Cemetery 4/2/93 Baltimore, Maryland 21. BIOMATORE OF FUNERAL SERVICE LICENSE examiner Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225 medical Inter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximeta ock, or heert feliure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition allene resulting in death) event, Gastr has been signed by the attending physician and co Dept. of Health and Mental Hygiene prior to buria i 23 shows any injury, or other traumatic MEDICAL CERTIFICATION Sequentielly ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE/TO OR AS A CONSEQUENCE OF resulting in deeth) LAST Bilateral PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Eyps albummesee AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? After this certificate hadeath with the State D marked, or item Hem 28. PLACE OF OEATH (Check only one) 1 YES 2 NO OTHER: Inpetient 2 - ER/Outpetient 3 - DOA ne 5 🗆 Rasidenca 8 🗆 Other (Specify) 4 I Nun 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural BY 1 YES 2 NO After t 2 Accident L OR ATTENDIA
L DIRECTOR: Aft
Pours after de 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. death occured at the time, deta and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29d. OATE SIGNED (Month, Day, BE 29c. LICENSE NUMBER 3-30-9 D3192 3 2 30. NAME AND ADDRESS OF PERSON WHO CO PLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) HO-LAI FENG. M.D. 606 HAMMONDS LANE/BALTIMORE, MARYLAND 21225 32. REGISTRAR'S SIGNATURE

APR - 2 1993



	TO THE HOSPITAL OR ATTENDING PLESTION. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: A prince of the area been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached	The little Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is more than 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
•	NO PROSICIA		ALL PARTY	nadification.
	TO THE HOSPITAL OR ATTENDE	TO THE FUNERAL DIRECTOR: A	be filed within 72 hours after di	IMPORTANT: If item 28 Is

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	1. DECEOENT'S NAME (First, Middle, Last) THOMAS		MILLER					20.0	9 2 0	2. DATE OF MONTH	2. DATE OF DEATH DAY 1993 YEAR 3. TIME OF DEATH 5:01 PM				
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (in yrs. in		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, Di	BIRTH			PLACE (State or Foreign	
	243-62-1834  9a. FACILITY NAME (If not institution, give str		1 M 2 F	51	YRS.	Sh CITY	TOWN (	OR LOCATIO			4 - 4			"S.C.	
DIRECTOR	THE JOHNS	HOPKI		ΓAL				MORE	- OF DE	- AIR		BA	LTIM	ÖRE CITY	
EC.	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY				10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	
	MD				Baltimore								LIMITS?		
RAL	941 Patterson Park Ave.				101. ZIP CODE 21205			10g. CITIZEN OF WH			HAT COUNTRY?				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S				ARMED 13. WAS DECENDENT OF HISPA				USA  NIC ORIGIN? (Specify Yea or No			- American Indian,			
B	1 Never Married 2 Married FORCES? 1 YES 2 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES				If yes, specify Cuban, Maxic			, Mexica	in, Puerto Rican, etc.)			Special B	, White, etc.		
田	(Specify ont	EDENT'S EDU	completed)	(0	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				16b. KIND OF BUSINESS/INDUSTRY						
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5+	)	1 f - E										
S S	17. FATHER'S NAME (First, M					18. MOTHER'S NAME (First, Middle, Meiden Surneme)									
H	Tom Mill		<u>-</u>			Ida Boyd									
2	Shirley	McKi	ver	19		ILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21205 1 N. Patterson Park Ave./Baltimore, MD									
						reof Disposition (Name of Oate Dundalk, MD									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22.	22. NAME AND ADDRESS OF FACILITY							1	
	1		Nto	75	7									ORTH AVE.	
	shock, or heart failure. List only one cause on each line.								Approximata interval Between Onset and Death						
MEDICAL CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (DISEASE (DISE														
ERTIF	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):														
AL C	PART II. Other aignifica	nt condition	e contributing to	death but not	reculting I	in the un	derlying	ceuse g	iven in	Part i. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS	
						1 TYES 2 NO						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL														
SIC	28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  1 YES 2 2 3 0 0 1														
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — At building, atc. (Specify)				28b. TIM		28c. INJ WO				28d. OESCRIBE HOW INJURY OCCURED				
					home, ferm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one)  29 MEDICAL EXAMINED On the heat of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.														
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) end menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month. Day, March.														
98	Tale we MA DI				29c. LICENSE NU			64	40 29d. DATES			3/2	IGNEO (Month, Day, Year)		
임	DAVID E WENG 600 N. Wolkst. Johns Hopking Hosi in Bulancine MO														
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DECEDENT'S NAME (First, ARiddle, Last)     2. DATE OF DEATH								1. TIME OF DEATH		
	JOSEPHINE MAZE	"9" / 2	1 2 3/93 YEAR		6 00						
	4. SOCIAL SECURITY NUMBER	S. SEX	B. AGE (for yes, lear births	MONTHS DAY		7. DATE OF BIRTH (Minth, Day, Year)		B. BURTHE	PLACE (State or Foreign		
	215-03-2195 Se. FACILITY NAME (If not institution, give s	1 🗆 M 2 🔀 F	90 🗤	es.		1-1-1903	3		***		
TOR	CHURCH HOSPITA	MORE CI		Sc. COUR	na na	EATH					
DIRECTOR	Maryland 100. count	na na		Baltimore			10d. INSIDE LIMITS				
FUNERAL	2411 Fait Aven	ue			101. ZIP CODE 21224		10g. CITIZEN OF WHAT COUNTRY				
BY FUN	11. MARITAL STATUS  1			13. WAS : If yes, 1 [ ]	UNIC ORIGIN? (Specify an, Puerto Ricen, etc.) by:	Yes or No	14. RACE Black, Specify				
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-6 or 5 =	/Give kim	ECEDENT'S USUAL OCCUPATION line kind of work done during most of working L Do NOT use nethed.)			White White				
COMP	17, FATHER'S NAME (First, MAXAN, Lost)				18. MOTHER'S N	AME (First, Mickelle, Maid	an Sumama)				
TO BE	19b. MAILING ADDRESS (Street and Number or Rural Rouse Mumber, City or Town, State, Zip Code)										
	20a. METHOD OF DISPOSITION 1   Burlel 2   Cremation 3   Rem		ATE OF DISPOSITION or other place)	(Name of	DATE 20c.	20c. LOCATION — City or Town, State					
	4 Dongtier & Other (Specify) j. p.	Andrew .	embyal								
	22. NAME AND ADDRESS OF MACHITY State Anatomy Board 655W.BaltimoreSt,Balto,MD 21201										
'	23. PART I. Enter the diseases, or o shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	List only one caus	se on each line.		/			est,	Approximate Interval Between Onset and Death		
_	disease or condition presulting in death)  ### PNEUMONIA   SEPSIS 0445  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
#	resulting in death) LAST	6									
DICAL	PART II. Other significant condition	PER	244. WAS AN AUTOPSY PERFORMED?  1   YES 2   MO		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
. WE		-	1		1 YES 2 NO						
₹	25. WAS CASE REFERRED TO MEDICAL			24	PLACE OF DEATH (C)	back cele cost		_			
8	EXAMINER?  1 YES 2 N NO  HOSPITAL: 1 Numing Home 5   Residence 6   Other (Specify)										
£∥	27. MANNER OF DEATH	28s. DATE OF	INJURY 26h	TIME OF 28c.	INJUNY AT	28d. DESCRIBE HOW	A REPORT OCC	LIBED			
BY PHYSICIAN:	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ni Hear?	INJURY	WORKY YES 2 NO	The desirate not	TOTAL TOTAL SOCIETY				
	2 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office 28f. LOCATION (Street and Number or Fluxel City or Nown, State)										
COMPLETED	29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated.										
	On DIGNATURE AND TITLE OF OCCUPIED										
TO BE	A.F. Nazemi no D17322								29d. DATE SIGNED (Month, Day, Year)  ▶ 3/23/93		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	ATAOLLAH F. NA 31. DATE FILED (Month, Day, Year)	ZEMI, M	.D. 100	N. BROA	DWAY STI	REET BAL	TIMOR	RE MI	D 21231		
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BALTIMORE, MARYLAND 21215-0020

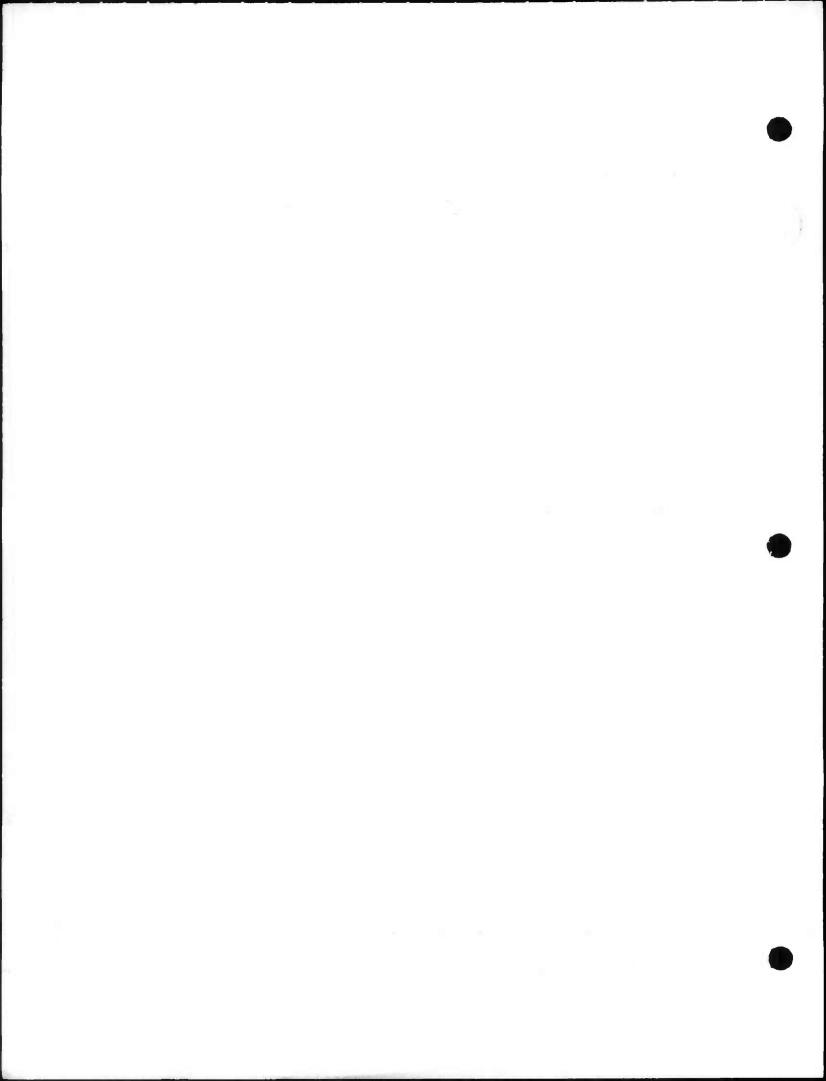
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PRYSICIAN. The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comprisely filled in by the known director, page 5 should be detached for use as the burist-trainit permit be filed within 72 hours after death with the State Dept. of Health and Mentai Hyghere prior to burist, cremation, or removal.

IMPORTANT: If them 28 is marked, or filem 23 shows any Injury, or other trainmattic event, the medical examiner must be notified at once.

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BALTIMORE, MARYLAND 21215-0020

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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31. DATAFAET (Month, Day, Year)

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATN Muse YEAR 3 4. SOCIAL SECURITY N 1235 DM NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Month, Dey, Year) 1-12-17 1 M 2 F 229-50-1111 YRS VA 76 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Caton Manor Nursing Home Baltimore DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1X XYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? N. Ellamont St. 21229 USA 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 TYES 2XTHO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cabble Coles 42 Ellamont St./Baltimore, MD 21229 20a. METNOO OF/DISPOSITION
1 ☑ Buriel 2 ☑ Cremation 3 □ Removal from State
4 □ Donetlon/ 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State Mt. Zion Bapt Ch. Halifax, VA OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C. MARCH F.H./1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. Approximsta Interval Between IMMEDIATE CAUSE (Final Onaat and Daath disease or condition\_ reaulting in death) DUE TO (OR AS A CONS EOUENCE OF): erebu van CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE pullunce 1 TYES 2 TOLANO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 TYES 2 DATE 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 - Residence & - Other (Specify) 27. MANNER OF CEATN OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED a Could not be 4 Nomicide determined 1 DERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month Day, Year) -17821 Ulin bu 29693 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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FOR STATE REGISTRAR **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY TERRY MILLS YEAR Lynn 1993 03 30 8:30 РМ 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 3-11-1950 43 235-78-9231 1 X M 2 - F West Virginia use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WASHINGTON COUNTY HOSPITAL WASHINGTON DIRECTOR HAGERSTOWN RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY West Virginia Marion Fairmont 1 NES 2 X NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 26554 Lot#6 Mountain Side Mobile Home Park U.S.A. lage 6 may be retained by the hospital or attending physician. director, page 5 should be detached for use as the burial-tran. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 📉 Married Specify: 1 YES ZXXNO BY Specify: 3 Wildowed 4 Divorced White Navy: Vietnam COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Truck Driver Trucking Industry 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Harold Maynard Mills # Elvia Braggs BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 26554

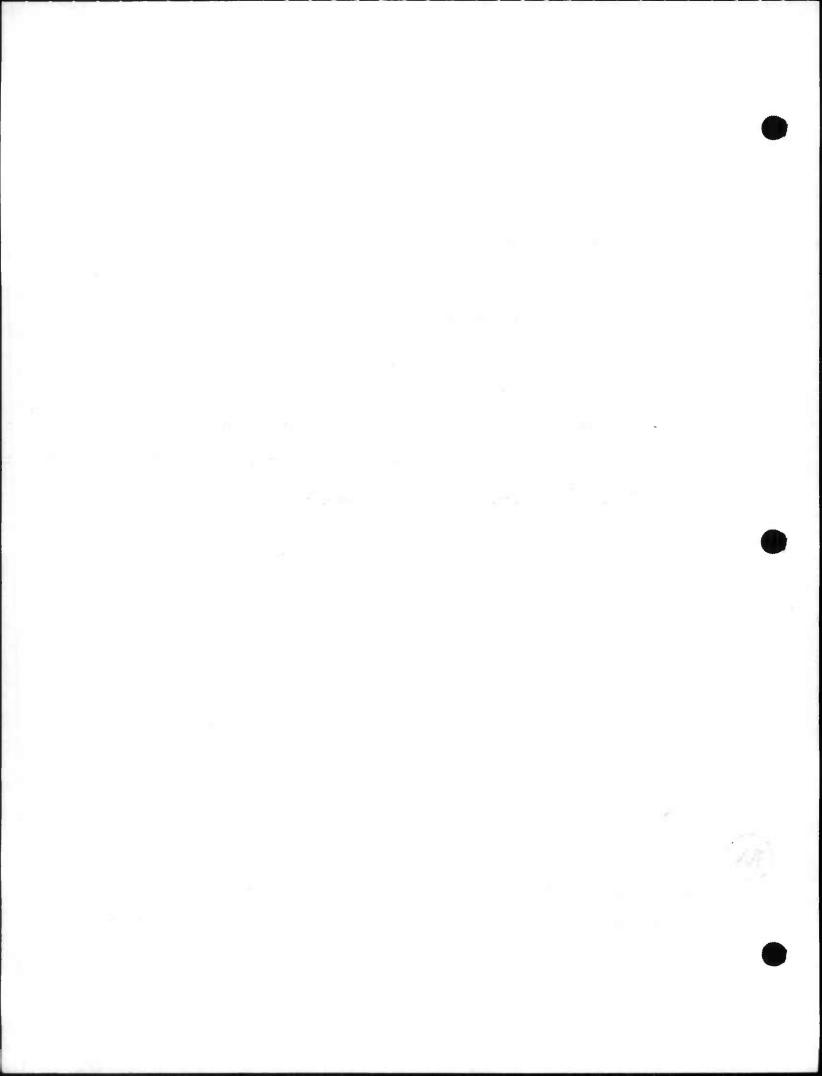
Lot#6MountainSideMobileHomePark Fairmont, WestVirgin; a 2 Marsha Kay Lovell Mills within 24 hours after death. Page 6 may be Pe 20s. METHOD OF OISPOSITION
||XBurlel 2 | Cremetion 3 | Removal from State
4 | Denation 5 | Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must Grandview Memorial Gardens 4/5 SouthFairmont, WestVirginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY funeral Marzullo Funeral Service muhael led in by the fi 3981Carrollton Road Upperco, Maryland21155 medical filled in by t 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, Approximata shock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, c the disease or condition reaulting in death) GUNSHOT WOUMP event. DUE TO (OR AS A CONSEQUENCE OF executed attending physician and con traumatic CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING certificate CAUSE (Disease or injury other QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 requires that the death the atten Injury. PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS certificate has been signed by the State Dept. of Health and i, or Item 23 shows any In AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO OF DEATH? YES 2 NO PHYSICIAN: MP 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) The EXAMINER? OTHER: me 5 Reeldence & Other (Specify) SCENE PHYSICIAN: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with t is marked. (Morith, Day, Year) 3-30-1993 8:00P 1 Netural 5 Pending Investigation SUBJECT WAS SHOT 1X YES 2 NO BY After t ATTENDING 2 Accident 28e. PLACE OF INJURY - At home, farm, street, factory, office 28t. LOCATION (Street end Number or Rural Route Number, 3 Sulcide 8 Could not be Zest. LOCATION (Street and Number or Flural Route Number, COMPU. S ROUTE #64 WASHINGTON COMPLETED RECTOR. Homicide 28 ROADWAY t 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. 2 X MEDICAL EXAM mination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner ee stated. 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) ▶ 03-31-1993 O.C.M.E 2 ED CAUSE OF DEATH (ITEM 27) (Type, Print)

AL WE STRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

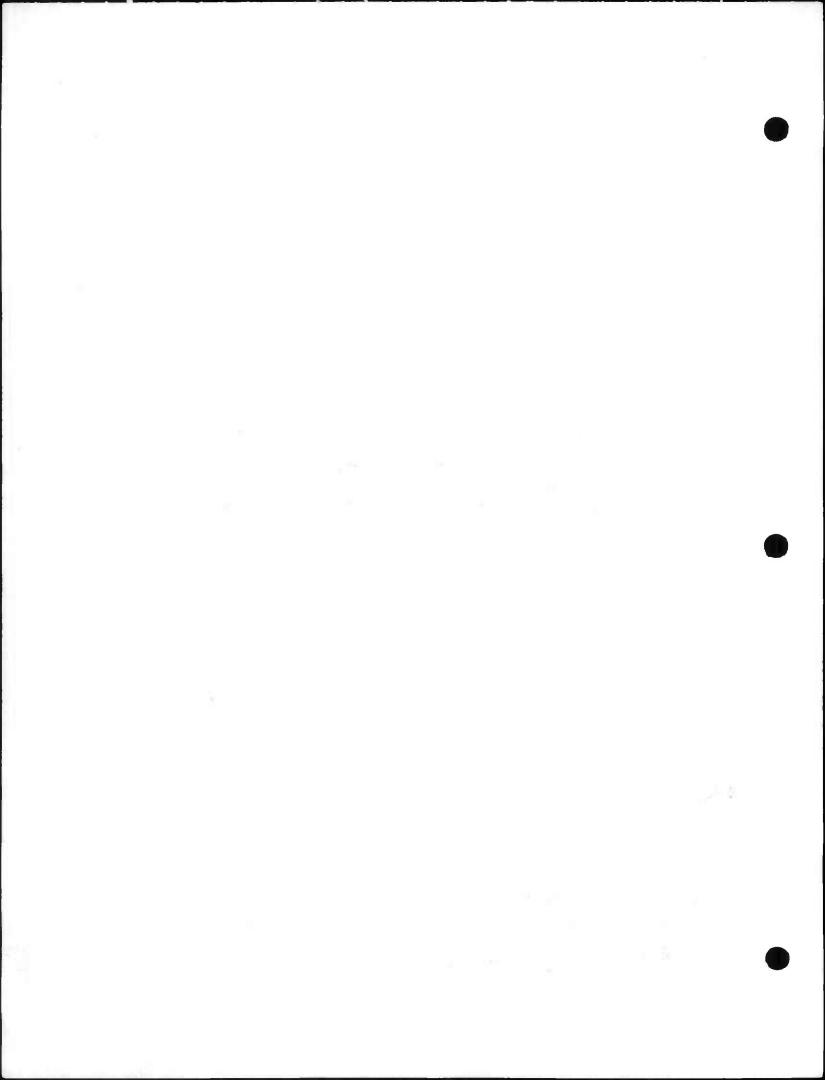
2120

111 Penn Street, Baltimore, Maryland



SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Little certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit namer pages 1.2 3 serving	on, or removal.	her them 23 chaws any injury or other traumatic event the medical eventines must be position of event
) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex-	) THE FUNERAL DIRECTOR Appealure continues has been signed by the attending physician as	if fied within 72 hours at a central with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: if item 2 percent and not them 22 shows any injury or other traum;

	FOR STATE REGISTRAR	STATE DF N	MARYLA	ND / DEPA	RTMENT	OF H	EALTH DEAT	AND I	MENTA	L HYGIEI	NE		09121
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		- 415	3. TIME OF DEATH
١.	MICHELLE	IAIN	TNI			MONT		мy О 1	993	4:30 P			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	7		HPLACE (State or Foreign
1	076-66-0252	1 🗆 M 2 🔯 F	5	21 YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	71	Coun	try)
	9e. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, T	OWN C	OR LOCATI	ON OF DE		27-19	-	INTY OF D	York
DIRECTOR	SAINT AGNES HO	OSPITAL					OMI						
ΙÄ	10e. STATE 10b. COUNT	Υ		10c. C	TY, TOWN OR	LOCAT	NON				~		10d. INSIDE CITY
5	New York	Queens						Wood	lei de				LIMITS?
4	10e. STREET AND NUMBER 10f. ZIP CODE						brac		10g. CIT	IZEN OF	WHAT COUNTRY?		
FUNERAL	50-48	Broadway						11	377				
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN	U.S. ARMEO	13. W	S DEC	ENDENT O		<del></del>	N? (Specify Ye	a or No.		S. A. E — American Indian,
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W	YES	2 NO	If y	res, sp	ecify Cube 2 🙀 NO	n, Mexical Specify	n, Puerto	Rican, atc.)		Blac	k, Whita, etc.
BY	3 Widowed 4 Divorced				1 .,	_ 123	X	эрвспу	<i>,</i> .			Spec	Black
<u>n</u>	15. OECEDENT'S EDU (Specify only highest grade	CATION		16a. DECEDENT					16b	, KIND OF BU	SINESS/INC	DUSTRY	
ļ jā	Elementary/Secondary (0-12)	College (1-4 or 5+	)	life. Do NOT	work done dur use retired.)	nng mo	st of workin	ng					
<u>4</u>	12			Stude	ent					Educ	catio	n	
E COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18, MOTI	HER'S NA	ME (First,	Middle, Maider			-
11.1	J	Tames McSt	wain							rente]		arri	S
	19a. INFORMANT'S NAME (Type/Print)		_	19b. MAILIN	G ADDRESS (	Street e	nd Number	or Rural F		_	_		
5	James McSwain	1			Broa					, New			77
	200. METHOD OF DISPOSITION		20b P	PLACE AND DATE		_	*	1000	OAT				
	Buriel 2 Cremetion 3 Rem	oval from Stata	camet	teny cosmetony or	cremetory or other place)  boBaptistChurchCemetery 4/5								
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	110.	Nebubar	22. NA	ME AN	D ADDRES	SS OF FAC	044 47704				
1	mideal O	0	111										al Service
	23. PART I. Enter the disesses, or	margu	lo		398	31C	arro	11to	n Ro	ad Upp	erco	,Mar	yland 21155
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):												
MEDICAL CE	PART II. Other significant condition	as contributing to	death but	t not reaulting	In the unde	erlying	) cause g	jivan in i	Part I.	24s. WAS AN PERFO 1 YES	RMED?	245	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									-				1 NES 2 NO
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PL	ACE OF O	EATH (Che	ck only or	ne)			
S	1 X XES 2 □ NO	1 Nospital:	ER/Outpat	tent 3 🗆 DOA	OTHER:	g Home	o 5 □ Re	sidence	8 🗆 Othe	r (Specify)			
1	27. MANNER OF DEATH	28a DATE OF	INJURY W Year)	28b. TI		Ic. INJU	URY AT			CRIBE HOW	NJURY OC	CUREO	
M.)	1 Natural 5 Pending 2 Accident Investigation	3 - 27 -	1 55	IIN	4.0	1 Y		NO	SIII	BJECT	USE	D D	RUG
2	3 Suicide ( Could not be	28e. PLACE OF	INJURY -	At home, term,	street, tactory	, office	/ \	-	28f. LOC	ATION (Street	end Number		
4   Homicide   Homicid								City	or Town, State	)			
							i) end menner as stated.						
							(Month, Day, Year)						
TO B	XMIT FX	2-1	W				0	.C.M	1.E.		<b>)</b> (	03/3	30/1993
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF OBAT										
	31. DATE FILED (MUNICED Days Hour)	32. REGISTRAI	R'S SIGNAT		n Str	ree	t, ]	Balt	imo	re, l	Mary!	land	21201
	APD 0 9 1993	Chillian Shick	323	D. 000									



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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, L	est)			2. DATE OF DEATH	MY YEAR	3. TIME OF DEATH
1 3			KER		March 3		
8	4. SOCIAL SECURITY NUMBER 4444-46-5921			UNDER 1 YEAR IF UNDER 24 HRS. HITHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year)	Cor	ITHPLACE (State or Foreign untry)
	9a. FACILITY NAME (If not institution, g		46 vrs.		Oct.10,		
TOR	Franklin Sq.	Hosp.		Baltimore	DEATH	Balti	0,00
Franklin Sq. Hosp.  Baltimore  Baltim							
	Md. H	arford	E	dgewood			LIMITS?
₹ I	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	1331 E. Spr	ing Meadow (		21040		U.S.	
	1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 1 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic	an, Puerto Rican, etc.)	81	CE — American Indian, ack, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAN ON D	MIES	1 TES 2 NO Speci	ny:	SF	White
COMPLETED	15. DECEDENT'S (Specify only highest of	EDUCATION prade completed)	16a. DECEDENT'S US	UAL OCCUPATION ( done during most of working stred.)	16b, KIND OF BU	SINESS/INDUSTRY	
片	Elementary/Secondary (0-12) 12th	College (1-4 or 5+) 2yrs	100	ooral	Dolie	a Dant	
No.	17. FATHER'S NAME (First, Middle, Last		001		AME (First, Middle, Maider	ce Dept	•
BE C	Glenn Meek	er				opper	
0 8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street and Number or Rural		vn, State, Zip Code)	
=	Barbara Me	eker	301 I	E. Belvedere	Ave. Bal	Lto. Md	. 21212
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 M Cremation 3 ☐ I	Removal from State 201	netery cremetory or other	place) Crematory		OCATION — City or	2. 1472.6
	4 Donation 5 Other (Specify) .  21. SIGNATURE OF FUNERAL SERVIC		Metro (	rematory  22. NAME AND ADDRESS OF F		<u>Baltomo</u>	re
	► P+	Course	10	Connelly F	uneral Ho	me of	Dundalk
	23. PART i. Enter the diseases,	or complications that cause	d the death. Do not	7110 Solle:	rs Pt. Ro	• Dund	alk 21222
	shock, or heart failu IMMEDIATE CAUSE (Final	are. List only one cause on e	each line.	onto the mode of dying, su	cii as cardiac or resp	matory arrest,	interval Between Onset and Death
	disease or condition resulting in death)	. In	tra Crania	Bleed			Clisar and Death
NO	Sequentially list conditions,	0.	rebral And	eurysm			
1 E	If any, leading to immediate cause. Enter UNDERLYING	00E 10 (0H A3 )	CONSEQUENCE OF):				
E	CAUSE (Disease or injury that initiated events	DUE TO (DR AS	A CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST	d					
AL C	PART it. Other significant condi	tions contributing to death t	out not resulting in	he underlying cause given in			4b. WERE AUTOPSY FINDINGS
					PERFO	25.50	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC							OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C			
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Sinpatient 2 ER/Out	28b. TIME C	□ Nursing Home 5 □ Residence F 28c, INJURY AT	8 Other (Specify)  28d. DESCRIBE HOW	INJERT OCCURED	
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJUR	WORK?  M 1 YES 2 NO		WOW DOOMED	
ED B	3 Suicide 6 Could not	be 28e. PLACE OF INJURY	/ — Al home, ferm, stre	et, factory, office	281. LOCATION (Street City or Town, State		al Route Number,
	4 Homicide datermine	d			Oily or rown, oreio		
COMPLET				it the time, date end place, and du			
S S	2 MEDICAL EXA	#INER: On the beele of examination	n end/or investigation,	n my opinion, death occured at the	e time, date and place, a	nd due to the caus	e(e) and manner ee stated.
BE (	296. SIGNATURE AND TITLE OF CERT	100410		29c, LICENSE NU	MBER		ED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON	OA V	ATM (ITEM AT AT	-ct		3/3	0/1993
	Franklin Squa				Inira Dal	+ 4 m	24.3
	31. DATE FILED (Month, Day, Year)	12. PLGISTPAR'S SIGN	THE SEA	TIL DYUME I	DITA BAT	LIMOTE	. IVIQ •
	APR 02 1993	O The state of the					

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VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1.2.3 should	i the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	s, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOPPING OF ATTENDING PHYSICIAN; The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by I	be thed within 72 hours after death with the State Dept. of Health and	IMPORTANT: If item 28 is marked, or item 23 shows any In	

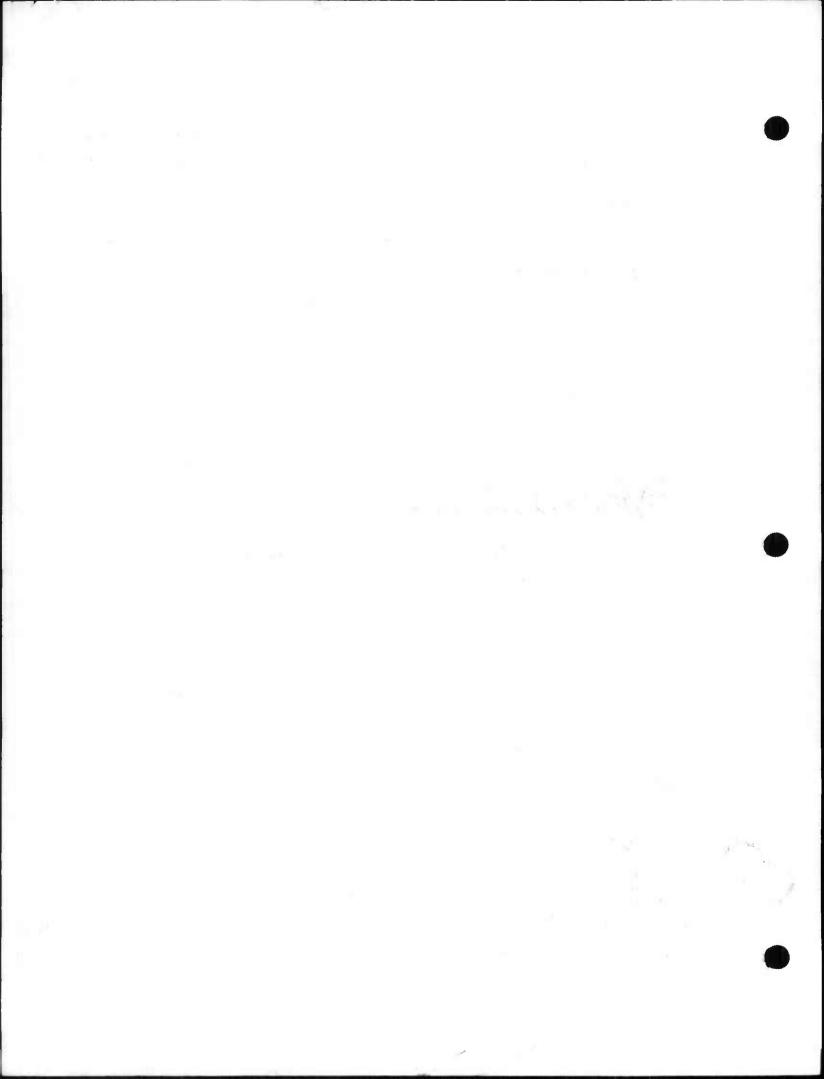
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

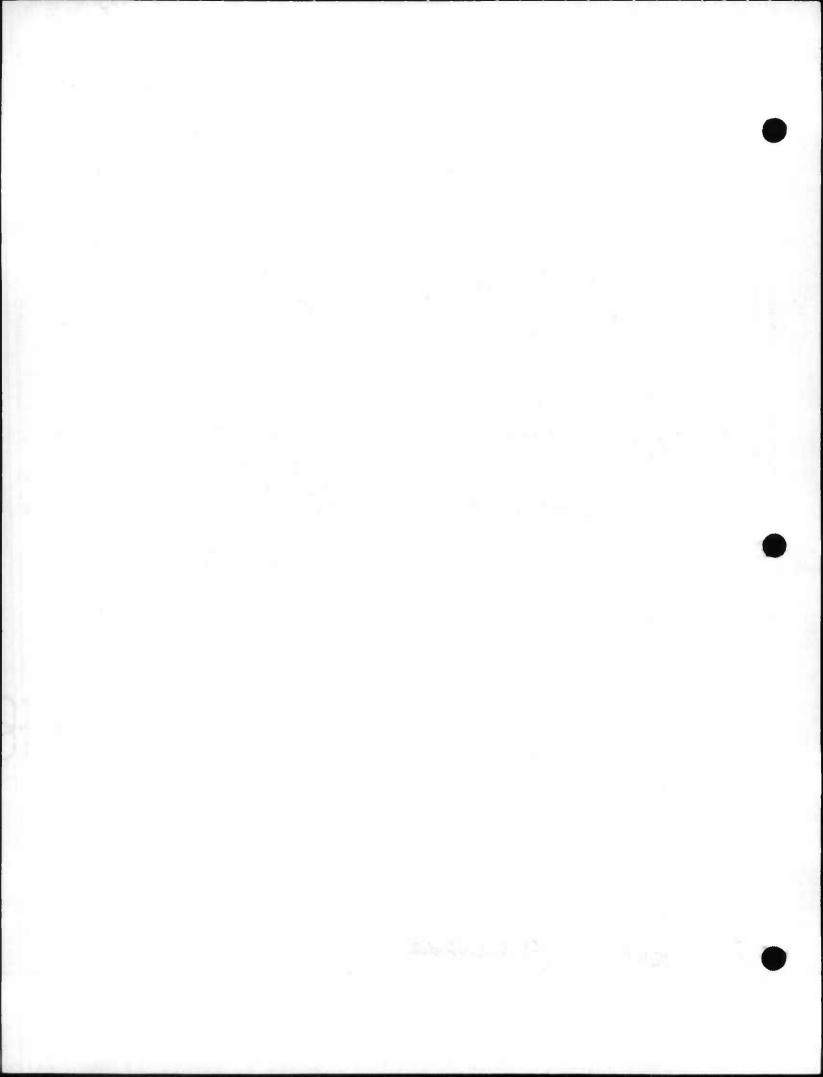
FOR 1 STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10. STREET AND NUMBER  10. 3. WICKHAM RD.  11. MANTAL STATUS 11. NAME MADE CEREBRY EVEN IN U.S. ADJACE 11. MANTAL STATUS 11. NAME MADE AND DECEMBER OF HISPANIC ORIGIN? (Specify Ves or No— 11. NAME AND DECEMBER OF HISPANIC ORIGIN? (Specify Ves or No— 12. Specify Colon, Marken, Pourto Rices, etc.)  13. WAS DECEMBER OF HISPANIC ORIGIN? (Specify Ves or No— 14. NAME (Per Middle, Last)  14. NAME OF BUSINESS INDUSTRY 12. The State of Name (Per Middle, Last) 13. WAS DECEMBER OF HISPANIC ORIGIN? (Specify Ves or No— 14. NAME (Per Middle, Last) 14. NAME (Per Middle, Last) 15. NECOMERANT'S NAME (Per Middle, Last) 15. NETHER'S NAME (Per Middle, Surrang) 15. NETHER'S NAME (Per Middle, Surrang) 15. NETHER'S NAME (Per Middle, Surrang) 15. NETHER'S NAME (Per Middle, Surrang) 15. NETHER'S NAME (Per Middle, Surrang) 15. NETHER'S NAME (Per Middle, Surrang) 16. NETHER'S NAME (Per M	REGISTRAR	C	ERTIFIC	ATE OF DEATH		REG. NO.		
A SOLAL SCUNTY NUMBER  2 20 - 22 - 4 509  1	/ /	a	20100			OF DEATH		3. TIME OF DEATH
220-22-4509   Part of the County   Part of the Coun	OF TOOL (C)	1.0.0.			13		-	10,45p
ST AGNES HOSPITAL  BALTIMORE  No. STREET AND NUMBER  10. STREET AND NUMBER  10. STREET AND NUMBER  10. STREET AND NUMBER  10. STREET AND NUMBER  10. STREET AND NUMBER  10. STREET AND NUMBER  10. STREET AND NUMBER  11. MARYLA STRIPLE STREET AND NUMBER  12. MARYLA STRIPLE STREET AND NUMBER  12. MARYLA STRIPLE STREET AND STREET AND NUMBER  13. MARYLA STRIPLE STREET AND STREE	The state of the s	at the (iii yiu iu	MO			of BIRTH h, Day, Year) 27/30	a. BIRT	try)
10.3 S. WICKHAM RD. 10.3 S. WICKHAM RD. 11. MARTIAL TRIVIS 11. MARTIAL TRIVIS 12. WAS DECERDENT EVER IN U.E. AMBED OF THE COUNTRY 12. MARTIAL TRIVIS 13. MARTIAL TRIVIS 13. MARTIAL TRIVIS 14. MACE AND THE STANDARD OF THE COUNTRY 15. MARTIAL TRIVIS 15. MARTIAL TRIVIS 16. MARTIAL TRIVIS 16. MARTIAL TRIVIS 17. MARTIAL TRIVIS 18. MARTIAL T		street and number)	98	CITY, TOWN OR LOCATION OF	DEATH	9c. CO	UNTY OF	DEATH
10 3 S. WICKHAM RD.   10 No. 27 CODE   10 No. CITIZEN OF WHAT COUNTRY   10 No. 17 CODE   10 No. CITIZEN OF WHAT COUNTRY   11 NAME TATIVES   Married   10 No. CODE   10 N		PITAL	E	BALTIMORE				
10 3 S. WICKHAM RD.   10 No. 27 CODE   10 No. CITIZEN OF WHAT COUNTRY   10 No. 17 CODE   10 No. CITIZEN OF WHAT COUNTRY   11 NAMETA STATUS   11 NAME ADDITION   11 No. 20 CODE	RESIDENCE OF DECEDENT	ntv	I so- CITY T	WELLOO LOCATION				
No. STREET AND MARKERS   10.3 S. WICKHAM RD.   10. WAS DECODED! EVER IN U.E. ANABLE   10. WAS	MD	· ·						10d. INSIDE CITY LIMITS?
TYPES AND NO SOURCE   SOURCE			BAL					I AA
TYPES AND NO SOURCE   SOURCE	103 S MICKUA	M DD				10g. CI	TIZEN OF	WHAT COUNTRY?
TYPES AND SOURCE   PYTES, OVE WAN OR DATES   TO NOT SOURCE   TO NOT SOURCE	100 S. WICKHA							
State Controller's Blowland Completed	I Marai marian 5 - marian	FORCES? 1 YES 2	Mo HWED	If yes, specify Cuban, Max	Ican, Puarto 1	i? (Specify Yea or No.— Rican, etc.)		etty:
The information shall (properly)  103 S. WICKHAM RD. BALTO., MD. 21229  206. BETHOD OF DISPOSITION   103 S. WICKHAM RD. BALTO., MD. 21229  207. BETHOD OF DISPOSITION   103 S. WICKHAM RD. BALTO., MD. 21229  208. BETHOD OF DISPOSITION   103 S. WICKHAM RD. BALTO., MD. 21229  209. BETHOD OF DISPOSITION   103 S. WICKHAM RD. BALTO., MD. 21229  209. BETHOD OF DISPOSITION   104 Sept.   15. DECEDENT'S ED		ECEDENT'S USI	IAL OCCUPATION	16b.	KIND OF BUSINESS/IF	DUSTRY	WILLIE	
The information shall (properly)  103 S. WICKHAM RD. BALTO., MD. 21229  206. BETHOD OF DISPOSITION   103 S. WICKHAM RD. BALTO., MD. 21229  207. BETHOD OF DISPOSITION   103 S. WICKHAM RD. BALTO., MD. 21229  208. BETHOD OF DISPOSITION   103 S. WICKHAM RD. BALTO., MD. 21229  209. BETHOD OF DISPOSITION   103 S. WICKHAM RD. BALTO., MD. 21229  209. BETHOD OF DISPOSITION   104 Sept.   (Specify only highest grad	64	Give kind of work e. Do NOT use re	done during most of working fired.)					
The information shall (prophing)  198. INFORMATION SAME (prophing)  199. METHOD OF DISPOSITION 100 S. WICKHAM RD. BALTO., MD. 21229  200. BETHOD OF DISPOSITION 100 S. WICKHAM RD. BALTO., MD. 21229  201. BETHOD OF DISPOSITION 100 Under 100 Under (powerly) 100 Under 100 Under (powerly) 100 Under 100 Under (powerly) 100 Under 100 Under (powerly) 100 Under 100 Under (powerly) 100 Under 100 Under (powerly) 100 Under 100 Under (powerly) 100 Under 100 Under (powerly) 100 Under 100 Under (powerly) 100 Under 100 Under (powerly) 100 Under 100 Under (powerly) 100 Under 100 Under (powerly) 1	12th		REMAN			MD. DRY	חחכו	7
The information shall (prophing)  18. INFORMATION SAME (poly 10.3 S. WICKHAM RD. BALTO., MD. 21229  20. BETHOD OF DISPOSITION 13 Removal from State 200. PLACE AND DATE 300. FLACE AND DAT	17. FATHER'S NAME (First, Middle, Last)		-	16. MOTHER'S	NAME (First, A			
10.3 S. WICKHAM RD. BALTO., MD. 21229  See METHOD OF DEPOTITION 10.3 S. WICKHAM RD. BALTO., MD. 21229  See METHOD OF DEPOTITION 10.3 S. WICKHAM RD. BALTO., MD. 21229  See METHOD OF DEPOTITION 10.4 SEED OF THE COMMENT OF THE PROPERTY OF THE COMMENT OF THE COMMEN		Guire Sr.			har1	otte Bau	ers	
20. METHOD of DISPOSITION  1 Struct 2 Grammation 3 Removal prom State  4 Donation 6 Other (Specify)  20. PLACE ANDDATE OF DISPOSITION (MINISPER)  21. SIGNATURE OF ENVERAL SERVICE LICENSEE  22. SIGNATURE OF ENVERAL SERVICE LICENSEE  22. SIGNATURE OF ENVERAL SERVICE LICENSEE  23. PART I / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch es cardiac or reaphratory errest, incheck, or heart failure. Lited into pince cause on each line.  13. Image: Continuo resulting in death)  24. DAVID J. WEBER F. H.  25. PART I / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch es cardiac or reaphratory errest, incheck, or heart failure. Lited only one cause on each line.  13. DUE TO (OR AS A CONSEQUENCE OF):  25. Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLY/NO.  26. CARD OR OR OR OR OR OR OR OR OR OR OR OR OR	198. INFOHMANT'S NAME (Type/Print)	19	96. MAILING AD					
20. PLACE AND ATE OF CORPORATION   DATE   20. LOCATION — City or fown, State   Security   Security   Cart   Security   Se	Patricia Mc G	uire 1	103 S.	WICKHAM RD	. BA	LTO. MD	. 21	229
21. SIGNATURE OF SANCHEAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY DAVID J. WEBER F.H.  23. PART I/Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, abock, or heart failure. List only one cause on each line.  13. PART I/Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, abock, or heart failure. List only one cause on each line.  14. INMEDIATE CAUSE (Fine) disease or condition resulting in death)  25. HADE GENERAL SERVICE LICENSEE (Fine) disease or condition resulting in death)  26. DUE TO (OR AS A CONSEQUENCE OF):  27. AUSTRAL CAUSE (Fine) disease or injury that initiated events resulting in death) LAST  28. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  29. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  29. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  29. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  20. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  20. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  21. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  22. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  23. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  24. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  25. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  26. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  27. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  28. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  29. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  20. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  20. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  21. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  22. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  24. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  25. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  26. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  27. WAS CASE REFERENCE TO MEDICAL DISEASE (Specify)  28. WAS CASE REFERENCE TO MEDICAL DISEASE (Spe		20b. PLACE	ANDDATEOFD	SPOSITION (Name of				
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2 Accident 3 Sulcide 4 Homicide  28a. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  29a. LICENSE NUMBER 29a. LICENSE NUMBER 29a. DATE SIGNEO (Month, Day, Year) 29b. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER 27a. CERTIFIER 27b. CERTIFIER 27c. NGC. NGC. The basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH			26 DI 405 OF ACCESS	Observa i			
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IDK, CHARLES ALAKINA CT AGUE HASP, ROUT, - OCC DIDAG	30. NAME AND ADDRESS OF PERSON W	COMPLETED CAUSE OF DEATH (ITE		•			-	
	PR. CHARLES	S ALAKIJA,	ST AG	INES HOSP	· BE	TITIMOR	Em	D 21229
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should	- 1		Sa. FACILITY NAME (If not institution, give street and no	imber)		CITY, TOWN O	OR LOCATION OF DE	2/13/	Oc COUNT	Y OF DEATH
2, 3 sh		CTOR	SINAI HOSPITA	_			IMOR			TIMORE
		ត្ត ព	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY			OWN OR LOCAT				10d. INSIDE CITY
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urs af in by			23. PART i. Enter the diseases, or complicat shock, or heart failure. List only	ions the caused the de	eath. Do not e	enter the ma	de of dying, suc	h as cardiac or res	piratory arres	Approximate / interval Between
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AL has the law	n 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		B111-4
VIT IAN: T tificate e State	or Ite	2	EXAMINER?  1 YES 2 NO 1 Impe	TAL: tlent 2 ER/Outpatient 3		THER:  Nursing Hom	e 5 🗆 Residence	8 Other (Specify)		
〇 美 湯 美	marked, or		1 Netural 5 Pending	DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	URY AT RK? res 2 No	28d. DESCRIBE HOW	INJURY OCCU	RED
の声を	00	ED 67	2 Accident Investigation 3 Suicide 6 Could not be determined	PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, stree			28f. LOCATION (Stree City or Town, Stell	t and Number or	Rural Route Number,
OR ATTENI	Eel	1	29a. CERTIFIER	an hard of my browntaday of						
DIVI TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a	ANT: If Item 2	5	(Check only one) 2 MEDICAL EXAMINER: On the							
新 新 海	PHTAN	u I	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI	ABER	29d. DATE S	RIGNED (Month, Day, Year)
5 5 3 + + =	ME C		OH Darino, M						1	7/31/93
	1		30. NAME AND ADDRESS OF PERSON WHO COMPLE A H GUARINO,	M.D. =			HOSP:	TAL		
2			31. DATE FILED (Month, Day, Year) 32.1	AGUSTRAR'S SIGNATURE	R.					



preview that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

In signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should or health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTION: After this card be filed within 72 hours after them with the Solit-these

**IECORDS, P.O. BOX 68760,** 

DIVISION OF WIT

S. DECEMENTS MANK PRIX. MASS, LASS,			1 - STATE REGISTRAR	STATE OF MARYL				HEALTH A		NTAL HYGIEN	E E	0 091	31
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EXAMINER?    YES 2   NO	23	AN	25 WAS CASE DEFENDED TO MEDICAL										
27. MANNER OF DEATH   Netural   S   Pending	틀	2	EXAMINER?				OTHER:						
2   Accident   3   Suicide   4   Homicide   28e. PLACE OF INJURY — At home, ferm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28e. PLACE OF INJURY — At home, ferm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28e. PLACE OF INJURY — At home, ferm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28e. PLACE OF INJURY — At home, ferm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28e. PLACE OF INJURY — At home, ferm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28e. PLACE OF INJURY — At home, ferm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28e. PLACE OF INJURY — At home, ferm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28e. PLACE OF INJURY — At home, ferm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Rown	5	¥			etient 3								
See PLACE OF INJURY — At home, ferm, street, factory, office    286. PLACE OF INJURY — At home, ferm, street, factory, office   287. LOCATION (Street and Number or Rural Route Number, City or Town, State)    288. PLACE OF INJURY — At home, ferm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)    288. PLACE OF INJURY — At home, ferm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)    288. PLACE OF INJURY — At home, ferm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)    288. PLACE OF INJURY — At home, ferm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)    288. PLACE OF INJURY — At home, ferm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)    288. PLACE OF INJURY — At home, ferm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)    288. PLACE OF INJURY — At home, ferm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)    288. PLACE OF INJURY — At home, ferm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)    282. LOCATION (Street and Number or Rural Route Number, City or Town, State)   283. LOCATION (Street and Number or Rural Route Number, City or Town, State)   284. LOCATION (Street and Number or Rural Route Number, City or Town, State)   285. LOCATION (Street and Number or Rural Route Number, City or Town, State)   286. LCERTIFIER   286. LCERT			1 Netural 5 Pending			INJU	RY V	VORK?		. DESCRIBE HOW IF	JURY OCCI	URED	
4 Homicide determined determined City or Town, State)  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(e) end menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Monn), Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  John Messina M.D. 7401 Osler Drive Suite 204, Baltimore, MD 21204	E		a C a constant	28e. PLACE OF INJURY	— At ho	me form et				LOCATION (Cr	-111 -1	2 12 11	
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and menner as stated.  29b SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Mann. Day, Year)  37. RAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)  John Messina M.D. 7401 Osler Drive Suite 204, Baltimore, MD 21204			Could not be	building, etc. (Spec	ify)	me, with, st	reet, tectory, or	iice	281.	City or Town, State)	nd Number o	or Rural Houte Number	\$
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (North, Day, Year)  30. RAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)  John Messina M.D. 7401 Osler Drive Suite 204, Baltimore, MD 21204  31. DATE FICED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	E		29a. CERTIFIER		_								
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (North, Day, Year)  30. RAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)  John Messina M.D. 7401 Osler Drive Suite 204, Baltimore, MD 21204  31. DATE FICED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	=	N N											
John Messina M.D. 7401 Osler Drive Suite 204, Baltimore, MD 21204  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	빏	8		: On the baels of examination	n end/or i	rivestigation	, in my opinion	deeth occured	at the time,	date and place, and	due to the	cause(e) end menne	or as stated.
John Messina M.D. 7401 Osler Drive Suite 204, Baltimore, MD 21204  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE		ш	29h SIGNATURE AND TITLE OF CERTIFIER					29c. LICENS	SE NUMBER		29d. DATE	SIGNED (Marin, Day.	Year)
John Messina M.D. 7401 Osler Drive Suite 204, Baltimore, MD 21204  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	M P			1,20.				177	338		03	31/93	
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		-									-	//	
31. DATE FICED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE				7401 Osler	r Dr	<u>ive</u> S	uite 2	04, Ba	ltimo	re, MD 2	1204		
APR 123 June Buildon-Andere		Ì	2.1	32. REGISTRAR'S SIGN	ATURE								
	L		APR 12 1993 4	Ma Davidson Pa	ndell								

3. TIME OF DEATH

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	-
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128 05 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 9/4/1912 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or 1 M 2 F DAYS HOURS N.C. YRS. 80 funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Medical Seltimor DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md. 1 CLYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? USA 21215 740 Poplar Grove St. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pr 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES

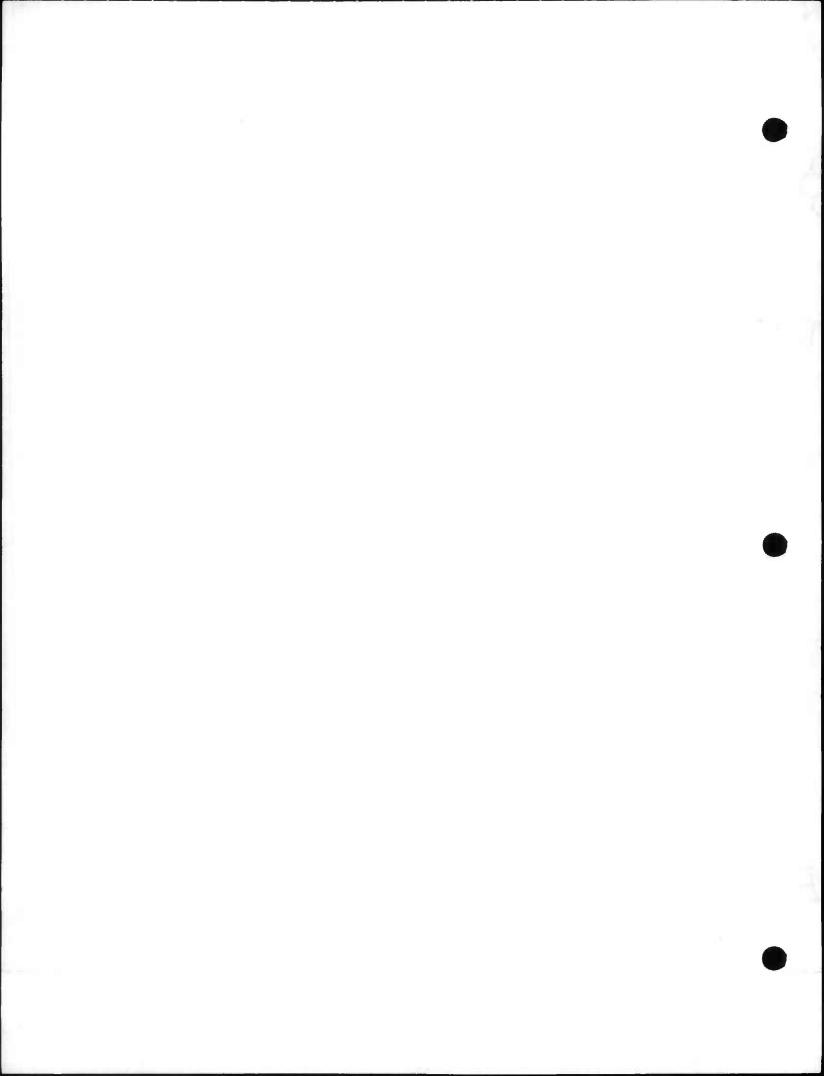
1943--45 Specify: BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16h. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Burner Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname Richard McNair Campbell notified at Flora BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 21216 740 Poplar Grove St. Balto., Md. Octavia McNair 9 20a. METHOD OF DISPOSITION
1 M Burlal 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Removal from State Garrison Forest 4/6 Owings Mills, Md. 4 ☐ Denettion 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons 1 cen signed by the attending physician and completely filled in by the of Health and Mental Hydiene prior to hunal manufacture. 1701 Laurens St. Balto., 21217 medical 23. PART . Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. interval Between Onset and Death cremation, or **IMMEDIATE CAUSE (Finel** the th LINSOS LES CONSEQUENCE OF: disease or condition within event, resulting in death) executed traumatic metastatic carce PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, nequence or: (ad eno carcinoma o DUE TO (OR AS A CO if any, leading to immediate cause. Enter UNDERLYING certificate be CAUSE (Diseese or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO sectro COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO this certificate has been State Dept. of 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) y Pen Kay the State EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home | 5 | Residence | 8 | Other (Specify) patient 2 ER/Outpatient 3 🗆 DOA 6 27. MANNEB-OF DEATH 28e. DATE OF INJURY (Month, Day, Year) DIRECTOR: After this cer hours after death with the litem 28 is marked, of 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident HOSPITAL DR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide IMPORTANT: If Item 29s. CERTIFIER
(Chack only

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. FUNERAL I 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated. BE THE DEE LLORD 28 2 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Elizabeth

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

AKArSamuel A. McNair



3. TIME OF DEATH

North Carolina

Carroll County

8. BIRTHPLACE (State or Foreign

9c. COUNTY OF DEATH

635 PM

REG. NO

DAY 30

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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WONTH 3 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 220746024 1 M 2 M F 84. 10-10-08 for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Carroll County HUSP west winster DIRECTOR RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION Sykesville Maryland Carroll County FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 7309 Second Avenue 21784 executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \( \subseteq \text{YES} \) 2 \( \subseteq \text{40} \) IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.)

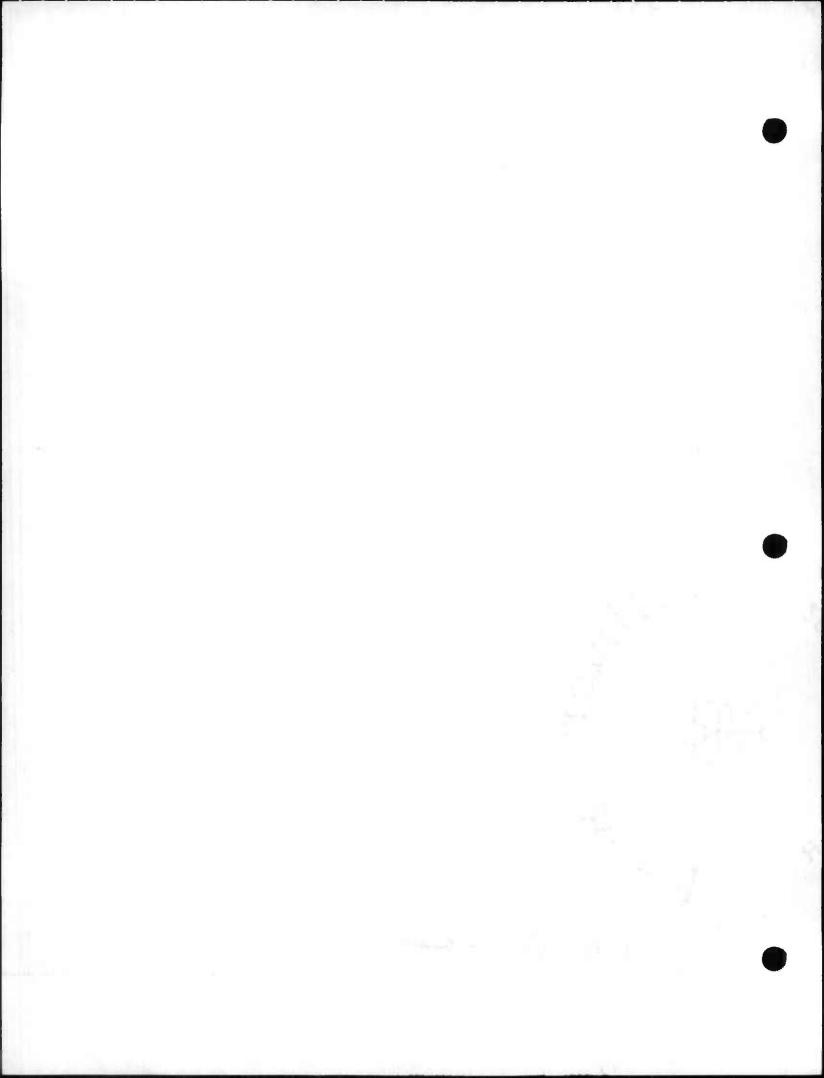
1 YES 2 NO Specify: **BALTIMORE, MARYLAND 21215-0020** 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 the funeral director, page 5 should be detached Homemaker at once. 17. FATHER'S NAME (First Middle Leet) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ambers Elliott Zoyia Powers notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 729 Buckhorn Road Sykesville, MD 21784 Thomas May pe 20e. METHOD OF DISPOSITION
1 (VBurial 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must cometery, crematory or other place)
Lake View Cemetery 4/3 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner medicel 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medice IMMEDIATE CAUSE (Final GT bleed

DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) no denal Ulcer CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):
Reval Liluse if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dispatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. IN STATURE AND TITLE OF CERTIFIER BE 1410 97 cher not 110 5 TERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHAWLA. Carroll County Gentlosp. West winster MD. RAJESH 4-82, RECISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MAY

10d. INSIDE CITY 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White Domestic 20c. LOCATION — City or Town, State Sykesville, MD HAIGHT FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (410) 795-1400 Approximate Onset and Death ZWK 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Month, Day, Year)



notified at once.

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31. DATE FILED (Mo ΔPR 02

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HOSPERICON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	PUNEER DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director name 5 chould be described for use as the hard strange agreed to the second strange agreement of the second strange agreem	within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPI	TO THE PUNE	be filed within	IMPORTANT:

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 14 DECEDENT'S NAME (First, Middle, La 2. DATE OF DEATH 3. TIME OF DEATH 7. DATE OF BIRTH (Morth, Day Year) AL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 909 YRS. 9a. FACILITY NAME (If not institution IWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT FUNERAL DIRECTOR DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY move 1 TES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-- American Indien, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Ri 1 TES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 50 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First. 9a. INFORMANT'S NAME (Type/Print) 2 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION IN 1 Donation 5 Other (Specify) 3 - Removal from State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PARTY. Enter the diseases, or complications thet ceused the death. Do not enter the mode of dying, shock, or heart failure. List only one cause on each line. Approximete interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reculting in death) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury thet initiated events resulting in death) LAST cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY PRIDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 DAG OF DEATH? I YES 2 NO (50) WAS CASE HE 8. PLACE OF DEATH (Check only one HOSPITAL: OTHER 1 Yes 2 1 3 C DOA 6 D Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 286. TIME OF 26c. BUURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED T YES 2 NO 2 Accide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Parel Route Number City or Town, State) COMPLETED 4 - Homicide 1 CCERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured

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PLETED CAUSE OF DEATH (ITEM 27) (THE

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funeral director, page 5 should be

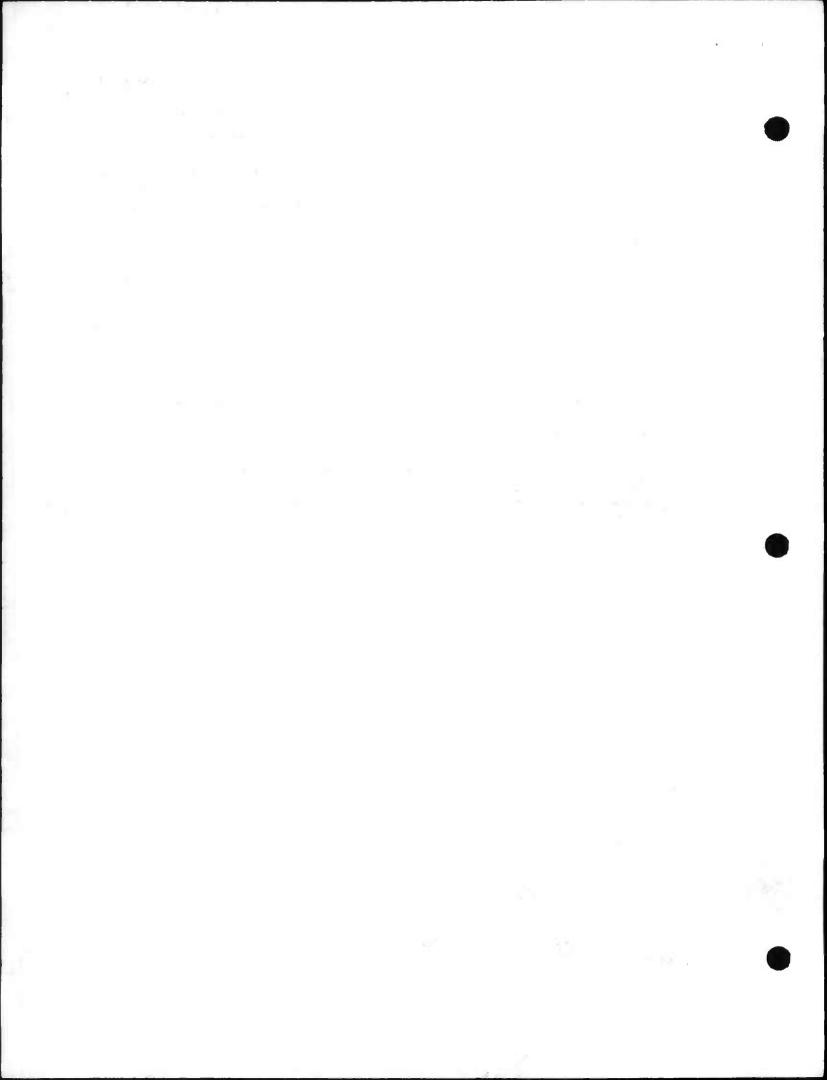
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ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after or	TAIL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY MONTH DAY YEAR Evgenia Oltarzhevskaya 93 25P 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign 213-29-4817 1 M 2 K F 78 April 15 Ukraine 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore County General Hospital Randallstown Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Owings Mills 1 YES 2 1 NO 10a STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Fitzharding Place 21117 Russia 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 🛣 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Merried BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5.4) 4 Years Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) notified at Vladimir 01tarzhevskaya BE Anna Ragutskaya 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Ms. Lina Tsifrina 4 Fitzharding Place Owings Mills, MD 21117 9 20e. METHOD OF DISPOSITION

1 (XBuriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must cometery, cremetory or other place)
Druid Ridge Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 3/31 Pikesville, MD examiner 21. SIGNATURE OF/FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Loring Byers Funeral Directors, Inc. non 8728 Liberty Road Randallstown, MD 21133 medical 23. PART I. Entar the diseases, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition Cerebra Vascular reaulting in death) traumatic event. DUE TO (DR AS A CONSEDUENCE DF): PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or Nevous Thron State Dept. of Health and Mental Hygiene p item 23 shows any Injury, or other QUE TO (OR AS A CONSEDUENCE DF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) MPORTANT: If item 28 is marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Witural 5 Pending Investigation BY 1 YES 2 ND 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) BE COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) end manner se stated. 2 MEDICAL EXAMINER: Dn the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 296. BIGHATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) D40491 19/93 3 0 COMPLETED CAUSE OF DEATH (ITEM 27) (Spb. Print) A Q1A2. BGGH-APR 02 1993

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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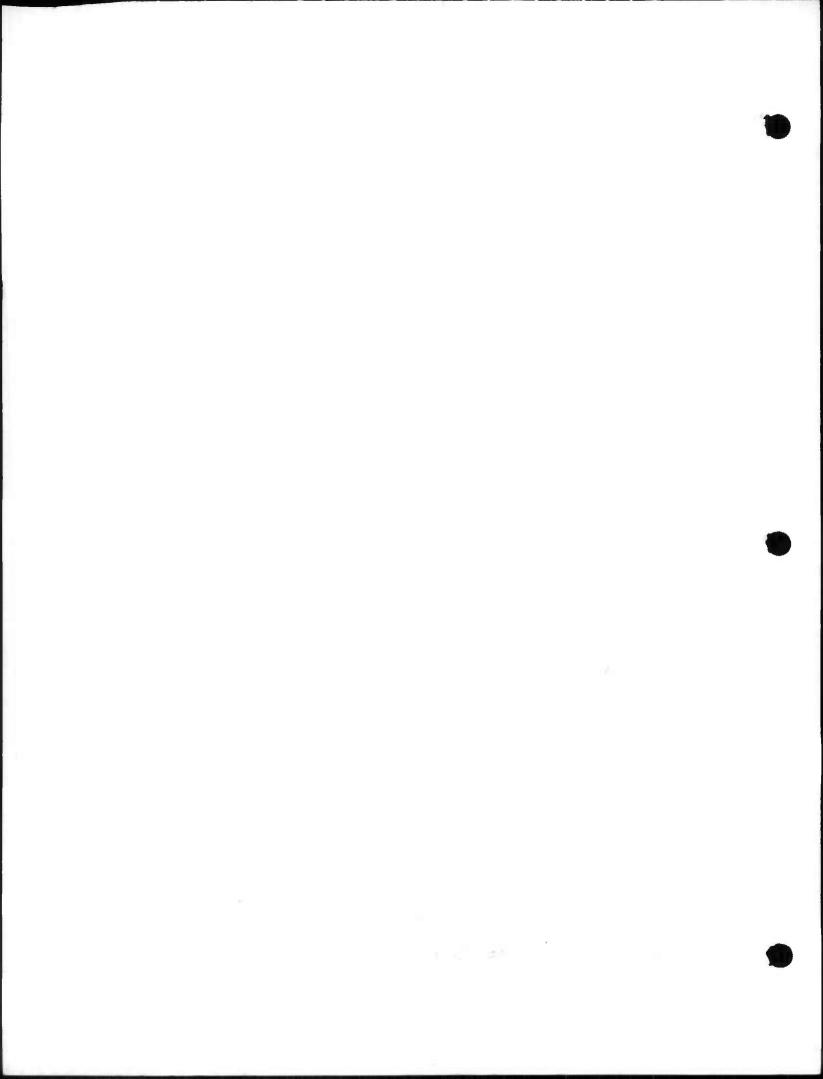
DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3-28-93 PHILLIPS ELIZABETH HARDESTY 3. TIME OF DEATH ELIZABETH HARDESTY PHILIPS Hillies 0350 MARCH 1993 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 214 22 3359 JA N 1, 1901 1 M 2 F **HOURS** MINNESOTA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNION MEMORIAL HOSPIJAL DIRECTOR BAITIMONE na RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MO BAITIMONE 1, NO 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3838 RUL ALD AVE U.S.A. 21211 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 □ YES 2 NO Specify: 1 Never Married 2 Merried В Specify: WHITE 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY n by the funeral director, page 5 should be detached for removal. ry/Secondary (0-12) College (1-4 or 5+) 12 ScHO- 1 TIZACHION - 12 DUCATION 4 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Rebecca Bell Harris A 0 23 .3 Ben Ficklin Hardesty BE notified 19a. INFORMANT'S NAME (Type/Print) JillSteuart 196 MAILING ADDRESS (Street and Number or Rural Route Number. City or Town, State, Zip Code)
2 Jack Frost Lane ST. 1311 | Timen vz. 2 110.21218 Pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE | Burlal 2 | Cremation 3 | Removal from State must examiner 21. SIGNATURE OF FUNERAL SERVICE LICE! 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir STATE ANATOMY BOARD 3/30/93 655W.BaltimoreSt, Balto, MD 21201 medicai signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo 23./PART I. Enter the dise complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heert failure. List only one cause on each line interval Between iMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death event, the CONGESTIVE HEART FAILUNG 1027 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burlal, cremati DUE TO (OR AS A CONSEQUENCE OF): COBONANT ARTERT DISEASE 20 Yns traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate Cause, Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? Shows 1 - YES 2 - 10-PHYSICIAN: 8 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Tem **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY this c 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, streel, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Suicide 6 Could not be COMPLETED 4 Homicide 28 29e. CERTIFIER (Check ank Check and Check ank Check and FUNERAL within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(e) and manual 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE These uso. 28 March 93 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3501 ST. PAUL. ST. BAIT, winz J.D. Hills up 4021218 32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per after this control of the cont	be med whim it hours are beau with the state beau. Or regular and wereal mygene prior to burial, cheriadon, or temporal must be notified at once.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be e	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fact within the formal signed of the fact of the fa	which is boundaries used began with the State Dept. Or result and welliar hyperic prior to TANT. If Item 28 is marked, or Item 23 shows any Injury, or other traum
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)  REUBEN T. POMRA	NING				MONTH	OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (//	IF UNDER 24 HRS.	7. DATE C		199	, ,	3:40 P M		
	190-12-2104  9a. FACILITY NAME (If not institution, give stre	1 X M 2 F 69 YRS. MONTHS DAYS HOURS MIN.						23	PEN	NSYLVANIA
FOR	2231 SMITH AVENUE	or and number)			SDOWNE	REATH		9c. COUNT		MORE
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INS									10d, INSIDE CITY
	MARYLAND BALTI	MORE		LANSDO						LIMITS?
FUNERAL	100. STREET AND NUMBER  101. ZIP CODE 102. CITIZEN OF WHAT COUN 103. CITIZEN OF WHAT COUN 104. STREET AND NUMBER 105. STREET AND NUMBER 106. STREET AND NUMBER 107. ZIP CODE 108. STREET AND NUMBER 108. STREET AND NUMBER 109. CITIZEN OF WHAT COUN 109. CITIZEN OF WHAT COUN 109. STREET AND NUMBER 109. CITIZEN OF WHAT COUN 109. STREET AND NUMBER 109. CITIZEN OF WHAT COUN 109. STREET AND NUMBER 109. CITIZEN OF WHAT COUN 109. STREET AND NUMBER 109. CITIZEN OF WHAT COUN 109. CITIZEN OF WHA								HAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA WW I	2 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 22 NO Specia	an, Puerto Ri	(Specify Year Ican, etc.)	or No — 1	14. RACE Black, Specify	- American Indian, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 1OTH GRADE  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  WATCHMAN  16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.)  WATCHMAN  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)										
OMP	10TH GRADE  17. FATHER'S NAME (First, Middle, Lest)		WATCI	HMAN	18. MOTHER'S NA	ME /First M		LTIMO	RE C	ITY
BE C	WALTER POMRANING				RUTH M			surname)		
TO B	19a, INFORMANT'S NAME (Type/Print)	N.C.		ADDRESS (Street a			-			0.7
	NELLIE M. POMRANI	20h		SMITH A'		LANSD		MD.	212	
	t X Buriel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	ME	ntery, cremetory or o	GE MEMOR				RIDGE		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		HUBBAR	D FUNERA	AL HOM			МТ	21229
	23. PART I. Enter the disease, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in desth)	mplicatione that caused at only one ceuse on ea	ch line.	not enter the mo	de of dying, suc	h as cardi	ac or reepi	ratory arres	at,	Approximate interval Between Onset and Death
	a.	DUE TO (OR AS A	CONSEQUENCE O	F):	KINSK TI	17		7 1		nolla
TION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF	n:						אאַתואיי
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	Fj:						
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions  Repeate		not-resulting			and/	PERFOR	MED?		HERE AUTOPSY FINDINGS WALLAIKE PRIOR TO COMPLETION OF CAUSE DE DEATH?
SIAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	eck only one	1		_	
IYSIC	V	HOSPITAL:	_	-	s 5 🗆 Residence	_	-			
	1 Natural # Pending	(Month, Dey, Year)	28h. TIM INJ	URY WO	RK7	284, DESC	AIRE HOW R	MININA OCCR	MED	
2 Accident								Purel Ro	uts Mumber	
COMPLETED		AN: To the best of my knowle On the basis of examination								and manner as stated.
TO BE C	296, SIGNATURE AND TIFLE OF CERTIFIED	uman	as h	.D.	29c. LICENSE NUI	MBER 021	0	29d. DATE :	SIGNED	2,1993
-	30. NAME AND ADDRESS OF PERSON WHO DR. HENRY ARMANAS	- 1934 WIL	KENS AV		ALTIMORE	E, MAR	YLAND	212	23	
	APR 02 1993									



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02 1993

31. DATE FICED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32 AEGISTRARYS SIGNATURE

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-	IS TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death	FINL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	The Nous after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 -CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Pappas 93 peter 15 30 3 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or For 220-78-8125 1 X M 2 F 33 HOURS YRS Maryland 90. FACILITY NAME (If not institution, give street end number Mason F. Lord Bids Daw Francis Scott Key med. 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore City PRONCIS SCOT KEY 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 508 S. Newkirk Street 21224 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—II yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only highest g. Elementary/Secondary (0-12) College (1-4 or 5+) 12th Sales Import-Export 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) John Peter Pappas Sylvia Kalfas BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John P. Pappas 508 S. Newkirk Street, Baltimore, Md. 21224 20e, METHOD OF DISPOSITION

1 X Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Slate 4 Donalion 5 Other (Specify) Lawn Cemetery Oak Baltimore. Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Matthews Funeral Home un he 3021 Eastern Ave., Baltimore, Md.21224 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or haart fallure. List only one cause on each line. interval Batwean IMMEDIATE CAUSE (Final Onset and Daeth disease or condition Beminute resulting in death) DUE TO (OR AS A CONSEQUENCE OF): IU CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate . Entar UNDERLYING CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAT PERFORMEO2 AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28, PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 4 ne 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, lerm, streel, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING/PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. (Check only one) 2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(s) and menner as stated. 296. SIGNADIRE AND TITLE OF CERTIFIER BE LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
Ī		EAKE PHIL	Lips				OF DEATH DA	30 3	EAR 23	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 165-01-8949	1 ☐ M 2 🔀 F	(In yrs. lest birthday) 89 yrs.	March Day March			8.	BIRTNE Country	Maryland	
E C	90. FACILITY NAME (# not Institution, give		20 10 70	or location of d 11stown	EATN		9c. COUNTY Balt			
DIRECTOR	Baltimore County RESIDENCE OF DECEDENT  100. STATE  100. COUNTY			Y, TOWN OR LOCA				Daic		10d. INSIDE CITY
		roll		Sykesvil	le					LIMITS?  1 VES 2 NO
FUNERAL	100. STREET AND NUMBER 7200 Third Avenue	:			1. ZIP CODE 21784				S.	HAT COUNTRY? A.
BY	. 22			If yea, ap	CENDENT OF NISPA ecify Cuben, Mexica 2 NO Specific	in, Puerto	N? (Specify Yes Rican, etc.)	or No- 14	14. RACE — American Indian, Black, White, etc. Specify: White	
TED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(Give kind of a	USUAL OCCUPATION	ON ost of working	168	. KIND OF BUS	INESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 4 years	Secre	etary		İ	Bank			
CON	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA		Middle, Melden S	Surname)		
BE	James C. Phillips  190. INFORMANT'S NAME (Type/Print)		105 MAN 010	ADDRESS (Communication)	Mary P	_		100		
욘	John E. Phillips				Street				181	04
	20a. METNOD OF DISPOSITION 1   Burlal 2   Cremation 3 □ Rer	noval from State 20b	PLACEANDDATE	OF DISPOSITION (Na	ame of	DAT	E 20c. LOC	ATION — City		
	1 by Burial 2 Cremation 3 Removal from State  4 Donation S Green (Specify) Druid Ridge Cemetery 4/1/93 Pikesville, MD  21. SIGNATURE OF FUNE (ALL SERVICE LICENSEE)  22. NAME AND ADDRESS OF FACILITY									
	• 1	TURN		Lorin	g Byers LIberty	Fune				
	23. PART   Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,   Approximate interval Between Onset and Death disease or condition resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):									
ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	bDUE TO (OR AS A	CONSEQUENCE OF	<b>ງ</b> :						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	ŋ:						
AL C	PART II. Other significant condition	ns contributing to death b	ut not resulting	n the underlyin	g cause given in	Part I.	24a, WAS AN /		24b. 1	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	DEMENT	7A, BH	POLAK	2_ DI	SORDE	P	PERFORI			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATN (Ch	eck only or	10)			
HYSI	t  YES 2 NO 27. MANNER OF CEATN	1   Inpatient 2   ER/Outp	atlent 3 DOA		e 5 🗆 Residence					
ву Р	t Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY WO	PES 2 NO	26d. OE:	SCRIBE NOW IN	JURY OCCUR	EO	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, larm, s	street, factory, offic			ATION (Street er or Town, State)	nd Number or i	Rurel Ro	ute Number,
COMPLET		BICIAN: To the best of my knowl ER: On the basis of examination							euse(s)	and menner es stated.
TO BE (	296, SIGNATURE AND TITLE OF CERTIFIE	i lu			29c. LICENSE NUI	IBER 37	333	29d. DATE SI	GNED (	Month, Day, Year)  D - \$ ]
_	30. NAME AND ADDRESS OF PERSON WI	1, R CG F	ATN (ITEM 27) (Type,	Print)	NO 2	-11	33			
	31. DATE FILED (Month, Day, Year) APR 02 1993	PA REDISTRAR'S SIGNI	A HAR	*						

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Pages 1, 20 IRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

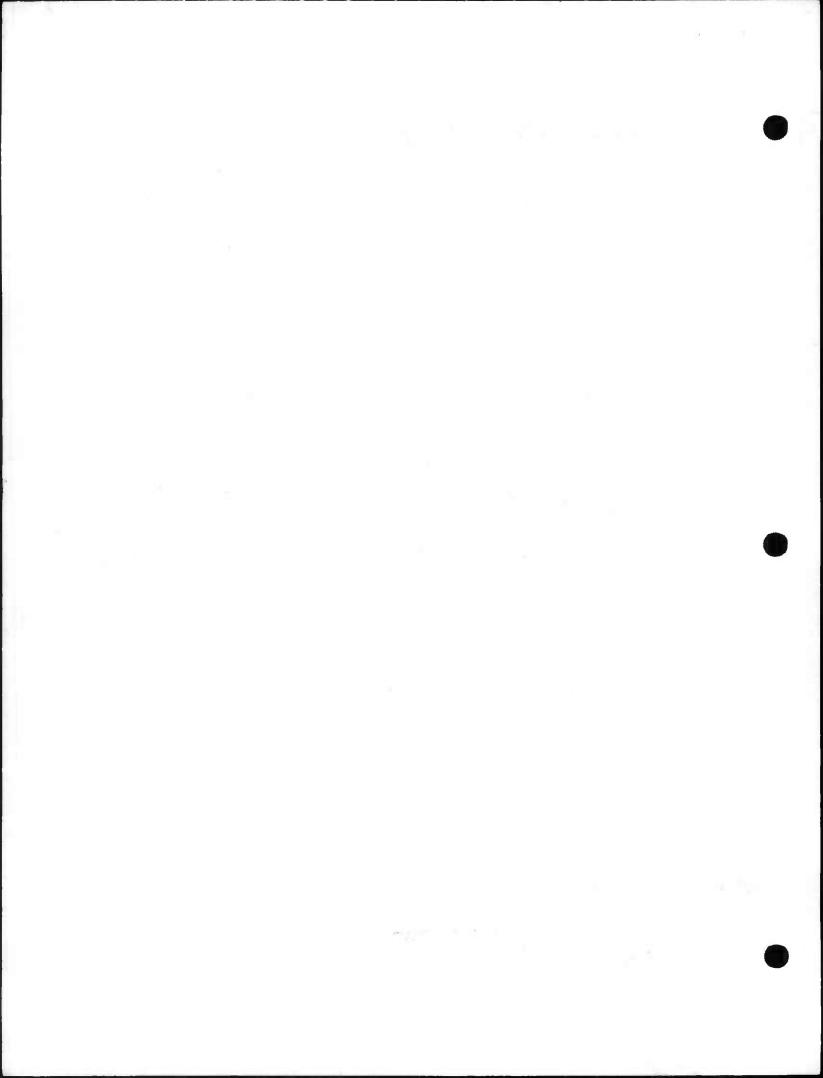
WE IN IEEM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1	1	1. DECEDENT'S NAME (First	, Middle, Last)	Pinne	" 1/						2. DATE OF I	DEATH DA		YEAR	3. TIME OF DEATH
											12:15 A				
	0		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs $215-10-5364$ 1 $\Re$ M $2 \square$ F $78$				IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF E	Wenth	.	8. BIRTH Countr	IPLACE (State or Foreign y) Md •
3 should		9a. FACILITY NAME (If not in	-				9b. CITY	TOWN	OR LOCATI	ON OF DEA		7 1 7		NTY OF D	EATH
65 88	OR	7519 Lawrence Rd Dundalk Baltim													
42	딦	RESIDENCE OF DEC	10b, COUNT	γ		T son Or	TY, TOWN O	91004	TION						
200	DIRECTOR	Md,		Baltimon	ce	100.01	i, iowa c		ndal	k					10d, INSIDE CITY LIMITS? 1 YES 2 ZINO
ermit		10e. STREET AND NUMBER				_			f. ZIP COD		-		10g. CITI	ZEN OF V	WHAT COUNTRY?
nsit p	ER/	7519 Law	rence	Rd						2122	22			USA	
ing physician. the burial-transit permit. Pages 1, 2,	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2			f yes, sp		ın, Mexican	IC ORIGIN? (S		or No—	14. RACE Black Speci	
as as			EDENT'S EDU		16a, D	ECEDENTS	USUAL O	CUPATI	ON		16h KIN	O OF BUS	INESS/IND	VISTRY	White
9 2	ETED	(Specify online Elementary/Secondary (0	y highest grade 1-12)	completed) College (1-4 or 5 -			work done o			ng	1000	0. 000		,001111	
a Spi	릴					Sup	ervi	son	C			We	ldir	ng	
be det	E COMPL	17. FATHER'S NAME (FIRST, M. George		cek		18. MOTHER'S NAME (First, Middle, Melden Surneme) Agnes Mazurek									
5 should	TO B	19a. INFORMANT'S NAME (7	.,		11			(Street	and Number	r or Rumil R	oute Number, C	ity or Town	, State, Zip	Code)	
y be ri age 5	- 1		Place	ek		751	_		ence	rd.	Du	ndal		Md	21222
e 6 ma ector, p		20e_METHOD OF DISPOSITI 1 ABurlel 2 Crematic 4 Donation 5 Other	(Specify)		20b. PLACE cemetery, cr		nisl	aus	S		4/3		ltii		e, Md
		21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE O	0 0 0 , 1		22. I	oni	nell	y Fu	ineral	L Ho	me o	of I	Oundalk 22
within 24 hours af pletely filled in by cremation, or removent, the medical		shock, or heart fallure. List only one cause on each fine.										Approximate Interval Betwee Onset and Deat			
be execucian and for to bur raumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)  DUE TO (OR AS A CONSEQUENCE OF)													
the ar Mem		PART II. Other algoritics	nt condition	s contributing to	death but not	resulting	In the un	derlyln	g ceuse (	given in F	Part I. 24e	. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
ne law requires that the death certificate has been signed by the attending physis Dept. of Health and Mental Hygiene print 23 shows any injury, or other the	IN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.    24a. WAS AN AUTOPSY FINDING MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?   1   YES 2   NO   NO   YES 2   NO   NO   YES 2   NO   NO   YES 2   NO   NO   YES 2   NO   NO   YES 2   NO   NO   YES 2   NO   NO   YES 2   NO   NO   YES 3   NO   YES 3   NO   YES 4   NO   YES 4   NO   YES 5   YES 5   NO   YES 5   YES													
N: The ficate h State C	i C	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		LACE OF D	EATH (Che	ck only one)				
NG PHYSICIAN: The flet this certificate path with the State marked, or Item	PHYSICIAN		Pending	28e. DATE OF (Month, D.	INJURY	28b. TIR	-	28c. IN.	JURY AT ORK? YES 2		28d. DESCRIE		JURY OCC	CURED	
TTENDI TOR: A after de 28 ls	ETED BY	3 Suicide 8	Investigation Could not be determined	28e. PLACE O building,	F INJURY — At h etc. (Specify)	ome, farm,	street, facto				281. LOCATIO City or To	N (Street ar wn, State)	nd Number	or Rural F	loute Number,
FUNERAL DIRECTANT OR A FUNERAL DIRECTANT TO HOUR STANT. If Item	COMPLE			CIAN: To the best of R: On the basis of e											) and manner as stated.
TO THE HOSPIT TO THE FUNER De filed within 7	BE	296. SIGNATURE AND TITLE	OF CENTIFIED	200	uon p	uo	tuk	49	29c. LIC	07	9 30		29d, 0AT	SIGNED	(Mayeris, Day, Year)
	5	30. NAME AND ADDRESS OF	PERSON WH	FEC	SE OF DEATH (IT	EM 27) (Type	, Print)		301	07	t. 8.	AUL	18.	tec	202
4		SI. DATE FILED (Month, Day, APR 021	993	Julia Laure	Vica-Aband	200_			U / W		P VI	70			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO RE COMPLETED BY DHYSICIAN. MEDICAL CERTIFICATION

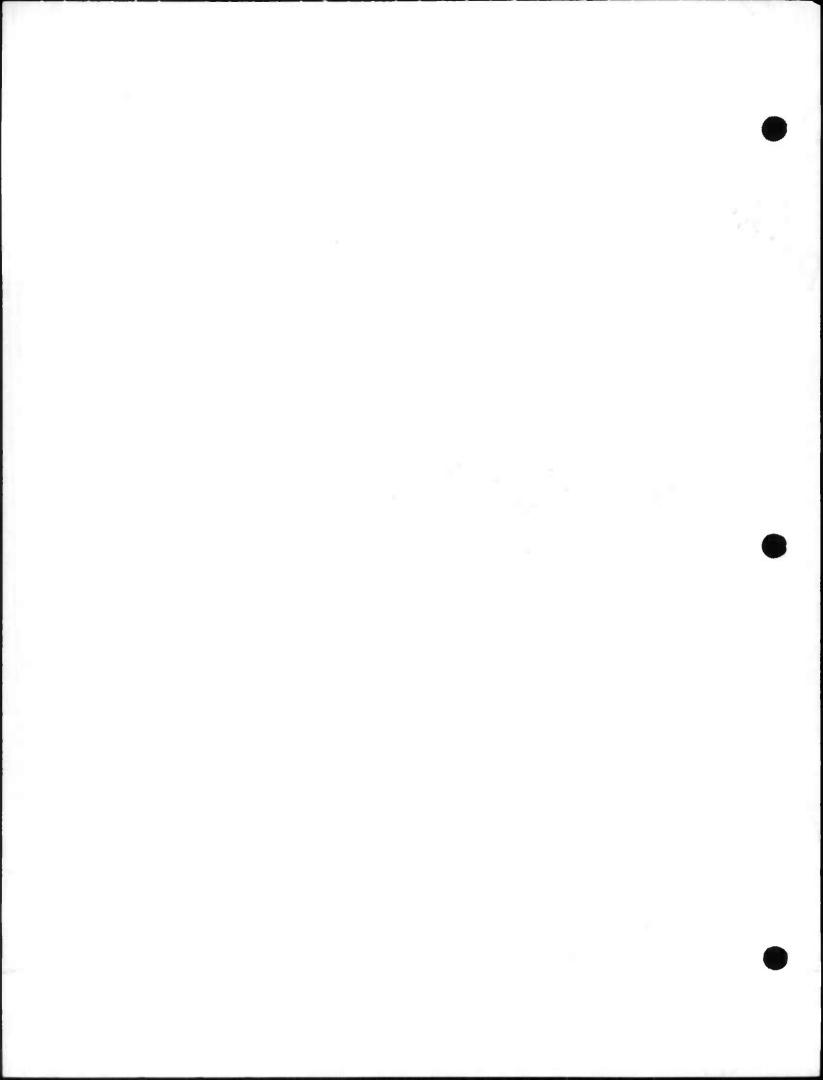
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Miridia Last)								neo. I	<u> </u>		
	, and a second of the second		iam G.	Panuska	. 9	n.				2. DATE OF DEATH	O O O	YEAR	3. TIME OF DEATH
- 9	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF BIRTH	17)	6 BIRTH	C.15 P M PLACE (State or Foreign
	215-56-515		1 🔀 M 2 🗆 F	45	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 2-17-19	48	Country	ey Land
9s. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF D													
8641 Rock Oak Rd.  RESIDENCE OF DECEDENT  100. STATE  101. COUNTY  Baltimore  Baltimore  Baltimore  Baltimore  Baltimore									more				
E I	10s. STATE	10b. COUNTY	1		10c. CITY	Y, TOWN O	R LOCAT	TON					10d. INSIDE CITY
	Md.	Bal	timore			Bal	tin	ore					LIMITS?
FUNERAL	8641 Roc	6 0 = 6	. D J				101	. ZIP CODI					HAT COUNTRY?
	11. MARITAL STATUS	R Var		IT EVER IN U.S. ARI	450	40.0			234			u.s.	
	1 Never Married 2	Married		YES 2X		1 "	yes, sp	ecify Cuba	n, Mexicar	IC ORIGIN? (Specify ) n, Puerto Ricen, etc.)	es or No-	14. RACE Black,	- American Indian, White, etc.
BÁ	3 Widowed 4 Divo	rced	IF TES, GIVE V	WAR OR DATES		'	∐ YES	2 (X)NO	Specify	=		Specify	White
	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	(Gh	re kind of w	USUAL OC	CUPATIO	ON st of workin	19	16b. KIND OF B	USINESS/INI	DUSTRY	
PLE	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Do NOT us	,				,,,	,		
COMPL	17. FATNER'S NAME (First, Mi	iddle, Last)	4yrs.		CLE	erk		16 MOTE	NEB'S NAI	ME (First, Middle, Maide	ndwa	re	
u I	William	9. Pa	nuska, S	Sr.				10. 110.1	_	Lyn M.		11	
0 8	19a. INFORMANT'S NAME (7)	/pe/Print)		19b	MAILING	ADDRESS	(Street a	nd Number	or Rural R	loute Number, City or To	wn, State, Zip	Code)	
-	Mr. Willi		Panusk	ea, Sr	8641	Ro	ck	Oak	Rd.	Balto.	. Md	.212	34
	20s. METHOD OF DISPOSITI  1X Buriel 2 Crematio  4 Donation 5 Other	n 3 🗆 Remo	oval from State	20b. PLACE A cometery, crem	netory or ot	her place)				OATE 20c. L	OCATION —	City or Tow	rn, State
	21. SIGNATURE OF FUNERAL		ENSEE	Panki	wood	22. N	AME AN	D ADDRES	SS OF FAC	YILITY	Balt	,	
	Hantley Miller Funeral Home 7527 Hanford Rd. Balto. Md 21234												
	23. PART I finter the di	seesea, or c	omplications the	t caused the dec	th. Do n	ot enter	tha mo	de of dyi	ng, such	ea cerdiec or rea	piratory an	reet,	Approximate
- 1	IMMEDIATE CAUSE (Fin		Liet only ona cat	se on each line.									Interval Between Onset and Death
	disease or condition	<b>+</b> ,	a. Luna	Canc	er								6 months
							,						1
HILLANION	Sequentially list conditi-		DUE TO	OR AS A CONSEO	UENCE OF	ie 1	ive.	and	06	domen of	des		2 munths
3	cause. Enter UNDERLY	NG				lung	Can	ie	,	0			!
	thet initieted events resulting in death) LAST		DUE TO	(OR AS A CONSEO	UENCE OF	):							
Ĭ,	Toodking in deatily EAS	-	l										
ای	PART ii. Other aignificer	nt conditions	contributing to	death but not re	euiting i	n tha und	deriying	ceuse g	jiven in I	Pert i. 24a. WAS A	N AUTOPSY		WERE AUTOPSY FINDINGS
$\frac{3}{2}$	Emphyses	100								1 YES	RMEO?		AMAILABLE PRIOR TO COMPLETION DF CAUSE
										_	7,110		OF DEATN? 1 - YES 2 - NO
SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATN (Che	ck only one)			
<b>⊳</b> ∥	1 YES 2 NO		1 Inpatient 2	ER/Outpatient 3	DOA	4 🗆 Nurel		5 0 Re	sidence (	Other (Specify)			
5		Pending	26s. DATE OF (Month, D.		26b. TIME INJU		28c. INJI		1 40	28d. OEŞCRIBE NOW	INJURY OC	CURED	-
	2 Suitate	nvestigation	28s. PLACE O	F INJURY Al hon	ne, larm, si	reet, facto			-	281. LOCATION (Street	and Number	or Bural Bo	uta Numbar
		Could not be letermined	building,	etc. (Specify)		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town, State	))	or ribrar rio	ole Number.
	29a. CERTIFIER (Check only	FYING PNYSIC	CIAN: To the best of	my knowledge, dea	th occurre	d at the tin	ne, date	and place.	and due t	to the cause(a) and m	opper an etel	lad	
													and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICE	NSE NUMI	BER	29d. DAT	E SIGNED (	Month, Day, Year)
5	30. NAME AND ADDRESS OF	PERSON WILL	COMPLETED	E OF PEATH ATT	27) /7	D/-0		P	209	07	<b>)</b>	4/2/	193
	MARIED (	Chati	ham 9	USTO FRAI	VKC.	N _	Soun	RC	De	ve Ba	Lto	mo	2/197
	31. DATE FILEO (Month, Day, Y	bar)	32. REGISTRA	R'S SIGNATURE			/			1	1		
	APR 02 1993 Julia Bavidan Bandose												

STATE OF MARYLAND / DEPARTMENT OF HEALTH ANI	MENTAL HYGIENE
CERTIFICATE OF DEATH	BEG NO

93 09142

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			MENTAL	HYGIEN		3	09142
	1. DECEDENT'S NAME (First, Middle, Last)				÷.		OF DEATH			3. TIME OF DEATH
	James	Eldridge	2	Rober	te	() 3		MY 18 19	YEAR	5:00 PM
	4. SOCIAL SECURITY NUMBER		yrs. last birthdey) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		a. BIRTHP	LACE (State or Foreign
		1 DM 2 DF 4		THS DAYS	HOURS MIN.		, Day, Year) -17-4		Country)	The second second
	9e. FACILITY NAME (If not institution, give street			CITY, TOWN C	R LOCATION OF D		17-4	1	TY OF OE	ATH
DIRECTOR	Anne Arundel Ge	eneral Hosp			polis					rundel
낊	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION					IOd. INSIDE CITY
뚬	Maryland Prince	e George Co	C	reenbe	1 +-					LIMITS?
	10e. STREET AND NUMBER	s George Co			ZIP CODE			I 10a CITIZ		IAT COUNTRY?
2	O II Courth Have							log. on the		
FUNERAL	8 H South Way	12. WAS DECEDENT EVER IN U	S ADMED	12 WHO OFF	ENDENT OF WERE	NIC OBION				
	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF HISPA ecity Cuben, Mexico	an, Puerto R		e or No-	Black,	<ul> <li>Americen Indian,</li> <li>White, etc.</li> </ul>
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	1 TYES	2 NO Specif	fy:			Specify	White
ᇚᅵ	16. DECEDENT'S EDUCA	TION 1	6a. DECEDENT'S USU	AL OCCUPATIO	IN .	16h	KIND OF BU	SINESS/INDL	ISTRY	WIIJCE
	(Specify only highest grade co	ompleted)	(Give kind of work of the Do NOT use retained to the Control of th	done durina mo:	st of working	100.	KIND OF BO	SINE 35/INDU	Jaini	
ᆵ	Charles Raily Sacordary (0-12)	College (1-4 or 5+)								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				40 1407117010 14	450 4 450				
ၓ၂	THE PARTY OF THE P				18. MOTHER'S NA	AME (First, M	iddle, Meiden	Surneme)		
BE	AND DESCRIPTION NAME OF A POST OF									
2	19a, INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street a	nd Number or Rural	Route Numb	er, City or Tow	n, State, Zip (	Cade)	
	20e. METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3  Remove  4  Donation 5  Other (Specify) in	al from State	LACE AND DATE OF OR ary, cremetory or other p		me of	DATE	20c. LC	OCATION — C	ity or Tow	n, State
- 1	IL SIGNATURE OF FUNERAL SERVICE LICEN	onald Wad		22. NAME AN	D ADDRESS OF FA	CILITY	Ctato	Anato	om I	202md
- 1	1111	Winds 1		CEEM T						Board
4	3/30/93 655W.BaltimoreSt,Balto,MD 21201									
	PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CARPIOVA	SCUVARA	VISIE	4SE					
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):							
ا ہے	PART II. Other significent conditions	contributing to deeth but	not resulting in th	e underlying	ceuse given in	Part I.	24a. WAS AN PERFOI	RMEO?	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC							1 YES 2	NO I	1	OF DEATH?
Σ						-			1	☐ YES 2 ☐ NO
A I	25. WAS CASE REFERRED TO MEDICAL									
5	EXAMINER?	HOSPITAL:	ОТ	26. PL HER:	ACE OF DEATH (Ch	eck only one	)			
PHYSICIAN		☐ Inpatient 2 ☐ ER/Outpatie	ent 3 DOA 4 D	Nursing Home	5 Residence	6 🗆 Other	(Specify)			
E	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOI		28d. DE\$	CRIBE HOW	NJURY OCCI	JRED	
À	2 Accident Investigation			M 1 🗆 Y	ES 2 NO					
	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							ite Number,	
4	29e. CERTIFIER									
COMPLEIED	(Check only	AN: To the best of my knowled On the basic of examination or								end menner ee stated,
- 1	39. SIGNATURE AND TITLE OF CERTIFIER	00 (1	1	1	29c. LICENSE NUI					Aonth, Day, Year)
2	What &	all - I	4.1							
2	30. NAME AND ADDRESS OF PERSON VIIIO	COMPLETED CAUSE OF AFATE	(ITEM 27) /5ma 0	1	O.C.M	1. Ľ.		. 0	3/ IS	/1993
	MARIO F. GOLLE	JRMD 1	11 Penn		et, Bal	timo	ore,	Marv.	land	21201
	31. DATE FILED (Morth, Day, Year)	32. REGISTRAR'S SIGNATIL	IRE				*.			
	APR 05 1893 Julia Denier Route									



020	ing physician.
BALTIMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending
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MAR	retained
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ALT	fter death.
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TO PHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death conference of the conference o

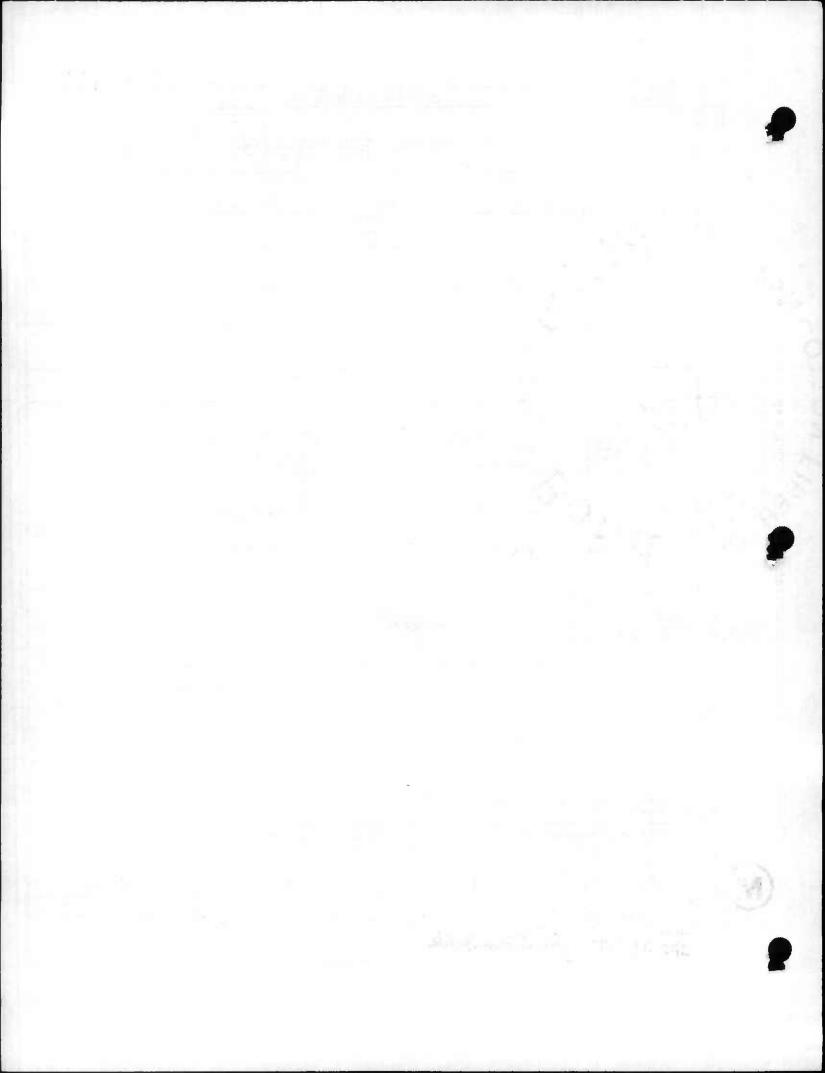
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Months fill Stocking the law requires that the death tenthrate be executed within 24 hours and beguing the last	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	er death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or remo

,	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	05140				
1	1. DECEDENT'S NAME (First, Middle, Last	W. Roy			2. DATE OF DEATH MONTH  3-31-19	YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY/NUMBER  228-05-35//	1 1 1 2 0 F 7	3 YRS. MC	F UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) (0 -/0 -/9/9	8. BIRTHPLACE (State or Foreign Country)				
ECTOR	9a. FACILITY NAME (If not institution, give 38/6 Fer RESIDENCE OF DECEDENT	whill Au	e i	BATTIMON	e City sc. co	UNTY OF DEATH				
E E	10a. STATE 10b. COUN	TY	10c. CITY, 1	Altimore	U	10d. INSIGE CITY LIMITS? 1  LIMITS 2  NO				
FUNERAL	3816 FERNI 11. MARITAL STATUS	hill Ave		21215	5	1, S, A				
B⊀	1 Never Married 2 Harried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2. NO		OF HISPANIC ORIGIN? (Specify Yea or No— In, Mexican, Puerto Rican, etc.)  Specify:  14. RACE — American Indian, Black, White, etc.  Specify:					
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. OECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	LOCUST	HOUSTRY				
E COMPL	17. FATHER'S NAME (First, Middle, Last)	ATTACHMENT AND ALL AND				S NAME (First, Middle, Melden Surname)  A (Alloway)				
TO B	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Rouge Number, City or Jown, State, Zip Code)  3816 FERNDI/HUEI BA/DI Mod 21215									
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify) 2 21. SIGNATURE OF FUNERAL SERVICE	AUSO / CUM Con	PLACE AND DATE OF I		1/3 BALI	City or Town, State				
	Joseph	L. Russ		2330 W. No.	Th Ave Ball	5. Ind 21211				
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	ich line.	enter the mode of dying, su	ch as cardiac or respiratory a	Approximata Interval Betwood Onset and D				
CATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	CONSEQUENCE OF):	Cenal Fo	arline					
ERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST									
MEDICAL C	PART II. Other significent condition	ons contributing to death be	ut not resulting in 1	the underlying cause given in	Part I. 24a, WAS AN AUTOPS' PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1  YES 2 NO				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  1 Inpetient 2 ER/Outpatient 3 DOA  4 Nursing Home Residence 6 Other (Specify)									
ву рну	27. MANNER OF DEATH  Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT	28d. OEŞCRIBE HOW INJURY OCCUREO					
0	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY			281. LOCATION (Street and Number City or Town, State)	OCATION (Street and Number or Rural Floute Number, ty or Town, State)				
COMPLET	29s. CERTIFFIER  (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
TO BE C	200. SIGNATURE AND TYPING OF CERTIFI	MMD		D(83	29d. DA	TE SIGNEO (Month, Day, Year)				
	30, NAME AND ADDRESS OF PERSON W	TURMO,	4000 a	D Coult p	CO BACTO, Y	10 21215				
	APR 02 1993	Fishe Devideon - Hon	We.							

DALLINORE, MANICAN	IN THE WISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	MPORANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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(Month, Dey, Year) 2 1993

20010 0. 00	CHNEIDER, SR	. •			2. DAT MON 3	E OF DEATH DAY	yı 9	EAR	ME OF DEATH
4. SOCIAL SECURITY NUMBER 5		n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H	RS. 7. DAT	E OF BIRTH oth, Day, Year)	8.	BIRTHPLACE Country)	E (State or Foreign
9e. FACILITY NAME (If not institution, give stree		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT				e. COUNTY		VILLE, FL	
JOSEPH RITCHIE HOUSE  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. CITY TOWN OR LOCATION									
MARYLAND BALTI	10c. CIT	CATONS					INSIDE CITY LIMITS? YES 2 NO		
100. STREET AND NUMBER 413 WHEATON PLACE,		101. ZIP CODE 21228			10g. CITIZEN OF WHAT COUNTRY?			COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2 XMerried FDRCES? 1 YES 2		13. WAS DECENDENT OF HISPANIC ORIGINAL SPECIFIC CUBER, Maxican, Puerl 1 YES 22 NO Specify:						
(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)		(Give kind of v	ENT'S USUAL OCCUPATION and of work done during most of working WOT use retired.)  E FITTER			16b. KIND OF BUSINESS/INDUSTRY SEAGRAMS			
17. FATHER'S NAME (First, Middle, Lest) FREDERICK JOHN SCH	NEIDER					Middle, Meiden Sur MA WRIGI			
19a. INFORMANT'S NAME (Type/Print) ONEIDA A. SCHNEIDE	CR CR					nber, City or Town, S			21228
ONEIDA A. SCHNEIDER  413 WHEATON PLACE, APT I CATONSVILLE,  20a. METHOD OF DISPOSITION 1						or Town, St			
BALTIMORE NATIONAL CEMETERY 4/2 BALTIMORE  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  WWW. J. J. J. J. J. J. J. J. J. J. J. J. J.									
23. PART I. Enter the disease, or con shock, or heart fellure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	nplications that caused to only one cause on ea	ch ilne.		de of dying,	auch aa ce	rdiac or respirat		1	Approximete interval Between Onset and Death
resulting in death)	DUE TO (DR AS A								27.
Sequentially list conditions,	CONSEDUENCE DI	EDUENCE DF):					-		
if any, leading to immediate cause. Enter UNDERLYING			CAUSE (Disease or Injury that Initiated events resulting in death) LAST						
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEDUENCE OF	<b>ገ</b> ፡						
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events				g ceuse giver	ı in Part i.	24s. WAS AN AU PERFORME 1 YES 2		AWAIL	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST				g ceuse given	ı in Part i.	PERFORME	03	AVAIL. COMP OF DE	ABLE PRIOR TO PLETION OF CAUSE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause of the conditions of the cause	contributing to death bu	at not resulting i	in the underlyin	LACE OF DEATH	(Check only o	PERFORME  1  YES 2	03	AVAIL. COMP OF DE	ABLE PRIOR TO LETION OF CAUSE EATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause of th	contributing to death bu	it not resulting i	28. PI OTHER: 4 Nursing Hon E OF 28c. IN. WK	LACE DF DEATH THE 5 TRESIDENT THE STATE THE ST	(Check only o	PERFORME  1  YES 2	NO NO	AWARL COMP OF DE	ABLE PRIOR TO LETION OF CAUSE EATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause of th	CONTRIBUTING to death but to de	at not resulting in the state of the state o	28. PI OTHER: 4 Muraing Hon E OF 28c. IN. WK M 1	LACE DF DEATH  10 5	(Check only once 8  Oth	PERFORME  1  YES 2	NO NO	AMARL COMPOF DE 1 -	ABLE PRIOR TO HETION OF CAUSE ATIVT YES 2 \( \text{\tin}\text{\titil\titt{\texi\text{\text{\text{\text{\text{\text{\text{\texi\titt{\text{\texi\texi{\text{\texi\titit{\titit{\texi\texi\titt{\texi\titit{\texi\titit{\texi\titit{\texi\ti



1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE O	F DEATH	I	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	<	10.71			2. DATE OF	DEATH	AY _Y	3. TIME OF DEATH	1
			MITH			3	20		3 4:451	∮ M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	MONTHS DAYS		7. DATE OF (Month, De	BIRTH lay Year)	8.	BIRTHPLACE (State or Foreign Country)	n
	227.28.2259	1)( M 2   F	65 YRS.	MONTHS DATE	8 HOURS MIN.		/20/	28	Kentucky	
. }	9a. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOW	N OR LOCATION OF DE		20,	-	Y OF DEATH	
Œ	CHURCH HOSPITA	T. CORPOR	ATTON		IMORE CI				of series	
2	RESIDENCE OF DECEDENT	<u> </u>	11.00							
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	Y	10c. Cl'	TY, TOWN OR LOC	CATION				10d. INSIDE CITY	
뜻	Maryland				Baltim	~~~~			LIMITS?	
51	10e, STREET AND NUMBER					Ore			1 XYES 2 NO	
A.		. 7			10f. ZIP CODE		1	10g. CITIZE	N OF WHAT COUNTRY?	
9	2 Sout	th Chester	Street		212	231	!	Ţ	U. S. A.	
ا څ	11. MARITAL STATUS	12. WAS DECEDENT EV	/ER IN U.S. ARMED	13. WAS F	DECENDENT OF HISPAN	NIC ORIGIN? (5	Specify Yes	or No- 14	I. RACE — American Indian,	
	1X Never Married 2 Married	FORCES? 1 X	YES 2 NO		epecify Cuban, Mexica (ES 2 X NO Specify		n, etc.)		Black, White, etc.	
B	3 Wildowed 4 Divorced	1944-1948	)		29 & EST HO ODDOWN	F		1	Specify: White	
	15. DECEDENT'S EDU		16e. DECEDENT'S	USUAL OCCUP	ATION	16b. KF	ND OF BUE	SINESS/INDUS		_
E	(Specify only highest grade		(Give kind of life. Do NOT i	work done during use retired.)	most of working	1000 140	ID OF DOG	ME33/HTDUG	PRT	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)				0				
₹			Electr	lClan				uction	1	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			,		
BE (	F	Rell Smith			Lc	ola Mo	Nult	.y		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADORESS (Stre	et and Number or Rural F			-	refe)	_
2	Lola McNulty									
	20a, METHOD OF DISPOSITION				ivery King		· ·			
	1X Burial 2 Cremation 3 Rem	ioval from State	20b. PLACE AND DATE of cemetery, cremetery or o	other piece)		OATE			y or Town, Slata	
	4 Donation 5 Other (Specify)		ClinchVall	LeyMemor			Ric	hlands	s,Virginia	
	21. SIGNATURE OF FUNERAL SERVICE LIC	JENSEE			AND ADDRESS OF FAC	CILITY				
	> mulast 8	marge 01	/_	1 220.	3.5.	Mar	zull	o Fune	eral Service	
	produce 1.	mergue	9	3981	Carrollt	on Roa	id Up	perco,	Maryland2115	5 <u>5</u>
	23. PART I. Enter the diseases, or o shock, or heart feiture.	complications that car	used the deeth. Do r	not enter the r	node of dying, auc	h aa cardlec	or reapir	ratory arrest	t, Approximete	
	IMMEDIATE CAUSE (Finel	List Only One occess.	JA eech line.						Onset and De	
	diseese or condition	LIVONT	= DCIAN						10/01/5	Pares.
	reaulting in death)	OUE TO (OR	AS A CONSEQUENCE OF	nema .					und,	
		- D 149 11			· · · · · · · · · · · ·	10			wasil s	
ON	Sequentielly ilst conditions,	b. /5/47/N	ML CITIC	DIOMY	OPATHY	1			WORTH	
CERTIFICATION	if any, leading to Immediate	DUE TO (OF.	AS A CONSEQUENCE OF	F):	/					
3	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	C								
= 1	that initiated events	DUE TO (OR	AS A CONSEQUENCE OF	F):						
E	resulting in deeth) LAST	4							İ	
		J								
	PART II. Other significent condition			in the underly	ing ceuse given in	Part I. 24	a. WAS AN		24b. WERE AUTOPSY FINDIN	(GS
EDICAL		PICIENCY					PERFORI	2 1	AVAILABLE PRIOR TO COMPLETION DF CAUS	
		1				- 11	TYES 2	NO	OF DEATH?	
						_			1 TYES 2 NO	
Ž.									`	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1100001701			PLACE OF OEATH (Che	eck only one)				
Si	1 TES 2 NO	HOSPITAL: 1 / Inpatient 2 - ER/	/Outpatient 3 DOA	OTHER:	ome 5 - Residence	s □ Other (St	nactiv)			
<b>≟</b> ∥	27. MANNER OF OEATH	28s. OATE OF INJU	URY 28h TIM	#E OF 28c. II	NJURY AT			NJURY OCCUR	DEA.	_
	1 Natural 5 Pending	(Month, Day, Ye	iar) INJ	JURY V	WORK?		DE TTOTT	MONT GOODS	IEO .	
à I	2 Accident Investigation	71 405 05 11								
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJ building, etc. (	JURY — At home, larm, s (Specify)	street, factory, of	Ace	281. LOCATIO	ON (Street ar	nd Number or f	Rural Route Number,	
	4 nomicide									
COMPLETED	29a. CERTIFIER CERTIFYING PHYSIC	ICIAN: To the best of my k	knowledge death occur	ad the time of	on and alone and due	· · · · · · · · · · · · · · · · · · ·				
₹										
8		A. On the bear of examin	MINOR BIND/OF HIVEBUIGHTO	n, in my opinion.	death occured at the	Jime, data and	place, and	I due to the cr	ause(a) and manner as stated	l.
HE (	296. SIGNATURE AND TITLE OF CENTIFIER	1 DARN			29c. LICENSE NUM	ABER -7		29d. D&PE/Si	GINED (Morry Day: Mar)	
	MUNIMMY	VVVX			10185	81		121	26/12	
2					-	U"		-/-	10	
<b>⊢</b> µ	30. HAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	T DEATH STEM 27) (Type	Delet)			-			
	30. HAME AND ADDRESS OF PERSON WAY	ORMUS 4	F DEATH (ITEM 27) (Typs	Print)	Lugas	Kalt	1 h	no	7/231	
	30. HAME AND ADDRESS OF PERSON WAY  31. DATE FILED (Mpqth_Day4) begs 2	OCHUES C	F DEATH (ITEM 27) (Type	BM-	luxy.	Salt.	Dh	ND	21231	

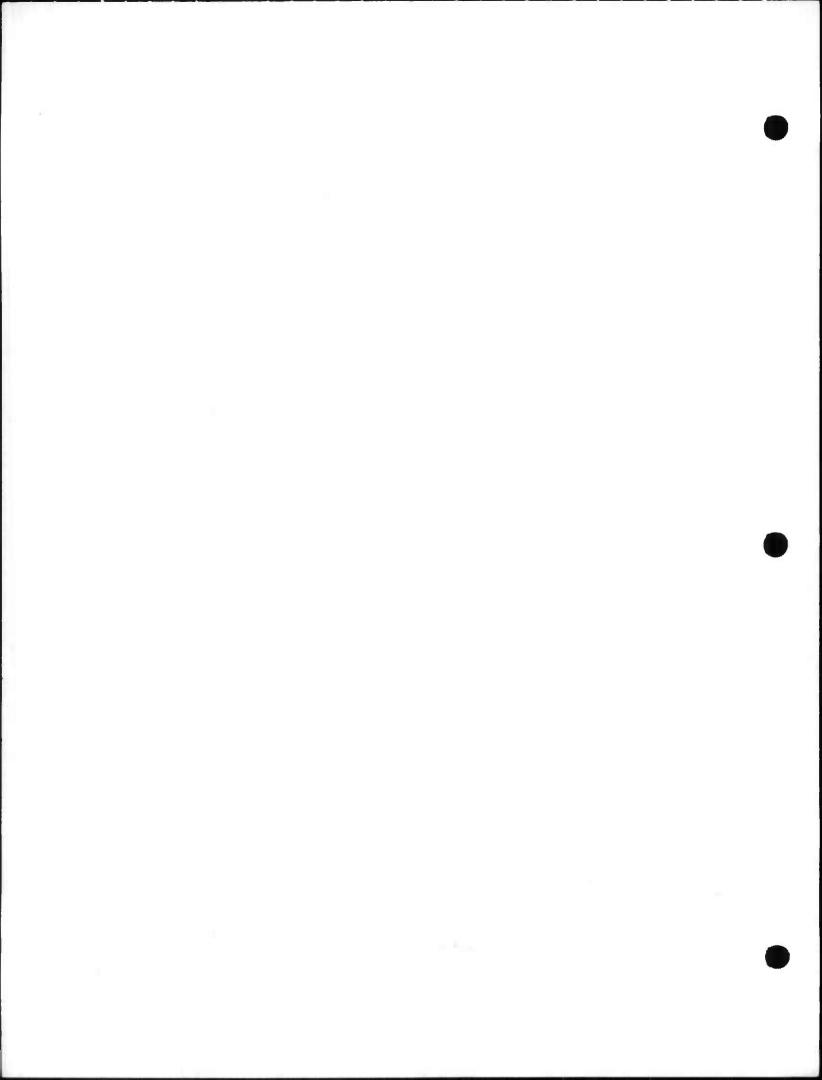
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR IN THE CONTRACTOR IN THE ACTUAL PAGE 1, 2, 3 should be filed within 72 hours at the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours at the marked, or leath and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 22 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitfied at once.



	IDITHE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	d wit	TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	even
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		/ DEPARTMENT OF HEALTH AND ERTIFICATE OF DEATH	MENTAL HYGIEN REG. NO.	E	05110
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DA	AY YEAR	3. TIME OF DEATN
	ROSE J SKIEVAN		March 31,		1;40 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. le		7. DATE OF BIRTN (Month, Day, Year)		PLACE (State or Foreign
	215-07-3783 1□ M 2 ☒ F 85	YRS. MONTHS DAYS HOURS MIN.	1-11-1908	Mar	yland
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF I		9c. COUNTY OF DE	ATH
DIRECTOR	Summit Nursing Home	Catonsville		Baltimo	re County
12	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
=	Maryland Baltimore Co.	Catonsville			1 YES 2 X NO
¥	10e. STREET AND NUMBER	10f. ZIP CODE		10g. CITIZEN OF W	HAT COUNTRY?
FUNERAL	98 Smithwood Ave.	21228		USA	
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2			or No- 14. RACE	- American Indian, White, stc.
BY	1 Never Married 2 Married IF YES, GIVE WAR OR DATES  3 XXWidowed 4 Divorced	1 TYES 2 XNO Spec		Specif	
<u> </u>	15. DECEDENT'S EDUCATION 16a. D	DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY	WILLE
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  Coffege (1-4 or 8 +)	(Give kind of work done during most of working fe. Do NOT use retired.)	200 100 100		
17		ilor			
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	16. MOTNER'S N	IAME (First, Middle, Maiden	Surname)	
	John Repetti	Domenio	a Fares		
B		9b. MAILING ADDRESS (Street and Number or Rura	I Route Number, City or Tow	n, State, Zip Code)	
2	Mr. Carl C. Repetti 3	3311 Southgreen Rd.	Baltimore.	MD 212	44
	20a. METNOD OF DISPOSITION 20b. PLAC	E AND DATE OF DISPOSITION (Name	DATE 20c, LO	CATION — City or Tox	vn, Sieta
	1 Donation 6 Other (Specify) Morel	ry, crematory or other place) Land Memorial Park	-3-93 Par	kville. M	D
1 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF I	ACILITY		
	> John K. Aynold h	Loring Byers			
H	23. PART I. Enter the disease, or complications that caused the d	8728 Liberty			MD 21133
	ahock, or heart failure. Liet only one cause on each lir		cn as cardiac or resp	iratory errest,	interval Between
1 1	IMMEDIATE CAUSE (Finel disease or condition	+ · 11 181	5		Onset and Death
	resulting in deeth) a.	time Hent Carle	$\mathcal{L}$		
1_1	DUE TO ON AS A CONS	eddence or).			100
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONS	EQUENCE OFI:			
¥	if any, leading to immediate cause. Enter UNDERLYING				
[윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONS	EQUENCE OF):			
E	reaulting in deeth) LAST				(tes)
8					
4	PART II. Other algoriticent conditions contributing to deeth but not	t resulting in the underlying cause given i	n Part I. 24a. WAS AN PERFOI		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
1 2 1	Unenten		1 _ YES 2	NO	COMPLETION OF CAUSE OF DEATH?
					1   YES 2   NO
MED	Ide Any Brest Comey				
N: MEDICAL	Id Ay 1 Brest Com				
CIAN: MED	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (	Check only one)		
SICIAN: MED	25. WAS CASE REFERRED TO MEDICAL	OTHER:			- 19
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   DEQ   HOSPITAL: 1   Inpetient 2   ER/Outpetient 27. MANNER OF DEATN   28s. DATE OF INJURY (Month, Day, Veer)	OTHER:		INJURY OCCURED	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2	3 DOA 4 Nursing Name 6 Residence	6 Other (Specify)	INJURY OCCURED	
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2	3 DOA 4 Normaling Nome 6 Rasidence 28b. TiME OF 28c. INJURY AT WORK?	6 Other (Specify)	and Number or Rural F	loute Number,
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2	3 DOA OTHER: 4 SAuraing Name 6 Residence 28b. TIME OF WORK? 1 YES 2 NO	8 G Other (Specify) 28d. DESCRIBE NOW	and Number or Rural F	ioute Number,
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	OTHER:  1 DOA   4 Naturaling Name   5   Residence  28b. TIME OF   28c. INJURY AT   WORK?  M   1 YES   2 NO   Nome, farm, street, factory, office	28d. Describe NOW  28d. Describe NOW  28d. LOCATION (Street City or Town, State)	and Number or Rural F	loute Number,
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2	OTHER:  1 DOA   A Nursing Name 6   Residence    28b. TIME OF   Sec. INJURY AT	28d. DESCRIBE NOW  28d. DESCRIBE NOW  28f. LOCATION (Street City or Town, State,	and Number or Rural F	-
E COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	OTHER:  4 Nursing Name 6 Residence  29b. TIME OF RESIDENCY AT WORK?  1 YES 2 NO  home, farm, street, factory, office  death occurred at the lime, data and place, and dor investigation, in my opinion, death occurred at if	26d. DESCRIBE NOW  26d. DESCRIBE NOW  26f. LOCATION (Street City or Town, State,  us to the cause(s) and make time, data and piece, as	and Number or Rural F	) and mariner as stated,
COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	OTHER:  4 Nursing Name 6 Residence  29b. TIME OF RESIDENCY AT WORK?  1 YES 2 NO  home, farm, street, factory, office  death occurred at the lime, data and place, and dor investigation, in my opinion, death occurred at if	28d. DESCRIBE NOW 28d. DESCRIBE NOW 28d. DESCRIBE NOW 28d. LOCATION (Street City or Town, State)	and Number or Rural F	) and mariner as stated,

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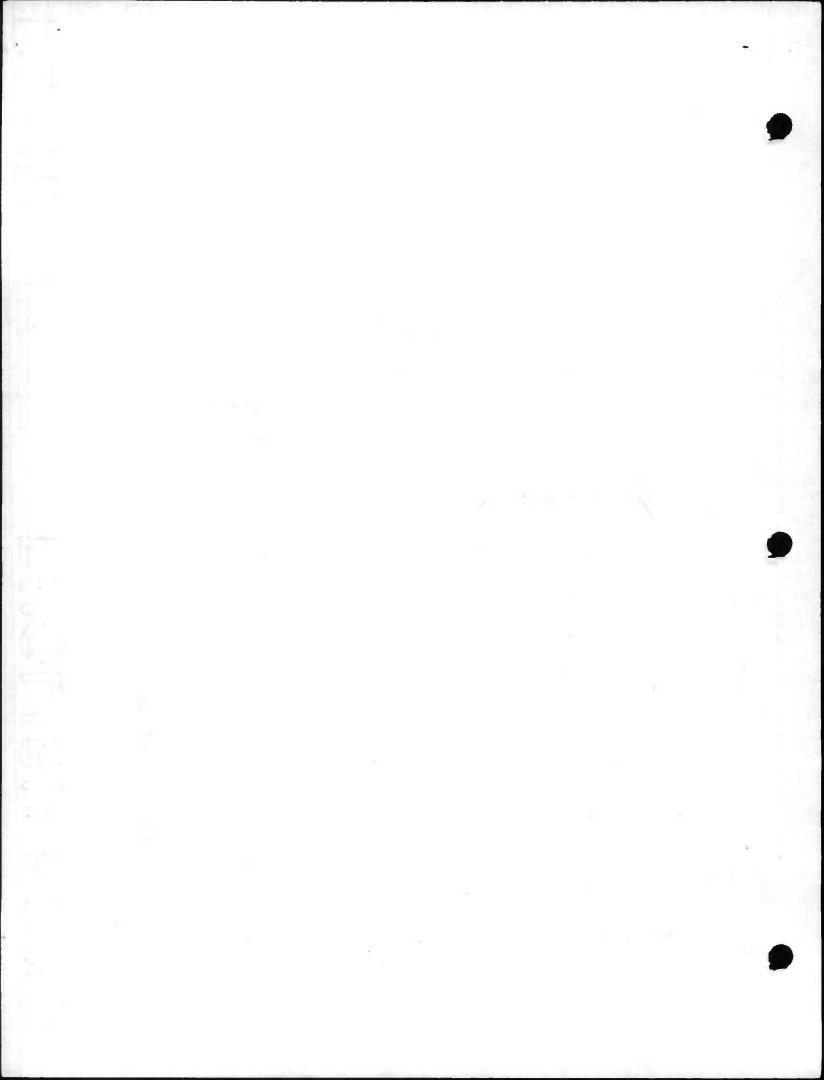
7.11V 32. RESETAR S SIGNAT COMMONWEALTH AVE

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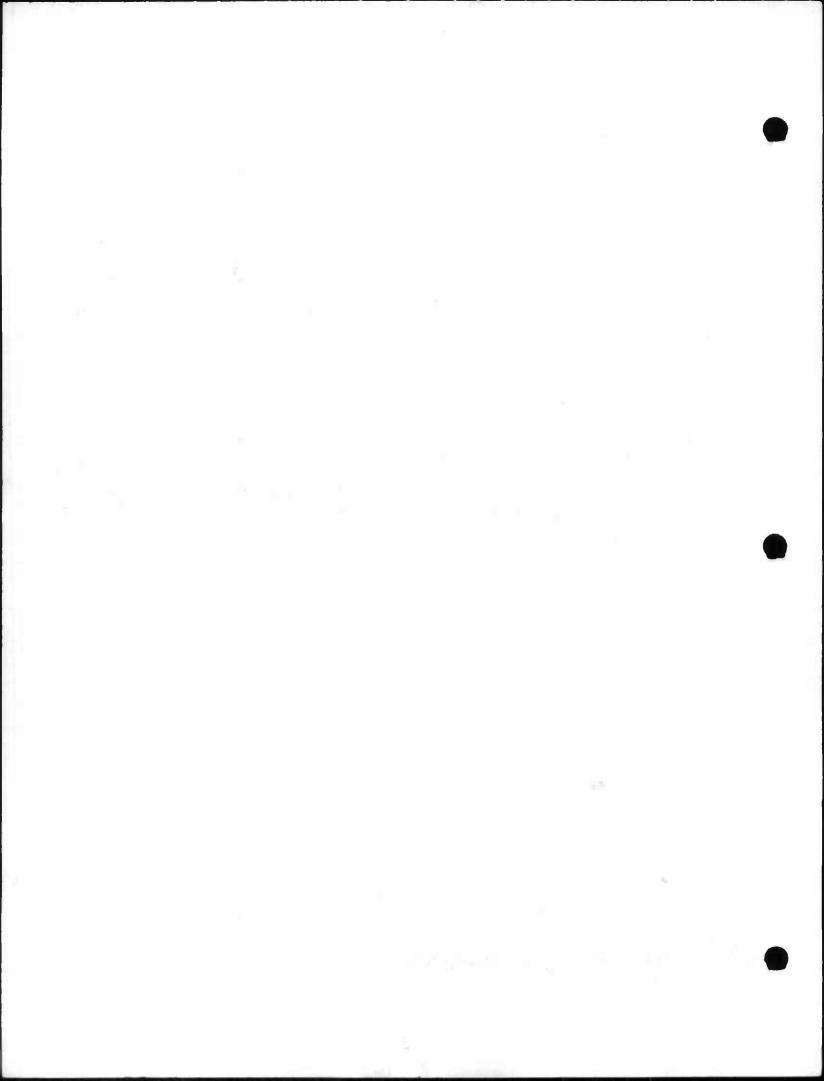
BALTO.,



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
IF FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, may 5 should be detached for use as the burst-lifanist permit. Pages 1, 2, 3 should	
od writin 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	
HTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at ence.	

ITEMS: 23 PART I, 27, 28a,c,d,e,f, PER MEO G-698 4/8/93 93 09147

		1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) RANCIS SIMMONS  2. DATE OF DEATH OUT 25  DAY 25	9'S 9:30 P M
Pin		4. SOCIAL SECURITY NUMBER  5. SEX  1 M 2 F  6. AGE (In yrs. lest birthdey)  F UNDER 1 YEAR F UNDER 24 HRS.  7. DATE OF BIRTH (Months Days Hours Min.)  YRS.  WONTHIS DAYS HOURS MIN.	BATICAY
1, 2, 3 should	стоя		COUNTY OF DEATH
Pages	DIRE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS? 1 YES 2 NO
an. ransit permit.	NERAL	255 1/15/75 LANTS 11109	CITIZEN OF WHAT COUNTRY?
215-0020 stlending physician. se as the burist-kransif	BY FUN	3 Wildowed 4 Diversed IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	14. RACE — American Indian, Bleck, Whita, etc.
D 2121 spital or atle ed for use	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  166. DECEDENT'S USUAL OCCUPATION (Dire hind of work done during most of working (III) PhOT pile retried.)	UINDUSTRY
YLA be the me the	BE COMPL	/VAPILLEON/ THINNING SR FRANCES ALL	7 <sub>E1</sub> /
E, M	2	LAR/BITE 15RCE 94 NORMAN AVE. A VERYES	VMD, 21001
MON TO BE		4 Donation 5 Dotter (Specify)	I - City or Town, State
SALT SALT r death. e funerial.		March Tune	21229
B 60, B within 24 hours after ompletely filled in by the cremation, or removal event, the medical		23. PART ILE part he diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory shock, or heert failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Oue TO (OR AS A CONSEQUENCE OF):	y arrest, Approximate Interval Between Onset and Death
certificate be executed fing physician and corr lygiene prior to buriat, other traumatic ex	CERTIFICATION		
at the death of the attend and Mental Hy		PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOF	
requires that been signed be signed be signed be shown any	I: MEDICAL	PERFORMED?  YES 2   NO	COMPLETION OF ALLIER
1 2 6 5 E	ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:	
NG PHYSICIAN fler this certific eath with the S marked, or i	PHYSICIAN:	1 Yes 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence XOther (Specify) VACA  27. MANNER OF DEATH 1 Neturel 5 Pending  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  28d. DESCRIBE HOW INJURY	
TOR: A after d	TED BY	2 Accident 3 Suicide 4 Homicide  2 Accident 3 Suicide 5 Could not be determined  28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  FOUND: VACANT BUILDING  1 YES 2 (NO UNKNOWN  28a. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State) 1 4  FOUND: VACANT BUILDING  5 t. Baltimore	24.E. Baltimore
JIV DSPITAL OR A JNERAL DIREC Thin 72 hours INT: If Item	COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as medical me	stated.
TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 he IMPORTANT: If IN	TO BE C		DATE SIGNED (Month, Day, Year)
	F	30. NAME AND ADDRESS OF PERSON WHO CONNETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  111 Penn Street, Baltimore, Mary	yland 21201
2		31. DATE FILED (MORTH, Day, Yold)  32. REGISTRAR'S SIGNATURE  APR 02 1993  Schia Savidon Fondese	



REG. NO

7. DATE OF BIRTH

(Month, 203 Year) 7

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Arthur

5. SEX

XX M 2 □ F 83

10	1	224-07-4062	XXM 2 L F	83	YRS.			100115		9-23-0	1
3 should		Se. FACILITY NAME (If not institution, give	street end number)			9b. CITY	TOWN OR	LOCATION OF	F DEATH	- 23	9c. CO
6,	DIRECTOR	Maryland G	eneral Hosp	pital				timro			
	덩	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	TY		40 - OTT	V 900001 0	OR LOCATIO				
Page	E I							PN .			
mit.		Md.  10e. STREET AND NUMBER			Ва	LTIN	nore	IP CODE			T
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clan. -tran	FUNERAL	1102 Druid Hil	12. WAS DECEDENT E	VER IN II S ARM	ED.	12		21201	DANIC OR	IGIN? (Specify Ye	1 (
ending physician. as the burial-transit permit. Pages 1,	B	1 Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR	YES 2 NO		1 3		ity Cuben, Me		rto Ricen, etc.)	# OF 140
se as	요	15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DEC	DENT'S	USUAL O	CCUPATION	2-1200		16b. KIND OF BU	JSINESS/IP
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retained by the hospital or attending 5 should be detached for use as the notified at once.	BE CO	17. FATHER'S NAME (First, Middle, Last)	Unk.					16. MOTHER'S Unk	NAME (Fir	rst, Middle, Maider	1 Sumame)
e retained e 5 shoule notified	70	19a. INFORMANT'S NAME (Type/Print) Arthur L. Drag	er	19b. 5	MAILING	ght	Street end	Number or Au Suit	e 5	Number City or You 10 Bal	vn, State, Z tim(
24 hours after death. Page 6 may be filled in by the funeral director, page ion, or removal.		20a. METHOD OF DISPOSITION 1 SEQUENTIAL 2 Cremation 3 Ref 4 Donation 6 Other (Specify)	noval from State	20b. PLACE AN	D DATE	of DISPOS	lvar	y Cem	1.11.2	ATE 20c. LO	n Bi
Page al dir		21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	-		22.	NAME AND	ADDRESS OF		10	
death. Pag e funeral di li.		· Allen	1/11/	1	_	1	7 h o n			. Gilm ie-Mor	
d in by the or removal		23. PART I. Enter the diseases, or	complication that complication	aused the dee	h. Do r	not enter	the mode	of dying,	such as o	cardiac or resp	diretory a
filled in I on, or re		shock, or heert failure IMMEDIATE CAUSE (Final	. List only one cause	on each line.							
within 24 h ppletely fille cremation, rent, the		disease or condition resulting in death)	Chro	nic imp	ress	sion	of s	epsis			
ted within completely ial, cremati event, t	1 1	resorting in death)		R AS A CONSEQU							
and con burial,	z	Secretally, the conditions of	h Pneu	monia c	ons	istar	nt Wi	th asp	irat	ion pne	umon
be executed within bian and completely or to burial, cremat aumatic event, i	일	Sequentially list conditions, if any, leading to immediate		R AS A CONSEOU							_
printer the	CERTIFICATION	CAUSE (Disease or injury	c Card	iomegly	Wi	th ri	Lght	and le	eft v	entricu	ılar
e death certificate he attending physic Mental Hygiene pri	Ē	that initiated events resulting in death) LAST	DOE 10 (OF	T AS A CONSEQU	ENCE O	r):					
	E E		d.								
law requires that the dea as been signed by the att Bept. of Health and Menta 23 shows any Injury,		PART II. Other significent condition	ns contributing to de	ath but not res	ulting	in the un	derlying	cause given	in Part I		N AUTOPSY
AN: The law requires that the tificate has been signed by the State Dept. of Health and Mr Item 23 shows any inje	DICAL									YES	
equire en sig of Hea	ME										
has bee Dept. 0											
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	OTHER		E OF DEATH	(Check onl	y one)	
0 5 5 0	>	1 YES 2 NO	15€ Inpatient 2 ☐ Ef	R/Outpatient 3	DOA	4 Nun		5 - Residen	ce 8 🗆 C	Other (Specify)	
	표	27. MANNER OF DEATH  1 🔯 Netural 5 📄 Pending	28e. DATE OF IN. (Month, Day,	JURY Year)	28b. TIM INJ	URY	28c. INJUR WORK	Y AT	28d.	OESCRIBE HOW	INJURY O
NG PHYS frer this ceath with marked	A	2 Accident Investigation				М		S 2 NO			
TTENDI TOR: A after d	G	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN- building, etc.	NJURY — At hom: (Specify)	, farm, s	street, tact	ory, office			LOCATION (Street City or Town, State	
	7	290. CERTIFIER (Check only	SICIAN: To the best of my	knowledge, dest	occum	ed at the ti	lme, date e	nd place, and	due to the	cause(e) and ma	mper se et
TO THE HOSPITAL TO THE FUNERAL Se filed within 72 IMPORTANT: If	COMPLET		ER: On the besie of exam								
E HOSPI E FUNER d within	D H	290. SIGNATURE AND TITLE OF CERTIFIE	SPR					9c. LICENSE	NUMBER		29d. DA
TO THE De filed	m	agdeput	- PC	6Y-1					n/a		•
0	5	30. NAME AND ADDRESS OF PERSON W. Arnold de Be.	en. M.D.		27) (Type,	Print) Mar	v1and	Gene	ral I	Hospita	1
0		31. DATE FILEO (Month, Day, Year)			_	-					
		APR 02 1993	SP. REGISTBAR'S	Son-Hand	E.						
<b>,</b> 1		HLV OT 1000	A/	•							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

YRS. MONTHS DAYS HOURS MIN.

Smith

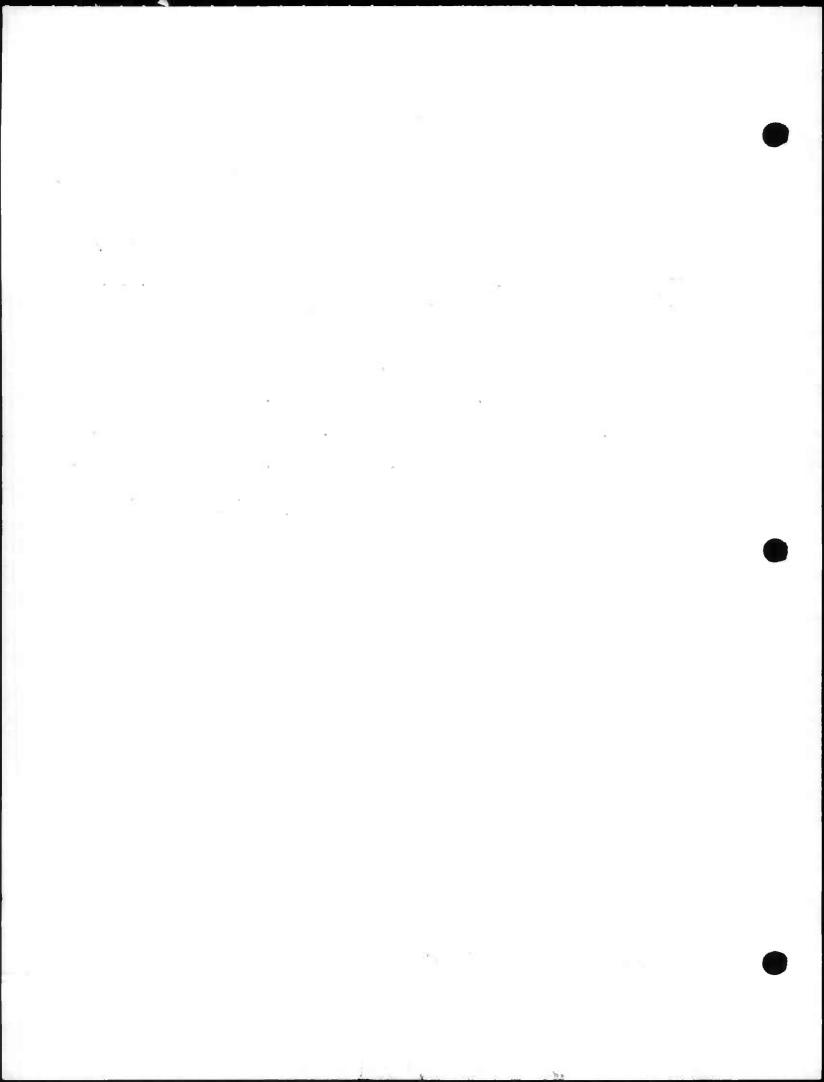
6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

2. Date of Death March 2dy, 1993ar 3. TIME OF DEATH 11:32pm 8. BIRTHPLACE (State or Foreign Va. 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A.Yes or No- 14, RACE — American Indian, Black, White, etc. spectly: Black BUSINESS/INDUSTRY lown, State, Zip Code) Itimore, Md. 21202 LOCATION - City or Jown, State en Burnie, Md. mor St. 21217 rtician spiretory arrest, Approximete Interval Between Onset and Death eumonia. ular hypertrophy. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO V INJURY OCCURED st and Number or Rural Route Number, nanner as stated. and due to the ceuse(e) and manner as stated.

93

29d. DATE SIGNED (Month, Pay, Year) 3

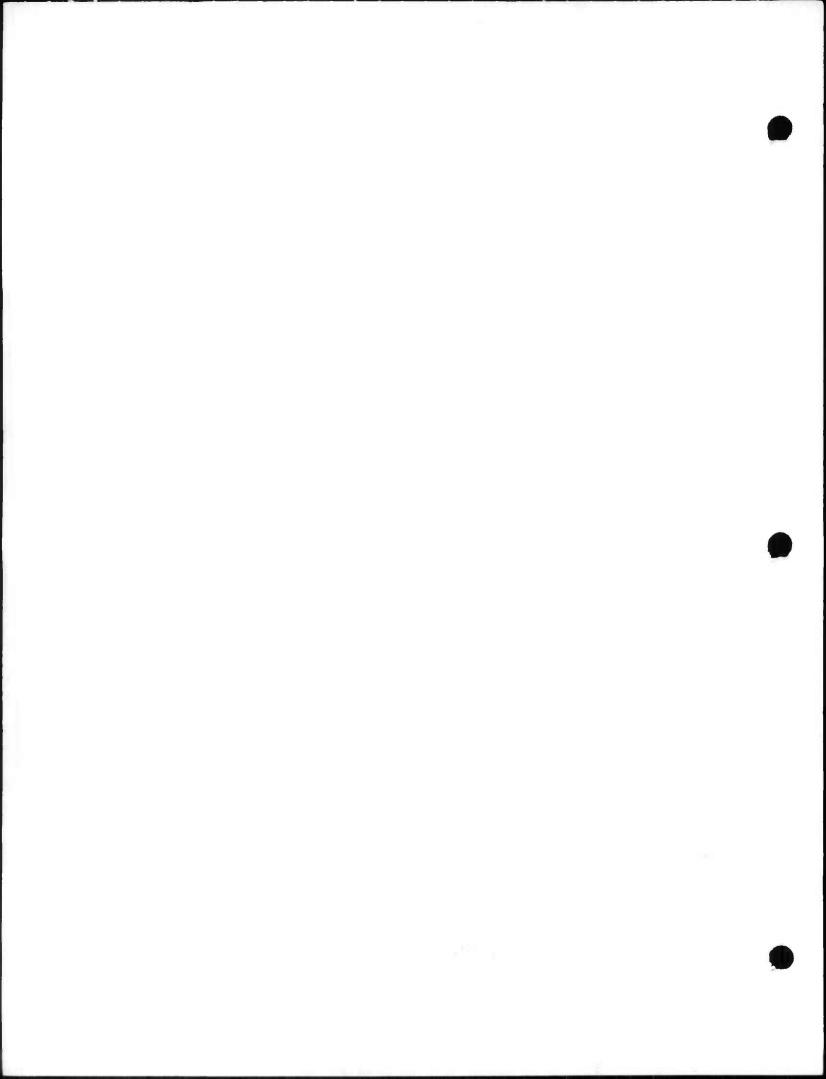
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART CERTIFIC			MENTAL HYGIEN		3 09149	
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Charles		<b>TACHOWSKI</b>			41-93	W YI	9:02 P M	
	216-03-5810 A 1	_XM 2 □ F		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1914	BIRTHPLACE (State or Foreign Countrylaryland	
OR	9a. FACILITY NAME (If not institution, give street Franklin Square		1		SVille	EATH	9c. COUNTY Balti		
اظ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		44. 0.77						
DIRECTOR	Md. Bal	timore	10c. C117,	TOWN OR LOCAT ES	sex			10d. INSIDE CITY LIMITS?  1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 704 Riverside	Drive		101.	21221		10g. CITIZEN	USA	
B≺	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECI	cify Cuben, Mexica	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	160. DECEDENT'S US (Give kind of wor life. Do NOT use of TOO1 Die	rk done during mos retired.)	N it of working	16b. KIND OF BUS		Marietta	
BE COM	17. FATHER'S NAME (First, Middle, Last) Anthony Stachor	wski			18. MOTHER'S NA Anna	ME (First, Middle, Maiden Studjins)			
TO B	190. INFORMANT'S NAME (Type/Print) Emma Stachowski					Route Number, City or Tow. Baltimore N			
	20e. METHOD OF DISPOSITION  132 Buriel 2 Cremation 3 Removal  4 Donation 5 Other (Specify)	from State ceme	PLACE AND DATE OF	r place)		1		or Town, State	
	21. RIGNATURE OF FUNERAL SERVICE LICENS	see mulal f	Tome	22. NAME AN	D ADDRESS OF FA	c <del>y4/5/93 I</del> duty alHome 300M			
	23. PART I. Enter the diseases, or com- shock, or heart thilure. List IMMEDIATE CAUSE (Final disease or condition	iplicationa that caused tonly one cause on as	the death. Do not ch lina.	1	da of dying, such	( 1)	Tacci	Approximata Interval Batween Onset and Death	
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF):	n/s	vouce	Caracas	1~		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST								
AL C	PART II. Other aignificant conditions c	ontributing to death bu	t not resulting in	the underlying	cause givan in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF OEATH (Ch	eck only one)			
IXSI	1 YES 2 NO	☐ Inpetient 2 ☐ ER/Outpe	tient 3 DOA 4			6 ☐ Other (Specify)			
ВУ РН	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WOR	IRY AT RK? ES 2 NO	28d. OEŞCRIBE HOW I	JURY OCCUR	EO	
100	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif	— At home, term, stre	et, factory, office		281. LOCATION (Street e City or Town, State)	nd Number or F	Rural Route Number,	
COMPLETED	290. CERTIFIER (Check only one) CERTIFIER PHYSICIAL EXAMINER: O	N: To the bast of my knowle	dge, death occurred	at the time, date i	and place, end due	to the cause(s) and man	ner ee stated.	suse(s) end manner as stated.	
BE CO	296. SIGNATURE AND THE SE OF GENTLEIER	A			20 LICENSE NUN			GNED (Month, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OEAT	ГН (ITEM 27) (Туре, Pr		D106	12	4	-1-43	
	NO DATE EN ED (Manut. De Mail	Lavarana							
	APR 02 1993	Jamasa - Por	tale.						

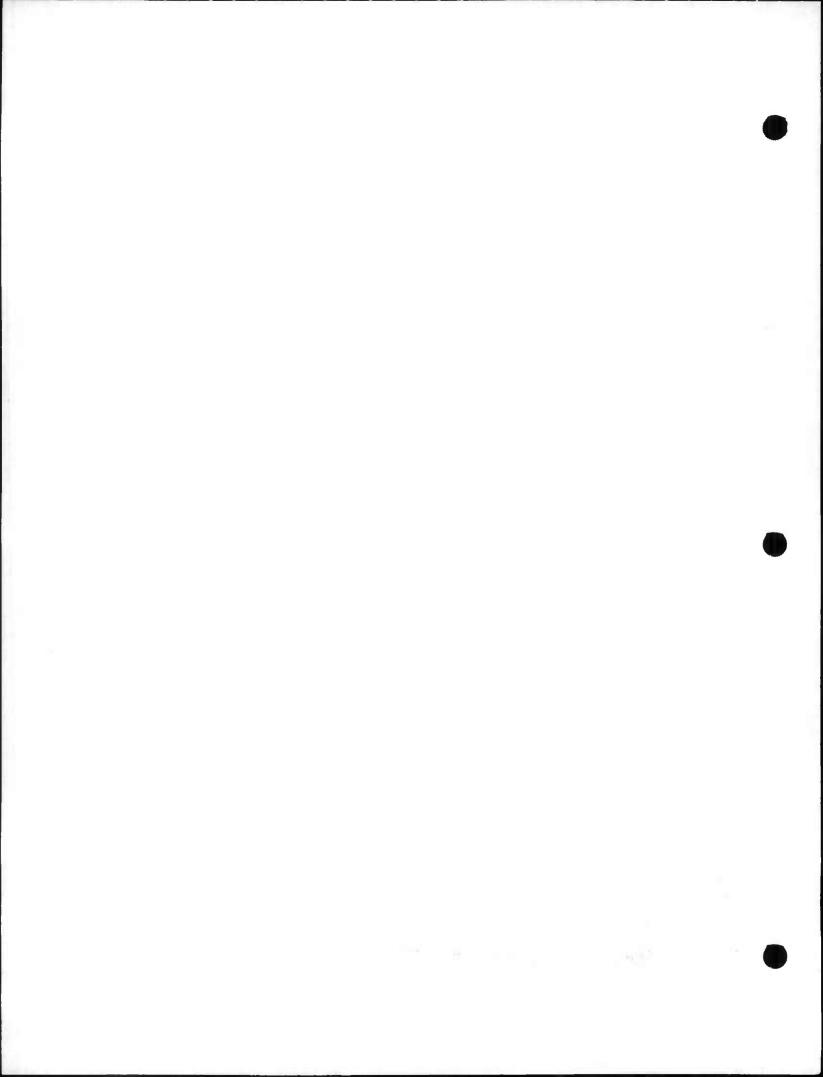


BALTIMORE, MARYLAND TITE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.
	1. DECEDENT'S NAME (First, Middle, Last)  ROSSIE DAVIS Stitt  2. DATE OF DEATH MONTH 1/93  YEAR  3. TIME OF DEATH MONTH 1/93  M
	4. SOCIAL SECURITY NUMBER 26-34-2641  5. SEX 6. AGE (In yrs. last birthday) 1 M 2 KF 63 YRS.  6. AGE (In yrs. last birthday) 1 M 2 KF 63 YRS.  6. AGE (In yrs. last birthday) 1 M 2 KF 63 YRS.  6. AGE (In yrs. last birthday) 1 M 2 KF 63 YRS.  6. AGE (In yrs. last birthday) 1 M 2 KF 1 MONTHS DAYS HOURS MINI.  7. DATE OF BIRTH (Month, Day, Year) 9/17/29  Va.
	98. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
DIRECTOR	4412 Shamrock Ave. Baltimore
REC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
	MD. Baltimore 100. STREET AND NUMBER 100. ZIP CODE 100. CITIZEN OF WHAT COUNTRY?
FUNERAL	4412 Shamrock Ave. 21206 U.S.A.
BY FUN	11. MARITAL STATUS  12. WAS OECEDENT EVER IN U.S. ARMED FORCES?  1 Never Married 2 Married 5 Married 5 Married 5 Married 5 Married 5 Married 6 Married 6 Married 7 Married 7 Married 7 Married 7 Married 7 Married 7 Married 8 Married 7 Married 8 Married 7 Married 8 Married 7 Married 8 Married 7 Married 8 Married 7 Married 8 Married 8 Married 8 Married 9 Married 10 Married 10 Married 10 Married 11 Married 12 Married 12 Married 12 Married 13 Married 14 Married 15 Married 15 Married 15 Married 16 Married 16 Married 17 Married 17 Married 17 Married 18 Married 18 Married 18 Married 19
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Seconds (0-12)  College (1-4 or 5 +)  College (1-4 or 5 +)
MPL	Food Service Balto City Public School
BE CO	17. FATHER'S NAME (First, Middle, Lest)  Henry Davis  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Annie B. Henderson
5	19b. MAILING ADDRESS (Street and Number of Flural Route Number, City of Town, State, Zip Code)  Clarence Stitt 4412 Shamrock Ave. BAlto., MD. 21206
	20s. METHOD OF DISPOSITION  11 Burlal 2 Cremetion 3 Removal from State  4 Donetion 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Specify). Date State St. Douglas Church Cem 4/6 CharlotteCourt, VA.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY
	▶ Betts Funeral Home 1129 N. CAroline St. Balto, MD. 21213
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITAL:  OTHER:
PHYSI	1   YES 2   NO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home SSC Residence 6   Other (Specify)  27. MANNER OF DEATH   28a. DATE OF INJURY (Month, Day, Year)   28b. TIME OF INJURY WORK?   28d. DESCRIBE HOW INJURY OCCURED   INJURY WORK?
ED BY	Could not be determined   Could not be det
COMPLET	29e. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated,  in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated,
TO BE C	296. SIGNATURG-AND TYPLE OF CERTIFIER  296. LICENSE NUMBER() / 97 / 9 29d. DATE SIGNEO (Mornith, Day, Year)
F	MILNARI BUSEN WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MILNARI BUSEN BY ILMI 41 YI STOCKE CLY BOY WY ILM
	31. DATE FILEO (MONTH, Day, Year)  32. REGISTRAR'S SIGNATURE  Julia Davidson Pondale



ached for use as the burial-transit permit. Pages 1, 2, 3 should

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be der be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH a 03 YEAR 93 WILLIAM V. 8:15 STICKLINE 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS (Mont 1 M 2 - F 212-05-8414 90 YRS. MARYLAND 02 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANKLIN SQUARE HOSPITAL ROSEDALE BALTIMORE RESIDENCE OF DECEDENT 16b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 X NO FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1434 ROWE DRIVE 21061 U.S.A. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No-14. RACE — American Indian, Black, Whita, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ▼ NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 0 MECHANIC CHEMICAL MANUFACTURING 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) FRANK J. STICKLINE MARY KELLY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LaVerne C. Higgins 1434 ROWE DRIVE-GLEN BURNIE, MARYLAND 21061 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF OISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Removal from State PARKWOOD 4 Donation 8 Dine CEMETERY 4/3 PARKVILLE, MD. SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD. 23. PART I. Enter the diseases of complications that caused the desinock, or heart fellows. List only one cause on each line. complicatione that ceused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) bstructive Lung Diseas YRS DUE TO (OR AS A CONSEQUENCE CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 THO OF DEATH? 1 TYES 2 NO PHYSICIAN: N/A 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 - YES 2 NO | | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1X Natural 1 YES BY 2 Accident Investigation PLACE OF INJURY — At home, farm building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Nu City or Town, State) er or Rural Route Number 8 Could not be COMPLETED 1 4 Homicide detarmined 29a. CERTIFIER 1X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and m 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29h. SIGNATIO

ATTENDING M.D.5901 KLIGMAN HARFORD ROAD-BALTIMORE, MD.

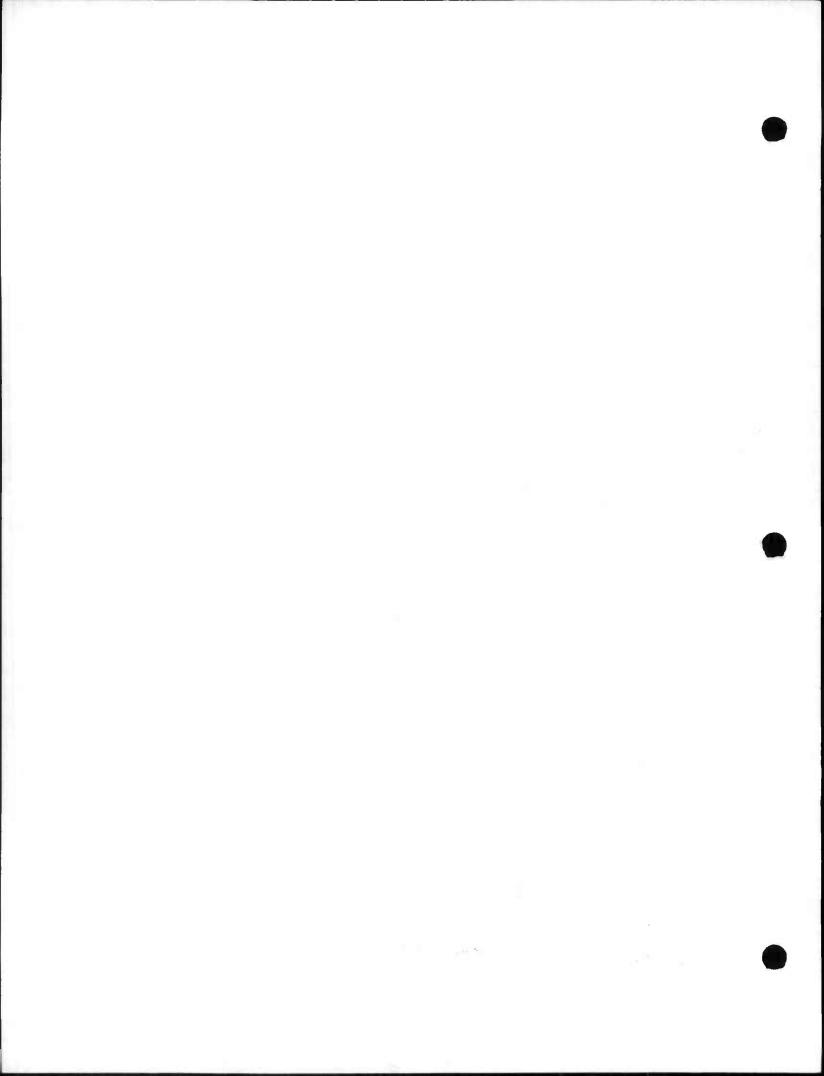
29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Place printing the morphism or attending program.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral darktor, the 5 mound be detached for use as the burnal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.
DIVISION OF VITA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: Th	to THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or item

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR	STATE OF MARY	AND / DEDAD	THENT OF L	IEALTH AND ME	NTAL UVOICE	_93	09152
	1 - STATE REGISTRAR	SIAIL OF MANT	CERTIF	ICATE OF	DEATH	REG. NO		
- 8	1. DECEDENT'S NAME (First, Middle, Last)				2	DATE OF DEATH		3. TIME OF DEATH
	G1adys	R.	St	toltenbe:	rg M	farch 21	199	9:00 A.M.
	4. SOCIAL SECURITY NUMBER 217 03 8880		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Pennsylvania
~	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN C	OR LOCATION OF DEAT	н	9c. COUNTY	OF DEATH
DIRECTOR	2911 Poplar Rid				Pasadena		Anne	e Arundel
	Maryland Ann	e Arundel	10c. CIT	Y, TOWN OR LOCAT	Pasade	ena		10d. INSIDE CITY LIMITS?  1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER	- 1		101	. ZIP CODE			OF WHAT COUNTRY?
N	2911 Poplar Rid				21122			ted States
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 3NO	If yes, sp	ENDENT OF HISPANIC active Cuben, Mexican, F	ORIGIN? (Specify Yer Puerto Rican, etc.)	s or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON st of working	16b. KINO OF BU	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12) 12	College (1-4 or 5+)	IMB. Do NOT us	emaker	of or working	E .	Dome	estic
	17. FATHER'S NAME (First, Middle, Last) Louie	Do	mielioux		18. MOTHER'S NAME			
BE	19a. INFORMANT'S NAME (Type/Print)	Re		ADDRESS (Street a	Cather			Jnknown)
10	Harry G. Stoten		2911	Poplar	Ridge Rd.			•
	20a. METHOD OF DISPOSITION  XX Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	ce ce	metery, cremetory or of	ther place)	med cery 3/24		10.00	or Town, State
ľ	21. SIGNATURE OF PUNERAL SERVICE LIC		Cedar III		ID ADDRESS OF FACILI		altimon	re, MD
	· Stall Di	alum	_	3204	lly Funera Mountain	Pd., Pasa	adena.	MD 21122
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that ceuse List only one cause on	ed the death. Do n	not enter the mo	de of dying, such a	a cardiac or resp	ratory arrest	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Au	MENI	080(13	moric			Onset and Death
		DUE TO (OR AS	A CONSEQUENCE OF	F):				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OR AS	A CONSEQUENCE OF	ASCI SE	notic			
- 1	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO JOH AS	A CONSEQUENCE OF	Pi:	,	rti. 244. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES NO
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition	c. DUE TO JOH AS	A CONSEQUENCE OF	in the underlying	, cause given in Pa	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	c. Oue TO OR AS  d	A CONSEQUENCE OF	in the underlying	g cause given in Par	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL	c. Due to lon As  d	A CONSEQUENCE OF	26. PL OTHER: 4 □ Nursing Hom	ace Of Death (Check	PERFOR	NO NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES NO
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 1 NO  27. MANNER OF DEATH  1 Natural 5 Pending	c. Oue TO OR AS  d. HOSPITAL: 1   Inputer 2   ER/Out	A CONSEQUENCE OF	26. PL OTHER: 4   Nursing Hom URY 28c. INJ	ace Of Death (Check	PERFOR	NO NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES NO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES  NO  27. MANNER OF DEATH	c. Due to lon As  d	A CONSEQUENCE OF	26. PL  OTHER: 4   Nursing Hom URY WO 1   N	ACE OF DEATH (Check  5 Residence 6 DRY AT RKY  TES 2 NO	PERFOR	NO NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES SONO
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d	Dut not resulting in the patient 3 DOA 28b. I'M I'M I'M I'M I'M I'M I'M I'M I'M I'M	26. PL OTHER: 4   Nursing Hom BOF 28c. INJ WITH 1   WO 1   Intreet, factory, office	ACE OF DEATH (Check  5 Residence 6 URY AT RKY  ES 2 NO 28  and place, and due to	only one)  Other (Specify)  Id. DESCRIBE HOW to City or Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES NO  Rural Route Number,
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d	Dut not resulting in the patient 3 DOA 28b. I'M I'M I'M I'M I'M I'M I'M I'M I'M I'M	26. PL OTHER: 4   Nursing Hom BOF 28c. INJ WITH 1   WO 1   Intreet, factory, office	ACE OF DEATH (Check  5 Residence 6 URY AT RKY  ES 2 NO 28  and place, and due to	only one)  Other (Specify)  Id. DESCRIBE HOW to City or Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES SONO
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO IOR AS  d	Dut not resulting in the patient 3 DOA 28b. I'M I'M I'M I'M I'M I'M I'M I'M I'M I'M	26. PL OTHER: 4   Nursing Hom BOF 28c. INJ WITH 1   WO 1   Intreet, factory, office	ACE OF DEATH (Check  5 Residence 6 URY AT RKY  ES 2 NO 28  and place, and due to	only one)  Other (Specify)  Id. DESCRIBE HOW a  City or Town, State)  the cause(s) and mare, data and place, an	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES NO  Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO IOR AS  d	Dut not resulting is to the patient 3 DOA 28b. Time INJ	26. PL  OTHER: 4   Nursing Hom E OF	ACE OF DEATH (Check  5 St Residence 6  URY AT RK7  VES 2 NO  28  and place, and due to	only one)  Other (Specify)  Id. DESCRIBE HOW a  City or Town, State)  the cause(s) and mare, data and place, an	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES NO  Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 28. Accident Investigation determined  29a. CERTIFIER (Check only one)  29a. DENATURE AND TITLE OF CERTIFIER	DUE TO IOR AS  d	DUI NOT resulting in the patient 3 DOA 266. TIME INJ	26. PL  OTHER: 4   Nursing Hom E OF	ACE OF DEATH (Check  5 St Residence 6  URY AT RK7  VES 2 NO  28  and place, and due to	only one)  Other (Specify)  Id. DESCRIBE HOW a  City or Town, State)  the cause(s) and mare, data and place, an	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES NO  Rural Route Number,



South by	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mounts. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be numbered.	
4YSICIAN: The law requires that the death is certificate has been signed by the attentiff the State Dept. of Health and Mental I ed. or Item 23 shows any Injury, or	
TO THE HOSPITAL OR ATTENDING PI TO THE FUNERAL DIRECTOR: After th De filed within 72 hours after death w IMPORTANT: If I tem 28 is mark	

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN	93	09153
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH
	Mary Elizabeth					03-28-93		M
	165-20-7087	6. AGE (in yrs.	YRS. MO	UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-14-192	7 8. BIR	THPLACE (State or Foreign Pa.
DIRECTOR	9a. FACILITY NAME (If not institution, give street  1513 Filbert Stre		96		more Cit		9c. COUNTY OF	DEATH
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	TON			10d. INSIDE CITY
	Md. N/A		Bal	timore	City (	Curtis Bay		LIMITS? 1 X YES 2 □ NO WHAT COUNTRY?
FUNERAL	1513 Filbert Stre	et.			21226			d States
5	11. MARITAL STATUS 12	WAS DECEDENT EVER IN ITS	ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14, RA	CE — American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 X	No.	If yes, spe		n, Puarlo Rican, etc.)	100	ck, White, alc.
	15. DECEDENT'S EDUCATI	1011						White
COMPLETED	(Specify only highest grade con	npleted)	DECEDENT'S USL (Give kind of work ite. Do NOT use re	done during mos	IN st of working	18b. KIND OF BUS	INESS/INOUSTRY	
Ь		2011ege (1-4 or 5+)	Registe		wco.	Harbon	Hospit	al Center
8	17. FATHER'S NAME (First, Middle, Last)		Neg 13 ce	reu Nu		ME (First, Middle, Maiden		ar center
	Joseph Maloney					- 1	loney	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADI	DRESS (Street a		oute Number, City or Town		
F	John J. Sledgesk	i, Jr.	1505 Ma	rco Dr	ive;Pasa	dena,Md. 2	1122	
	20a. METHOD OF DISPOSITION 1 □X Burial 2 □ Cremation 3 □ Removal	from State 20b. PLAC	E AND DATE OF D	SPOSITION (Na	me of	OATE 20c. LOC	CATION — City or	Town, State Balto.
	4 Donation 5 Other (Specify)	Ho1	Y Cross	Cemet	ery 4-1	-93   An	ne Arun	del, Md.
	21. SIGNAL DHE OF FUNERAL SERVICE LICENS	Kevir	Ecker		D ADDRESS OF FAC	McCul	ly Fune	ral Home
	7 8- 2	- 72-				sco Avenue		,Md. 21225
	23. PART I. Enter the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused the conjugate to only one cause on each if	na.		2 0	is a cardlac or reapli		Approximata Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A GONS  DUE TO (OR AS A COMS  DUE TO (OR AS A COMS	1 storte (	W6Des Vie L	lae on	Conce		
١	PART II. Other aignificant conditions c	ontributing to death but not	resulting in th	a underlying	causa given in i			b. WERE AUTOPSY FINDINGS
용내						PERFORI	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC								1 TES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	07	26. PL	ACE OF DEATH (Che	ck only one)		
HYS	1 YES 2 NO 1 (	Inpatient 2 ER/Outpatient	3 DOA 4	Nursing Home	5 Residence			
_ ∥	Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	RK?	26d. DESCRIBE HOW IN	JURY OCCURED	
ă I	2 Accident Investigation	28a. PLACE OF INJURY — AI I	nome form etree		ES 2 NO	PAY I GOATION (C.		
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	iome, raitii, atree	, ractory, ornea		28f. LOCATION (Street at City or Town, State)	nd Number or Hural	Route Number,
	29a, CERTIFIER 1 TO CERTIFYING PHYSICIAN	V. To the head of an inches						
COMPLET		N: To the best of my knowledge, on the basis of axamination and/o						(e) and manner as eleted
- "	290 SACHATURE AND TITLE OF CERTIFIES	201		I	29c. LIDENSE NUM			
	1 Unnella	12/14	capi	)	177	0-1	▶ 3	20/92
2	TO MANE AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF CEATH (IT	EM 27) (Type, Prin	7	0/1		1	10/12
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNATURE	001	FHA	NOVER.	57-, (39)	hmore	W-21225
	APR - 2 1993		anda M.				•	

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DIVISION OF VITAL RECORDS, P.O. BOX 6	8	E 5	E
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	\$5	TANT: If Item 28 is marked, or item 23 shows any injury, or other traumati
	80	Ne Pri	Z
	웃	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and within 72 hours after death with the State head of Health and Mental Hydiene nrick to but	1

93 09154 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH CAROL GRIFFING THOMSEN AROL THOMSEN 12:20 3 8. AGE (In yrs. last birthday) | F UNDER 1 YEAR | F UNDER 24 HRS. | MONTHS | DAYS | HOURS | MIN. 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) 02-11-1904 Baltimore, MD 1 M 2 X F 216--46--6170 YRS 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Roland Park Place Apt. 809 DIRECTOR Baltimore City N/A RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 830 W. 40th Street 21211 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 ☐ Divorced ETED. 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 years 4 years Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) S. George Wolf Angeline P. Griffing 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret T. Moler 908 Kingston Road, Baltimore, MD 21212 20s. METHOD OF DISPOSITION
1 □ Burial 2 ☒ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Green Mount Cemetery 03/26/93 Baltimore, Maryland 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EDEFELD HOME 6500 YORK RO BALTO MD 21212 M-00804 23 PART / Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, Approximate shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) neumon 16 D DUE TO (OR AS A CONS CERTIFICATION Sequentially flat conditions, DUE TO (OR AS A CONSEQUENCE if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 34 WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER: 1 YES 3 70 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCUREO Natural 5 Pending BY 1 YES 2 NO Accident **Investigation** 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
(Check only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 295 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II BE thezon 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

XXer 25662

29d.	DATE	GNED (Month, Day,	Year)
•	3/	25/93	QI
	-		

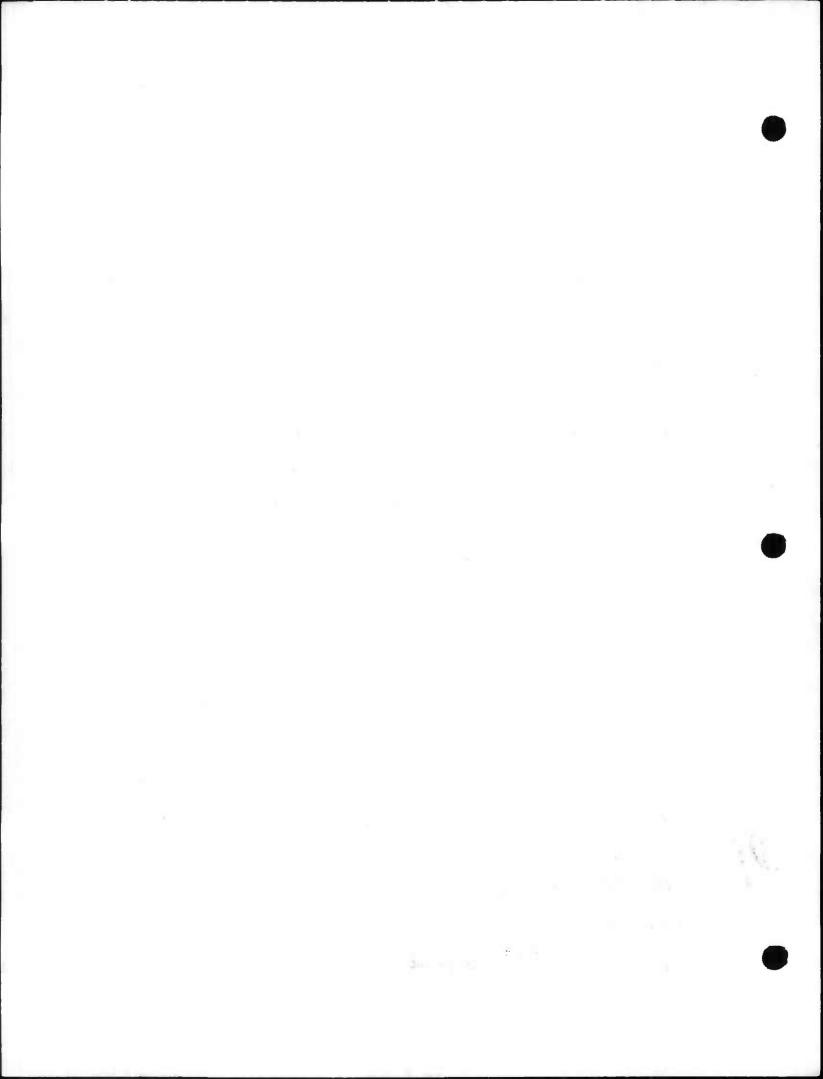
Gregory L. Walker, M.D. 3838 Roland Avenue, Baltimore, Maryland 21211

Julia Devidson Agnoste APR 02 1993

The second was reserved F- 77 . 1-Call Horse is yeld assert the top popular STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

			CERTIFI	CALE	F DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) UNKNOWN	COREY B/M (	TUCKE: (93-061)		orie)	2. DATE O	F DEATH 3 0	199	3. TIME OF DEAT 11:18
	4. SOCIAL SECURITY NUMBER 066-64-8388	5. SEX 6. AGE	(In yrs. lest birthday) 19 yrs.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF	BIRTH Day, Year)	73	BIRTNPLACE (State or Fo
	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOW	N OR LOCATION OF D			9c. COUNTY	
СТОВ	REAR ALLEY-825	NORTH BROA	ADWAY	BAL	TIMORE	CITY			
ш	10e. STATE 10b. COUNTY	Y	10c. CITY	, TOWN OR LO	CATION				10d, INSIDE CITY
L DIR	10e. STREET AND NUMBER		Br	onx					1 TYES 2
RA	779 Concours	o Willows	Doot		10f. ZIP CODE				OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		10451 ECENDENT OF HISPAI				S.A.  RACE — American India
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES			specify Cuben, Mexica ES 2 NO Specif		ean, atc.)		Specify: Black Black Black
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S I	ork done durina	TION most of working	16b. K	IND OF BUS	INESS/INDUST	RY
PLE	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Stud	retired.)					
COMPL	17. FATNER'S NAME (First, Middle, Last)		Dedd	CITC	16. MOTNER'S NA	ME (First, Mic	idle, Meiden S	Surname)	
BE C	Willie Brow	n			Viv	ian	Cole	eman	
10	190. INFORMANT'S NAME (Type/Print) Vivian Tucker				nt and Number or Rural				-,
	200-WETHOD OF DISPOSITION	201	179 b. PLACE AND DATE O			1. Ea		Bronx, CATION - City	N.Y.104
	1 Denation S Other (Specify)		Fairlaw			DATE		irlawr	
	21. SIONATURE OF FUNERAL SERVICE LIC				AND ADDRESS OF FA	CILITY	1243	LLIGWI	1/ 14.0.
	Force	· My	- 5	Win. (	C. March	F/H	1101	L E. N	North Ave
NC	disease or condition resulting in death)	b	A CONSEQUENCE OF	):	Moonis	\ <u>\</u>			
RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	A CONSEQUENCE OF						
- CERTIFICATION	if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR AS A		):		David La			
MEDICAL C	if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A		):	ing cause given in		4a. WAS AN A PERFORI	MED?	24b. WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION DE C OF DEATH? 1 YES 2 N
: MEDICAL C	if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR AS A		n tha undarly		_	PERFOR	MED?	AVAILABLE PRIOR COMPLETION DF
SICIAN: MEDICAL C	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition	c. DUE TO (OR AS A	out not reaulting li	26.	PLACE OF DEATH (Ch	neck only one)	PERFORI	MED?	AVAILABLE PRIOR COMPLETION DF COFFICIENT OF COFFICIENT OF COFFICIENT OF COFFICIENT OF COFFICIENT OF COFFICIENT OF COFFICIENT OF COFFICIENT OF COFFICIENT OF COFFICIENT OF COFFICIENT OF COFFICIENT OF COFFICIENT OF COFFIC
PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 [XYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR AS A	patient 3 DOA	26. OTHER:		6 Yother (	PERFORI	MED?	AMALABLE PRIOR COMPLETION OF COOPLETION OF COOPLETION OF COOPLETION OF COOPLETION OF COMPLETION OF C
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COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO (OR AS A  d.  BE contributing to death to  BE contributing to death to  BE contributing to death to  BE contributing to death to  BE CONTRIBUTED  Contributing to Contribute  Contributing to Contribute  BE CONTRIBUTED  C	patient 3 DOA  993 10 Me  7 — At home, farm, st	26. OTHER: 4   Nursing N COF   28c. The Actory, of N   BR(	PLACE OF DEATH (Chome S Residence NJURY AT WORK?  YES 2 NO fice DADWAY where end piece, end due, death occured at the	eck only one)  6 Other (c)  26d. DESCI  26f. LOCAT City or BA	PERFORI  VES 2  Specify) I  RIBE NOW IN  BJECT  Town, State)  LTIM(  (e) and menu	REAR A  JURY OCCURE T SHOT  and Number or R  ORE C:  There is stated, if due to the car	AMAILABLE PRIOR COMPLETION DE COOPLETION DE COOFDEATH?  1 YES 2 N  ALLEY  ED  I'  Tural Route Number,  ITY  use(s) and menner se st
BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  d.  HOSPITAL: 1   Inpetient 2   ER/Out, 3 (Month, 3%) Yes 1  26e. PLACE OF INJURY building, etc. (Spe ALLEY - RE	patient 3 DOA  993 10 Me  7 — At home, farm, st	26. OTHER: 4   Nursing N COF   28c. The Actory, of N   BR(	PLACE OF DEATH (Chome S   Residence NJURY AT WORK?  YES 2 NO fice DADWAY ste end piece, end due, death occured at the	6 Yother ( 26d. DESCI SU 26f. LOCAT City or BA to the cause	PERFORI  VES 2  Specify) I  RIBE NOW IN  BJECT  Town, State)  LTIM(  (e) and menu	REAR A SIGNATURE OF SHOTOME COME COmpenses at a stated.	AMAILABLE PRIOR COMPLETION DE COOPLETION DE COOFDEATH?  1 YES 2 N  ALLEY  ED  I'  Turel Route Number,  ITY  Use(s) and menner ee st  SNED (Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO (OR AS A d	patient 3 DOA  993 26b. TIME 7 — At home, farm, st city AR 825 riedge, death occurre on end/or investigation	26. OTHER: 4   Nursing N  OF 28c.   Print)  Print)	PLACE OF DEATH (Chome S - Residence NJURY AT WORK? YES 2 NO Hice DADWAY whe end piece, end due , death occured at the 29c. LICENSE NUE	seck only one)  6 Nother (c)  26d. DESCI SU  26f. LOCAT City or BA  to the cause time, date ef	PERFORI  XES 2  Specify) I RIBE NOW IN BJ ECT IN (Street et al. 1977)  LTIM( (4) and menual place, and place, and place, and place)	REAR A  JURY OCCURE  T SHO!  ORE C:  There is stated, if due to the car  29d. DATE SIG.	AMALABLE PRIOR COMPLETION OF C
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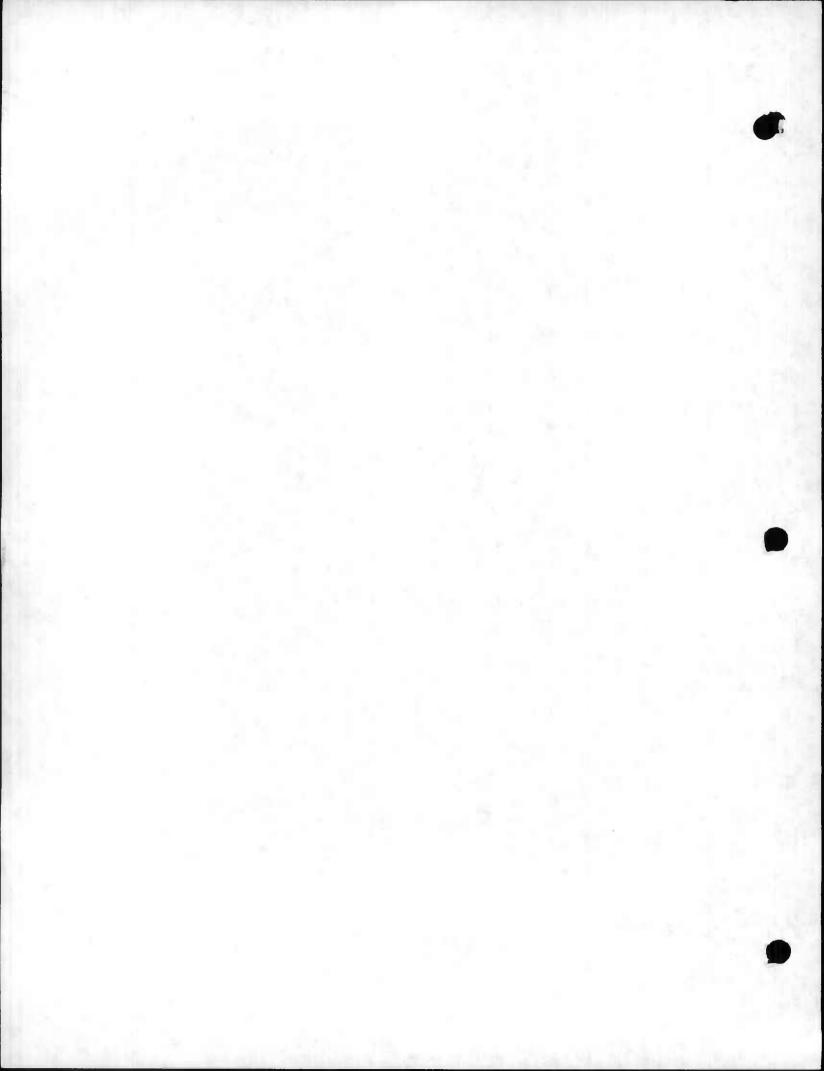


DHMH-16 Rav 1/89

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 90. FACILITY NAME (If not institution, give street and number) 100. STATE 100. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 100. STATE 100. STATE 100. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 100. AGE (In yrs. last birthday) 100. AGE (In yrs. last birthday) 100. STATE 100. SOCIAL SECURITY NUMBER 100. AGE (In yrs. last birthday) 100. STATE	E (State or Foreign  Land  Anne  Arundel
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH (Month, Day 1964)   96. FACILITY NAME (If not institution, give street and number)   NUTSING Ctr.   96. CITY, TOWN OR LOCATION OF DEATH   96. COUNTY OR LOCATION   96. COUNTY OF DEATH   96. C	land Anne
4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  90. FACILITY NAME (If not institution, give street and number)  91. STATE  100. COUNTY  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION  100. CITY, TOWN OR LOCATION	land Anne
96. FACILITY NAME (If not inalifution, give street and number) Nursing Ctr.  Nursing Ctr.  Pesidence of decedent  106. STATE  106. COUNTY  106. CITY, TOWN OR LOCATION  106. CITY, TOWN OR LOCATION  106. CITY, TOWN OR LOCATION  106. CITY, TOWN OR LOCATION  106. CITY, TOWN OR LOCATION  107. TOWN OR LOCATION  108. STATE	Anne
96. FACILITY NAME (If not inatifution, give street and number) Nursing Ctr.  Nursing Ctr.  96. CITY, TOWN OR LOCATION OF DEATH  A.A.  106. STATE  106. COUNTY  106. CITY, TOWN OR LOCATION  106. CITY, TOWN OR LOCATION  106. COUNTY  107. TOWN OR LOCATION  108. TATE  109. COUNTY  109. CITY, TOWN OR LOCATION  100. COUNTY	Anne
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d.	Anne
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d	
5 md front NA Baltimage City (Brooklyn)	INSIDE CITY
	YES 2 NO
10a. STREET AND NUMBER  380264.54.  11. MARITAL STATUS 1 Never Married 2 Married 3 Nicowed 4 Divorced  10g. CITIZEN OF WHAT 2 12 STATUS 15. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - A Black, Wh 15. Yes 2 NO Specify:  10g. CITIZEN OF WHAT 2 12 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—Black, Wh 15. Yes 3 NO Specify:  10g. CITIZEN OF WHAT 2 12 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—Black, Wh 15. Yes 2 NO Specify:  10g. CITIZEN OF WHAT 2 12 Yes 2 NO Specify:	7
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— Black, Wh. 1 Never Married 2 Married 2 No Black, Wh. Black, Wh. 1 Nover Married 2 No Black, Wh.	merican Indian,
I Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)  IF YES, GIVE WAR OR DATES  IF YES, GIVE WAR OR DATES  IF YES 2 NO Specify:  Specify:	White
	~ III te
(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)  (Give kind of work done during most of working life. Do NOT use retired.)	able Life
9th Grade? Retired Insurance Salesman Insurance Co.	
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)	
Arthur Tolson Agnes Wegle Tolson	
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
The state of the s	
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, S	
Glen Haven Memorial Pk. 3/31/93 Glen Burnie,	Md.
22. NAME AND ADDRESS OF FACILITY MCCully Funeral Home of Brooklyn	
237 E. Patapsco Ave., Balto., Md.	21225
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only offe cause on sech line.	Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition )	Onset and Death
resulting in death)  DUE TO (OR AS A CONSEQUENCE OF)	
Course the 16 dild a love both of	
Sequentially list conditions, Due to joli As a consequence on:	2110
5 cause. Enter UNDERLYING CAUSE (Disease or injury	bllw he
that initiated events  Out TO (OR All A CONSEQUENCE OF):	3
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  Sequentially list conditions, Due to join as a consequence of:  Out to join as a consequence of:  Out to join as a consequence of:  Out to join as a consequence of:  Out to join as a consequence of:	
PACT II Other standinger and discuss and d	E AUTOPSY FINGINGS
PERFORMEN? AME	ABLE PRIOR TO PLETION OF CAUSE
	YES 2 DATO
28. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	
HOSPITAL: 1   YES 2   DAO   1   Impatient 2   ER/Outpatient 3   DOA   4   Mursing Home 5   Residence 6   Other (Specify)	
26a. DATE OF INJURY 1 Metural 5 Pending 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28c. INJURY AT WORK?	
el. Illymourae o rending	
2 Accident Investigation M 1 YES 2 NO	lumber,
2 Accident investigation	
2 Accident investigation	
2 Accident investigation	
2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28a. PLACE OF INJURY — At home, term, street, factory, office 4 Homicide 29a. CERTIFIER (Check only one) 2 Accident 3 Could not be determined 28a. PLACE OF INJURY — At home, term, street, factory, office 2accident 2building, stc. (Specify) 2building, stc. (Specify) 2building, stc. (Specify) 2ccident 2building, stc. (Specify) 2ccident 2building, stc. (Specify) 2ccident 2building, stc. (Specify) 2ccident 2building, stc. (Specify) 2ccident	manner as stated.
2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28a. PLACE OF INJURY — At home, term, street, factory, office 4 Homicide 29a. CERTIFIER (Check only one) 2 Accident 3 Could not be determined 28a. PLACE OF INJURY — At home, term, street, factory, office 2accident 2building, stc. (Specify) 2building, stc. (Specify) 2building, stc. (Specify) 2ccident 2building, stc. (Specify) 2ccident 2building, stc. (Specify) 2ccident 2building, stc. (Specify) 2ccident 2building, stc. (Specify) 2ccident	
2   Accident   Suicide   Could not be building, stc. (Specify)   28a. PLACE OF INJURY — At home, term, street, factory, office   26t. LOCATION (Street and Number or Rural Route City or Rown, State)   28a. PLACE OF INJURY — At home, term, street, factory, office   26t. LOCATION (Street and Number or Rural Route City or Rown, State)   28a. CERTIFYING PHYSICIAN: To the beat of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and mariner as stated. one)   2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) and   28b. SIGNATURE AND TITLE OF SETTIFIER   29d. CATE SIGNED (Mon.)   3   3   3   3   3   3   3   3   3	
2 Accident 3 Suicide 4 Homicide 5 Could not be determined  28a. PLACE OF INJURY — At home, term, street, factory, office 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29d. CATE SIGNED (Mon	

Voided death record for Baby Unknown #93-045

Stillborn(Fetal Death) See Number



## BALTIMORE, MARYLAND 21215-0020

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examiner

or other traumatic event, the medical

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDED TO THE law requires that the death certificate be executed within 2

THE HOSPITAL OR ATTHEMS THE LAW REQUIRES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTION, After the sace been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should miled within 72 hours after the state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. item 23 shows any injury. 6 IMPORTANT: If item 28-is marked, HOSPITAL OR ATTENDED 2 8

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH walls Margare 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F

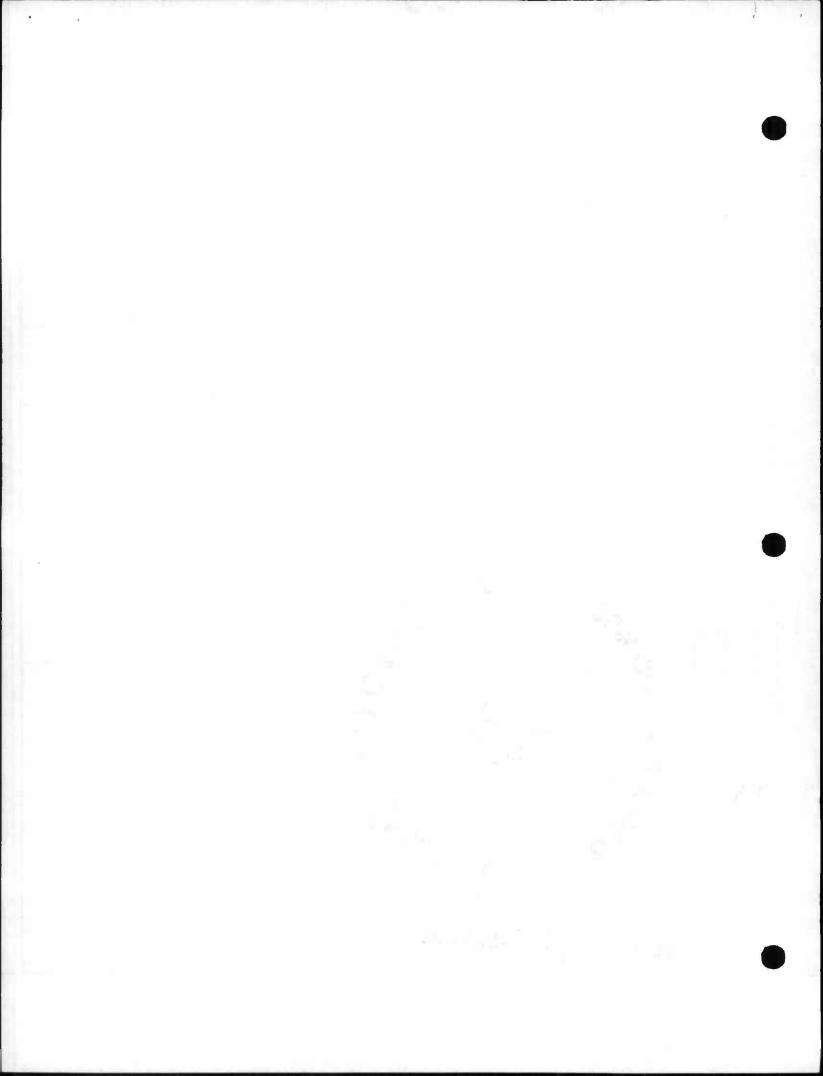
2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 03:40 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign Country) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY more 1 YES 2 NO FUNERAL 10g. CITIZEN OF 10f. ZIP CODE WHAT COUNTRY? 11. MARITAL STATUS FORCES? 1 YES 2 PHO WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES 2 (D-NO Specify: FORCES? 1 YES 2 HO 1 Never Married 2 -Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) memaken 17. FATHER SCHAR 16. MOTHER'S NAME (First. BE The, INFORMART'S NAME (Type/Print 2 296. PLACE AND DATE OF DISPOSITION (Name of Demelory, Crestinatory of Other place) 20a, METHOD OF DISPOSITION 20c. LOCATION OATE ation 3 - Removal from State em! 4 Donation 5 Other (Specify) 22 NAME AND ADDRESS OF 21. SERVICE OF FUNERAL SERVICE LICENSEE 054 us 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Status Ep, lepticu Carebravas cular PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 1 YES 2 NO 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 🗌 Homicide 29s. CERTIFIER (Check only one)

One)

One)

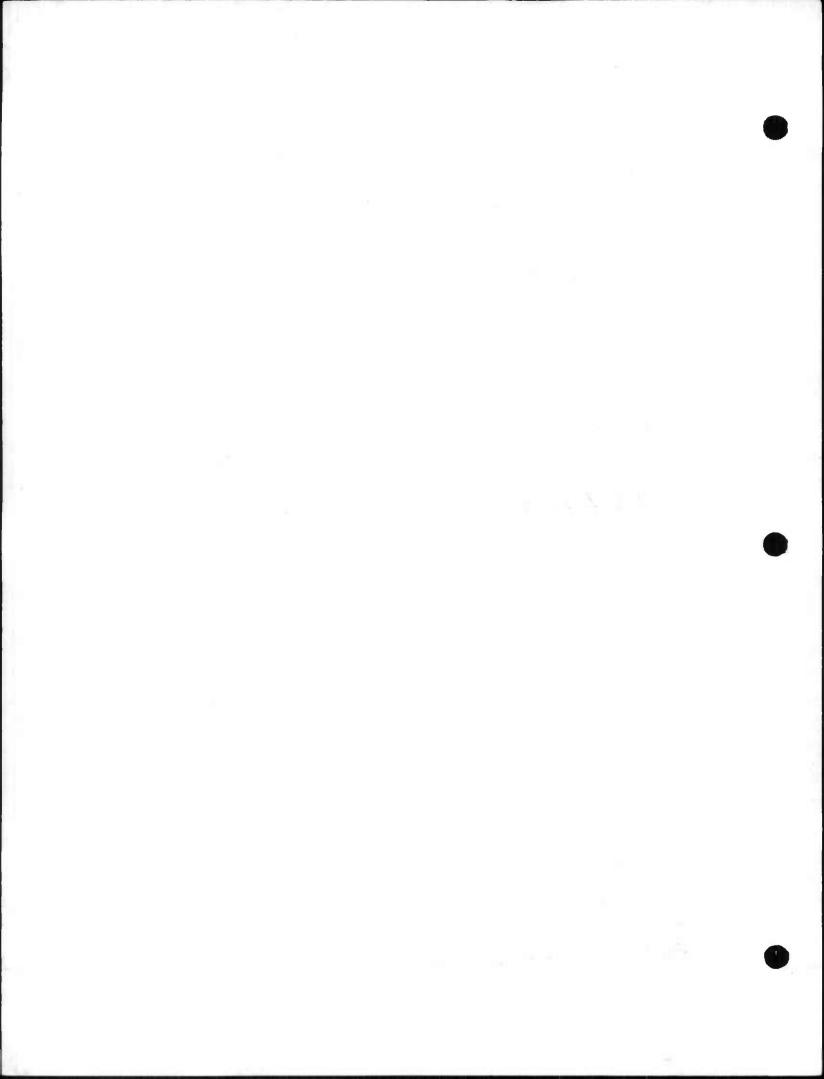
One)

Approved Extraction of the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE ( 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER CM 3 30 3 2 MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Butt. weels. nery Nelkal MA mn APR 02-19933 July Davidson - Nowalle



BALTIMORE, MARYLAND 21215-0020	wifificate he exercised within 34 brease other death. Donn & more he consisted he she becaused as assemble at the con-
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D. BOX 68760,	avacation within ?
ô	a Po
O. B	retificate

	REGISTRAR			TMENT OF			REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) FRED	М.		WATE	RS, SR	2. DATE OF MONTH		3 7	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  160-44-4131  90. FACILITY NAME (If not institution, give s	1)( M 2   F	39 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.			8. BIRTNPL Country)	PA
TOR	4765 BELLWOOD	Control of the Contro		ARBU'	OR LOCATION OF D	EATN		LTIM	
DIRECTOR	10a, STATE 10b, COUNT	Y		town on Local	ATION				Od. INSIDE CITY LIMITS?  YES 2 \( \) NO
FUNERAL	100. STREET AND NUMBER 4808 Grenville	Square		1	01. ZIP CODE 21227	. 4	10g. CITIZI		AT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR DR DATE:	NO NO	If yes, s	CENDENT OF NISPAI pecify Cuban, Mexica S 2 ND Specif	m, Puarto Rici	Specify Yea or No		- American Indian, White, etc. Black
PLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION 18 completed) Coffege (1-4 or 5 +)	a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPAT rork done during m e retired.)	ION lost of working	16b, Ki	NO OF BUSINESS/INDU	ISTRY	
E COMPL	17. FATNER'S NAME (First, Middle, Last) Fred McKellar					ME (First, Mich	dle, Maiden Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) Eleanor A. Water	'S	196. MAILING 4765	ADDRESS (Street		Route Number,	City or Town, State, Zip (	Code) 12 <b>2</b> 7	
	20a. METHOD OF DISPOSITION 1 X Nourier 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata 20b. PL corneter	ACE AND DATE O	FDISPOSITION (A	lame of	4393	20c. LOCATION - C		, State
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	h F/H Wes	st	0		
	IMMEDIATE CAUSE (Finel disease or condition	complications that caused the List only one cause on each eACUTE_NARCOT	line.	ot enter the m	ode of dying, suc	h as cardia	or reapiratory erre	st,	Approximate Interval Betw Onset and D
1 3		OUE TO (DR AS A CO			ON				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		NSEDUENCE OF	):	O N				
MEDICAL CERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	NSEDUENCE OF	): ):			a. WAS AN AUTOPSY PERFORMEO? YES 2 \( \square\) NO	AA CH	MILABLE PRIOR TO
MEDICAL CE	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  d.  6 contributing to deeth but in	INSEDUENCE OF	): ): n the underlylr 26.F	ng ceuse given in	eck only one)	PERFORMEO?  YES 2 NO	AA CH	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  d.  c.  6 contributing to deeth but i	INSEDUENCE OF  INSEDUENCE OF  INSEDUENCE OF  INSEDUENCE OF  INSEDUENCE OF  INSEDUENCE OF  INSEDUENCE OF  INSEDUENCE OF  INSEDUENCE OF	): ): ):  26. F  OTHER: 4   Nursing Hot  OF Jess. IN  WY	ng ceuse given in	eck only one)  6 Other (S  28d. DESCR	PERFORMEO?  YES 2 NO  Pecify)  IBE HOW INJURY OCCU	A CC OI 1	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
ED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO d.  C.  DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO	INSEDUENCE OF IN	26. F OTHER: 4   Nursing Hot WHY M 1	ng ceuse given in  PLACE DF DEATH (Ch  The SX Residence  JURY AT  ORK7  YES 2 (1)(ND	eck only one)  6 Other (S  28d. DESCR  SUBJE  281. LOCATH City or 1	PERFORMEO?  YES 2 NO	JREO CUGS	MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check ony)	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  d.  B Contributing to deeth but is  Contributing to deeth but is  B CONTRIBUTION  CONTRIBU	INSEDUENCE OF  INSEDU	):  26. F  OTHER: 4 \( \text{Nursing Hot} \)  OF 28c. IN  WY M 1 \( \text{Treet, factory, off!} \)	PLACE DF OEATH (Chime 5X) Residence JURY AT ORK? YES 2 ///ND ca	eck only one)  6 Other (S  28d. DESCR  S U B J E  26f. LOCATH City or 1	PERFORMEO?  YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	JREO UGS V Rural Rout	MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO
D BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check ony)	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  d.  B Contributing to deeth but is  Contributing to deeth but is  B CONTRIBUTION  CO	INSEDUENCE OF  INSEDU	):  26. F  OTHER: 4 \( \text{Nursing Hot} \)  OF 28c. IN  WY M 1 \( \text{Treet, factory, off!} \)	PLACE DF OEATH (Chime 5X) Residence JURY AT ORK? YES 2 ///ND ca	8 Other (S 28d. DESCR S U B J E City or 1 U lo live cause( time, data and time, data and time)	PERFORMEO?  YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	JREO UGS Pural Roul 1. Cause(a) at	ompletion of cause for the Number,  to Number,  to Number,



Pages 1, 2, 3 should

DIRECTOR

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CERTIFICATION

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Julia Jundan Registratus

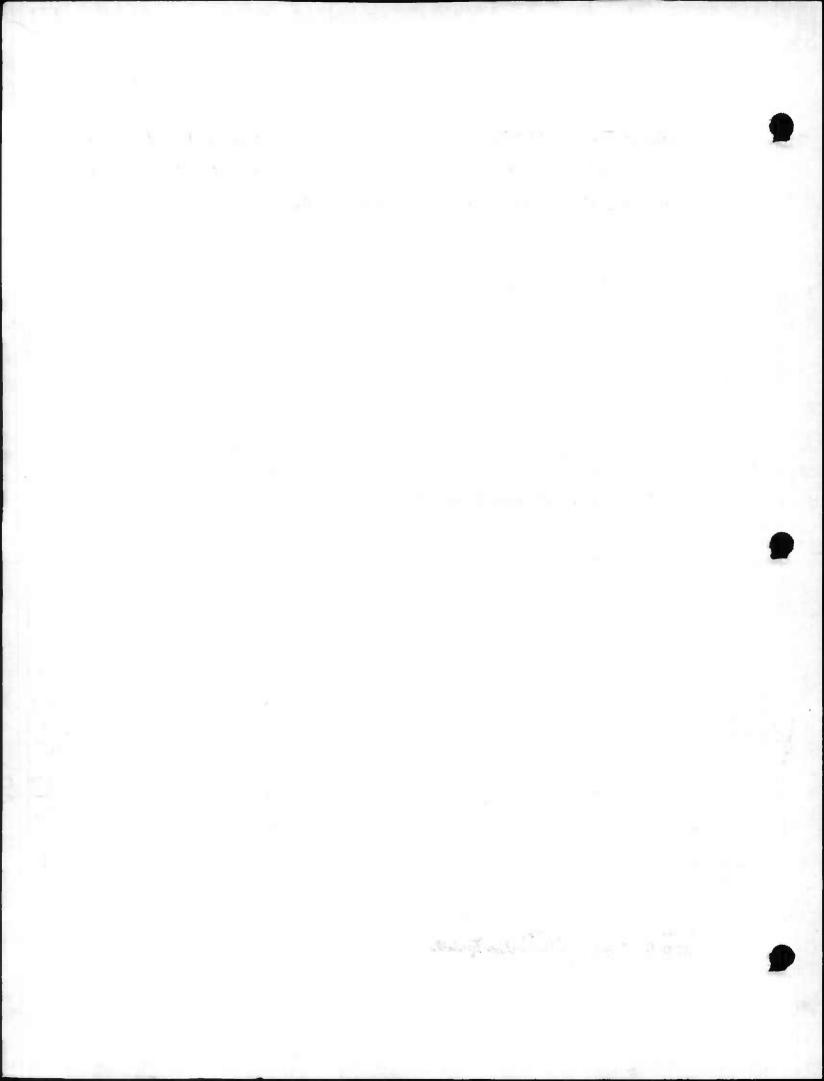
	it permit.		
es that the beaut celturate of execution when 24 hours and beaut. Fage of high be retained by the hospital of alterioring physicials.	TO THE FUNERAL DIRECTOR: After this certificate and Legen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page.		
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TO THE HOSPITAL OF	T CL	be file	MEDORTANT: It them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 09 160 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH WHite 93 META 03 12:15 7. DATE OF BIRTH (Month, Day, Yea 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAVE 213-32-6177 1 🗆 M 2 📈 65 12-17-S. CARDINA 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH FAIR MOUNT NUTSING BALLO, MD 10c. CITY, TOWN OR LOCATION 10a, STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 YES 2 NO MD BALTIMORE 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 217 N. SILVERT COURT 21231 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married 1 TYES 2 NO 3 Widowed 4 Divorced Specify: Specify: BLACK 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INQUSTRY during most of working (Specify only highest grade comple FAMILY & CHILDREN Elementary/Secondary (0-12) College (1-4 or 5+) SOCIETY 8th 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) SALLY GLISSON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) DEBORAH WHITE /BALTIMORE, SILVER CT. MD 21231 N. 20a. METHOD OF DISPOSITION
1 Suriel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State CEMETERY

22. NAME AND ADDRESS OF FACILITY MIT ZION ANSDOWNE. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE WM.C.MARCH F.H./1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heart failure. List only one cause on each line. Onset and Death **IMMEDIATE CAUSE (Final** disease or condition uterus with Metastoses Ademo carcinoma resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PERFORMED? COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 4 Mursi 1 | YES 2 | NO 1 inpetient 2 in ER/Outpetient 3 in DOA me 5 🗌 Residence 8 🗍 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be determined 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Congarasone 016611 MO 3/27/93 30. NAME AND ADPRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

100 N. BROADWAY

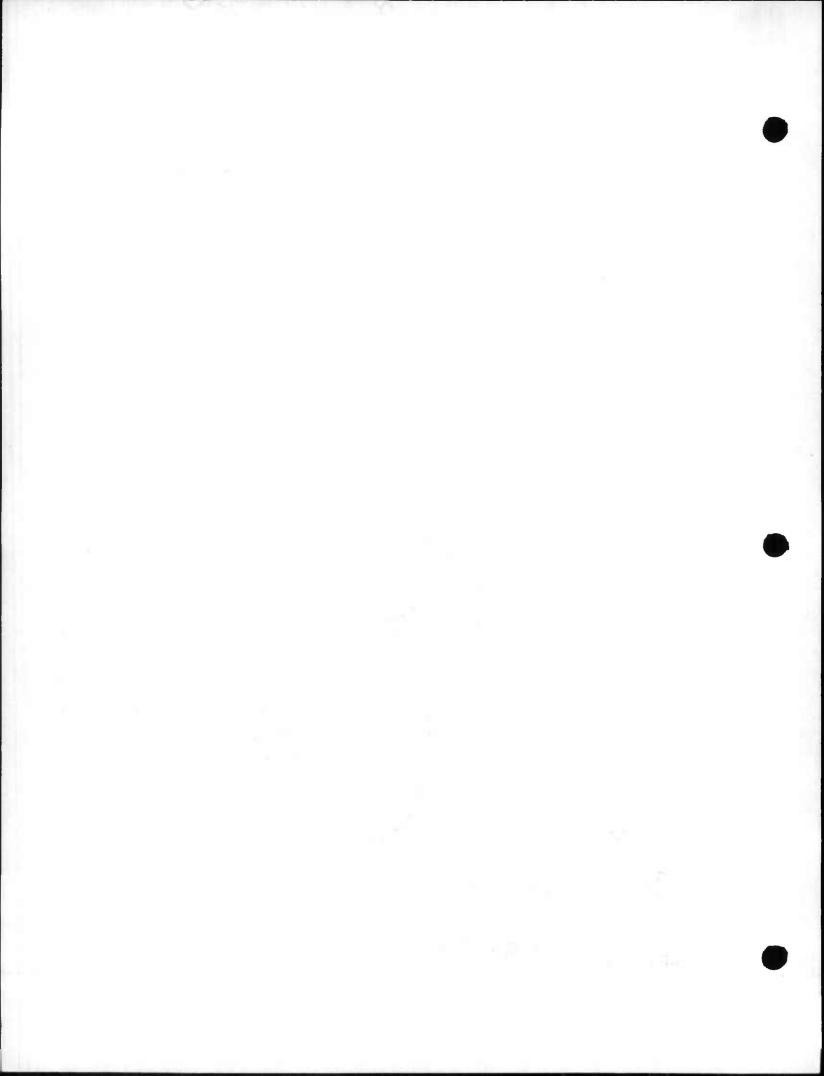
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G PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	HEDDOTALY, it from 90 to mendened as there 92 absence care interne as able of second as according to making as according to making as
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	ENT OF H	EALTH AND ME	NTAL HYGIENE REG. NO.	) ()	03101			
S	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH 3, TIME OF DEA					
	Stanley Monroe	Wood Sr.			4	March 31,1993 YEAR 7:456					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday) IF	UNDER 1 YEAR		7. DATE OF BIRTH 8. BIRTHPLACE (State or Form					
j	216-01-0468  9a. FACILITY NAME (If not institution, give st	1 ☑ M 2 ☐ F	75 YRS.	THE DAYS		(Month, Day, Year) Aug. 2, 1917		aryland			
œ		,	90.		R LOCATION OF DEAT	90	. COUNTY OF D	EATH			
DIRECTOR	Francis Scott Ke	y Hospital		В	altimore						
E I	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY			
1	Md. Ba	altimore		Cha	ase		LIMITS?  1 YES 2 NO				
	10e. STREET AND NUMBER				ZIP CODE	10	10g. CITIZEN OF WHAT COUNTRY?				
R/	13237 East G	reen Bank Roa	Бe		21220						
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC		ORIGIN? (Specify Yes or I	USA s or No— 14. RACE — American Indian,				
	1 Never Married 2 Married					uerte Rican, etc.)	Black, White, etc.				
BY	3 Widowed 4 CDivorced	W 120, GIVE INTO OT BAT	20	1 1 123	2 NO Specify:		Specify: White				
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade		(Give kind of work	AL OCCUPATIO	N	16b. KIND OF BUSINE	SS/INDUSTRY				
Ξ.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use ret	ired.)	st or working						
릴		2yrs	Building	g Inspe	ector	Bal	timore	County			
Š.	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAME	(First, Middle, Maiden Surn	ame)				
BE	Robert H. Wo	od Sr.			Nel	lie Course	У				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street a	nd Number or Rural Rous	te Number, City or Town, St	ate, Zip Code)				
일	Stanley M. Woo	d Jr.	6624 1	Bonnie	Ridge Dri	ve Baltimo	re Md.	21209			
- 1	20a. METHOD OF DISPOSITION		LACEANDDATEOFDI	SPOSITION (Na			ON — City or To				
	1 Donation 6 Other (Specify)	cemet	ery, cremetory or other p Mckendree	ch. (	Cemetery 4	1/3/9B Coo	ksville	. bM -			
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		D ADDRESS OF FACIL						
- 1	( \$ . D). E			Conne	llvFunera	1Home 300M	aceAve	21221			
-	onnelly /	milas 11	one								
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or head failure. List only one cause on each line.  Approximate interval Between Onset and Death disease or condition resulting in death)  DUE TO (OR AS CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. M. DELLILLILLILLILLILLILLILLILLILLILLILLILLI										
	PART II Other significant conditions	contribution to death bu	and moulding in the				T.,				
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF DEATH?  1 YES 2										
×	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Check	only one)					
Sic	1 YES 2 NO	HOSPITAL: 1 pulpatient 2 ER/Outpet		HER: Nursing Home	5 Residence 8	Other (Specify)					
₹	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		JRY AT 20	d. DESCRIBE HOW INJUI	RY OCCURED				
	1 Natural 5 Pending Investigation										
BÁ	2 Accident investigation 3 Suicide 6 Could not be	Number or Rural I	Route Number,								
	4 Homicide determined	building, atc. (Specify	,			City or Town, State)					
COMPLET	29a. CERTIFIER	TAN: To the heat of my knowle	for doub convert at	the time data			184.7				
ž		CIAN: To the best of my knowled R: On the basis of examination a						and manner as eteted			
H	(hallott.)	n mch.	Sent	(4	29c. LICENSE NUMBE → D2 139		a. DATE SIGNED	(Month, Day, Year)			
ဥ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (See 24)		· NX 139		2/31	193			
	OF PERSON WING	TOWN BEILD GROSE OF DEAL	(II Com &r) (1999, Phin	17							
	31. DATE FILEO (Month Day Year)	32 RECIETOADIO CICHA	TIDE								
	31, DATE FILEO (Month, Day, Year)	32, REGISTRAR'S SIGNAT	6 92.								
	700 0 2 1993 9	Man transferred and fail									



		1. DECEDENT'S NAME (First, Middle, Lest)  ROBERT SCOTT WATSON Sr.  2. DATE OF DEATH MONTH DAY MONTH DAY MARCH 31 1993 1:35 &												
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7 DATE	OF BIRTH		_	1:35 a
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should totilified at once.  TO BE COMPLETED BY FUNERAL DIRECTOR		163 14 3278	1X M 2 🗆 F	74	YRS.	MONTHS	DAYS		MIN.	03/1	4/19		Country	VIRGINIA
	- V	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE		, = -	9c. COUN		
	TO.	VA MEDICAL CENT	TER			FOR	RT E	IOWARI	D		BALTIMORE			
	EC	10a. STATE 10b. COUNTY	1		10c, CIT	Y, TOWN C	OR LOC	ATION						10d. INSIDE CITY
₩.			TIMORE-				1   YES 2   NO							
it perm	RAL	104. STREET AND NUMBER					1	101. ZIP COD						THAT COUNTRY?
cian. I-trans	FUNERAL	7822 ST. BRIDGE		IT EVER IN U.S. AR	MFD	13	WAS DE	2122		HC OBIGIN	U.S.A.  GIN? (Specify Yes or No.— 14. RACE — American Indian,			
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-trar at once.	B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	FORCES? 1 YES 2 NO If yes			If yes, a	1 yes, specify Cuben, Mexican, Puerto Rican, etc.			ticen, etc.)	Black, White, etc.  Specity: WHITE		, White, etc.
r atter	TEC	15. DECEOENT'S EDU- (Specify only highest grade	CATION completed)	(G	CEDENT'S	work done		FION nost of world	ing	16b.	KIND OF BUS	SINESS/INDU	JSTRY	
D 2	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5-	+)	. Do NOT us	ie recirea.)		Oper	ator					
AN the hos detach once.	OM	17. FATHER'S NAME (First, Middle, Last)								_	Middle, Malden t Kler	Sumame)		
AYL od by 1	BE	Henry Jack Wa	tson											
	5	190. INFORMANT'S NAME (Type/Print) Pat Fitzgerald		19	b. MAILING 24	Bli	s (Street	r Str	eet	Balt	imore	Md.	212	20
BALTIMORE, er death. Page 6 may be the funeral director, page val.		20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	out from State	20b. PLACE	ANDDATE	OF DISPOS	SITION (	Name of		OAT	20c. LO	CATION — C	ity or To	wn, State
MO age 6 directo		4 Donation 5 Dother (Specify)		_ cemetery, cre Holly	Hil						E	Baltin	ore	Md.
ath. Parent		21. SHONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY									01001			
BA rs after de removal.		23-PART J. Enter the diseasest or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
nours and in by or rem		snock, or neart failure.	List only one cau	ise on each line	ath. Do r	ot enter	the m	node of dy	ing, suc	h ss card	liac or respi	ratory arre	st,	Approximate interval Between
in 24 fille sation,		IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	RECUF	RENT CV	A									Onset and Dea
D 0 - 0		resulting in Gentli)		(OR AS A CONSE										
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BOX cate be en hysician a prior to	EA!	cause. Enter UNDERLYING CHRONIC MALNUTRITION												
, P.O. BOX eath certificate be a attending physician trat Hygiene prior b y, or other traur	Ē	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEDUENCE OF): resulting in death) LAST												
DS, P.	CERTIFICATION	d.												
ADS		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I							Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDING	
ECOR tuires that n signed by Health an	MEDICAL									1 TES 2 NO				COMPLETION OF CAUSE OF CEATH?
RECC v requires been signe t, of Health										- 4	1 TYES 2			1 TYES 2 ND
F VITAL RE SICIAN: The law requestificate has been the State Dept. of 1, or Item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL					PLACE OF C	DEATH (Ch	eck only on	e)			
CIAN: cranifica the Sta	IVSI	1 YES 2X ND		ER/Outpatient 3	1	-	sing Ho	ome 5 🗆 R	esidence	_				
O 동 등 등 호	_	1 Netural 5 Pending	28s. DATE OF (Month, D	OF INJURY  5, Day, Year)  28b. TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO			□ MO	28d. OEŞCRIBE HOW INJURY OCCURED						
	D BY	2 Accident Investigation 3 Suicide 6 Could not be 26. PLACE DF INJURY — At home, farm, a					street, factory, office 28t.				281. LOCATION (Street and Number or Rural Route Number,			
S E S E W		4 Homicide determined building, etc. (Specify)							City	or Town, State)				
DIV AL OR A AL DIREC 72 hours If Item	COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
	Ö	2 MEDICAL EXAMINE		xamination and/or	Investigatio	n, in my o	pinion,	death occu	ired at the	time, dats	and place, an	d due to the	cause(s)	and manner as stated.
물 품 을 증	BE	296. SIGNATURE AND TITLE OF CERTIFIER	PI	2				29c. LIC	ENSE NUM	ABER		29d. DATE	SIGNED	(Month, Day, Year)
P P 2 X	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAU	SVOF OEATH (ITE	M 27) (Type,	Print)		1 2	10.	-70			2/=	3//43
		AUGUSTIN CHYU, N	1.D., 960	O NORTH	POIN	T RC	AD,	FOR:	T HOV	VARD,	MARYI	AND 2	2105	2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?

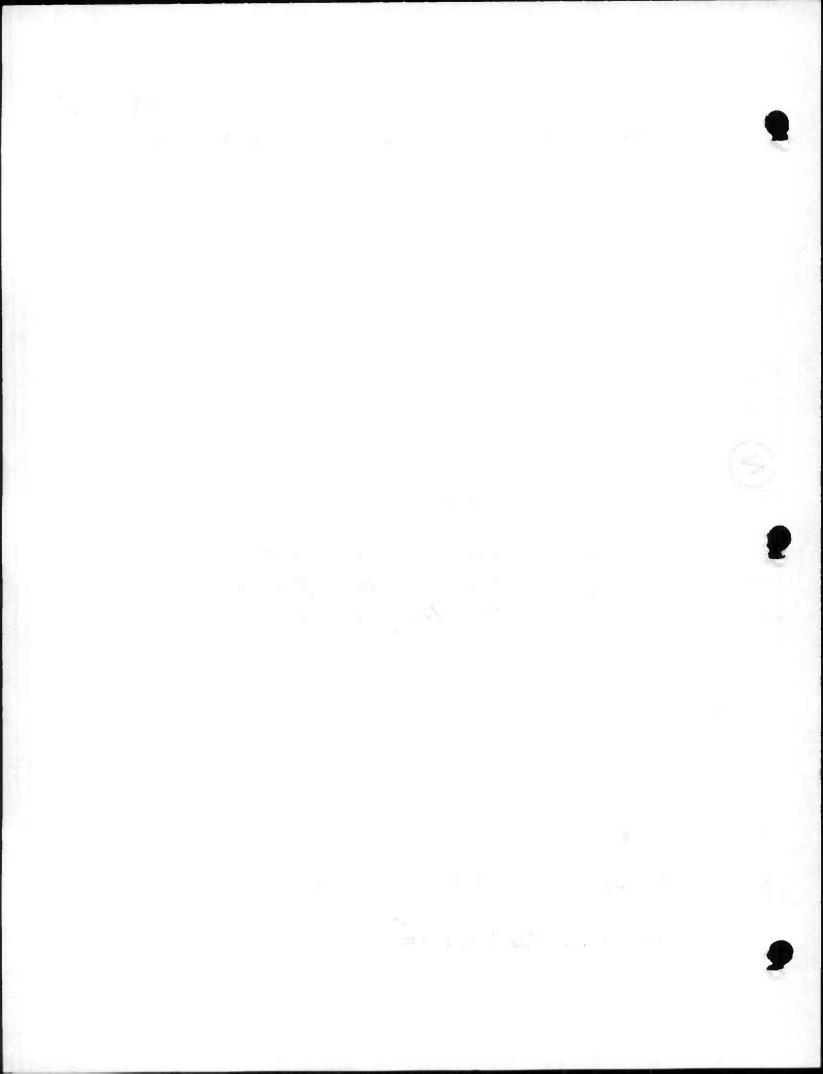
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

ment be notified at once.

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œ	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tiours after the continuate to the continuate that the conti	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the terms	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical exami
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	vithir	etel	rema	m,
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	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND	/ DEPAI	RIMENT O	F HI	EALTH AND	MENTAL	HYGIEN		3 0016	3
	1. DECEDENT'S NAME (First, Middle, Last)	ul.			Wats			2. DATE (	OF BEATH	AY 31/	3. TIME OF DEATH	A
	4. SOCIAL SECURITY NUMBER  135-09-6985  98. FACILITY NAME (If not institution, give s	1 🔣 M 2 🗆 F	6. AGE (In yrs. )	last birthday) YRS.	IF UNDER 1 YE	AR NS	IF UNDER 24 HRS. HOURS MIN.	04-	-11-11		6. BIRTNPLACE (State or Fore Country) New Jersey	0.
DIRECTOR	Kimbrough Army	Comm.	Hosp.		Ft. 1		ade	EATH			ARundel	
L DIRE	MD 100. STATE 100. COUNT Anne	Arundel			y, town on Lo enton	OCATH	ON				10d. INSIDE CITY LIMITS? 1 YES 2 X N	10
FUNERAL	1242 Duke Lane	12. WAS OECEDENT	EVED IN IL C	- Dura	1	2	ZIP CODE			US.		
ВҰ	1 Never Merried 2 Merried 3 Wildowed 4 Diverced	FORCES? 1 (IF YES, GIVE WA	YES 2 R OR OATES		If yes	, spec	NDENT OF HISPAR iffy Cuben, Mexice NO Specifi	in, Puerto Ri	(Specify Yea	or No-	14. RACE — American Indian Black, White, etc. Specify: White	,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)		Give kind of the Do NOT us	,	PATIDA most	of working		KIND OF BU	SINESS/INDU	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Herbert, C., Wa				-		18. MOTNER'S NA Charlo	ME (First, M	ddie, Meiden Meng	Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) Eleanor B. Wat		1	1242	Duke	eet and	Number or Rural I	Route Numbe	r, City or Tow	n, State, Zip C	2 1 1 1 3	
	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem 4 Donetton 5 Other (Specify)		cemetery, c	rematory or o	of disposition ther place)			DATE			ty or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	7 asno	Wh	,	Har 12	de Ri	sty Fu	inera Ave.	l Ho Ann	me, l	P.A. is.MD 2140	1
	23. PART I. Enter the diseases, or c shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one caus	e on eech lin	na.	ot enter the	mode	of dying, suci	h es cerdi	ec or reapi	ratory arred	et, Approximate Interval Bett Onset and E	ween
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in daeth) LAST	a	DR AS A CONSE	ste	Heo July	n t	fuje	Que Que	helis	ver		
PHYSICIAN: MEDICAL C	PART II. Other significant condition	e contributing to d	eeth but not	rasulting (	n the underly	ying	cause given in		PERFOR	MED?	24b. WERE AUTOPSY FIND AWARLABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	ISE
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	11128661		OTHER:		CE OF OEATH (Che					
ву РНУ	27. MANNER OF OEATH  1 Natural 5 Pending	1 Pinpatient 2 E 28e. OATE OF IN (Month, Day,	JURY	28b. TIMI	E OF 28c.	WORK		-		JURY OCCU	RED	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF I building, at	INJURY — At h c. (Specify)	ome, term, a				261. LOCAT City or	ION (Street a Town, State)	nd Number or	Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINED	CIAN: To the bast of m	y knowledge, d minetion end/or	leath occurre	d at the time, d	late er	nd plece, end due	to the ceuse	e(e) end man	ner es atated	couse(e) end manner es state	rd.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	- Can V	ns)			1 2	9c. LICENSE NUM	BER	1	29d, DATE S	GIGNEO (Month, Day, Year)	
			OF OEATH (ITE	EM 27) (Type,	Print) ACH		D4151 F+n	read	m	2		
	APR 2 1993	FINE DEM	SEIGNATUR	ndelle								



BALTIMORE, MARYLAND 21215-0020

SHIDVAII.	filem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa	
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2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nt, the	
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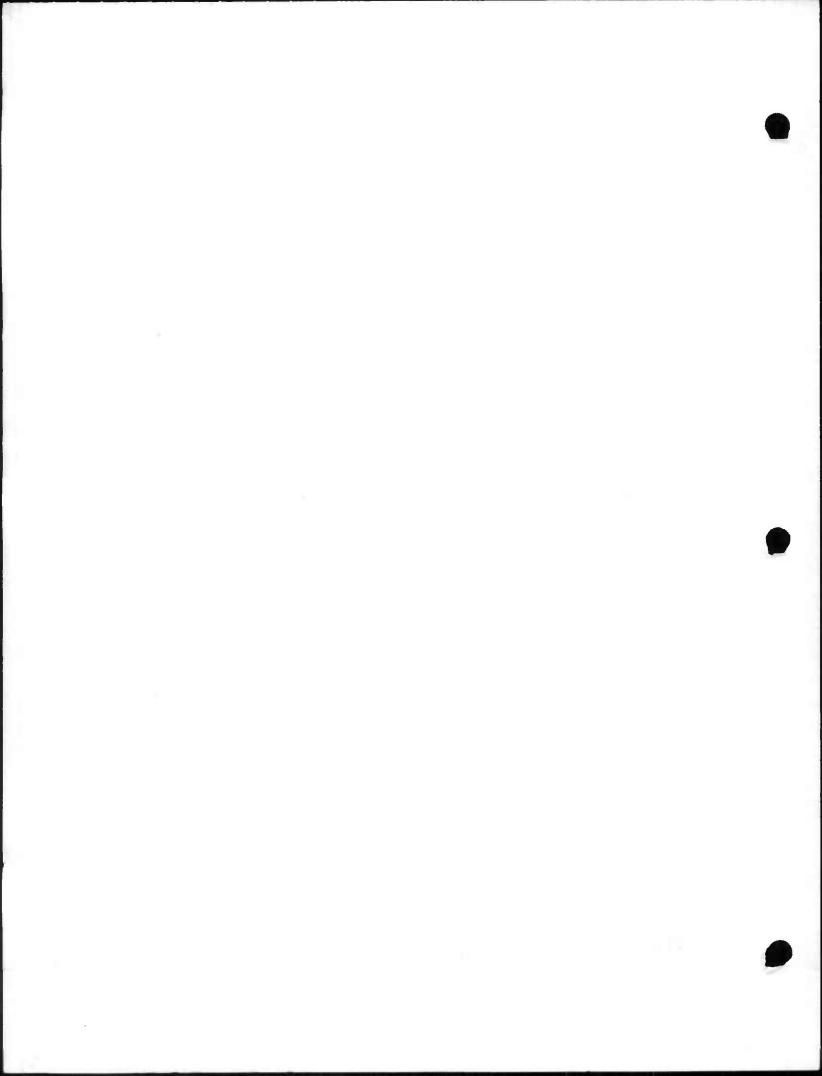
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First,	Middle, Last)					- 0.	DEA		2. DATE OF DEATN			3. TIME OF DEATH .
	HARI	(2)	W.	ALLA	ACE					MONTH D		93	6:01
	4. SOCIAL SECURITY NUME	ER	5. SEX		s. last birthday)	IF UNDE	R I YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
9	411-54-5332		1 🕅 M 2 🗌 F	58	YRS.	MONTHS	DAYS	HOURS	MIN.	Month, Day, Year) March 8, 1	935	Ten	nessee
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)						ON OF DE			INTY OF DE	
8	SO. MAN	Y/AN.	A HO	SPITA	4	(C)	YN	TON			1	DAIN	CF GEONGE
ᅜ	RESIDENCE OF DEC	10b. COUNTY											
DIRECTOR						Y, TOWN							10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Princ	ce George	es	Cn	elte		f. ZIP COD					1 TES 2XXNO
RA	10006 Dakir							2062	_		_		HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	1	12. WAS DECEDEN	IT EVER IN U.S	ARMED	12			-	C ORIGIN? (Specify Yes		S.A.	American Indian.
	1 Never Merried 2		FORCES? 1	YES 2	A ANO		If yes, sp	ecify Cuba	in, Mexican Specify:	, Puerto Ricen, etc.)	OF NO-	Black,	White, etc.
ВУ	3 Widowed 4 XXDIvo	rced	17 723, 3172 4	WHI ON DATES			I L YES	2 V NO	Specify:			Specify	White
COMPLETED	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	16a	Give kind of	USUAL O	CCUPATIO	ON of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT u	se retired.)	dorning mo	or or working	'Y				
MP	12				Buildi	ng E	ngin			L'Enfa		laza	
8	17. FATHER'S NAME (First, Mi									NE (First, Middle, Maiden	Sumame)		
BE	John Wallac								rl Ma				
ဥ	19a, INFORMANT'S NAME (7)									oute Number, City or Town			
.	Cathy Waldr								jor (	Ct., Centr			
	1 A Burial 2 Crematio	n 3 🗌 Remo	oval from State	20b. PLA cemetary	CE AND DATE	of DISPOS ther place)	SITION (Na	ama of		DATE 20c. LOC 3/29/93 Mar	CATION —	City or Tow	n, Stata
	21. SIGNATURE OF FUNERAL		ENSEE	_   500	newall	Mem	OTY	Gard	ens J	3/29/9B Ma	nass	as, V	irginia
	-17	0								ome of Man	assa	s. In	c.
	JULIA	IAK	1 The	11,		8.	521	Sud1	ey Ro	ad, Manas	sas,	Va.	22110
	23. PART I. Enter the di shock, or he	seeses, or coert fallure. I	complications that List only one cau	t ceused the	deeth. Do	not enter	the mo	de of dy	ing, such	ss cardlec or reaple	ratory sr	reat,	Approximate Interval Between
ı	IMMEDIATE CAUSE (Fin		C	- 6		11	1	1					Onset end Death
	disesse or condition resulting in death)	<b>+</b>	· as	curon	na v	1 U	u	Lu	me	_			
			A DUE TO	(OR AS A COR	NSEQUENCE O	7	11	· _	-0				
8 N	Sequentially list conditi		Conc	ywn	NAC .	1	an	-	100	ique.			
CERTIFICATION	If any, leading to immed cause. Enter UNDERLY!		200	(on No A CO	eacustinuc u	.0				0			
Ĕ	CAUSE (Disesse or Injur that initiated events	ry 🦒 '	DUE TO	(OR AS A COR	SEQUENCE O	F):							
토	resulting in desth) LAS	٠ ( ،											
	PART II. Other algolifice	nt condition	e contribution to	dooth but a	-A	1- 45						-	
MEDICAL	CA	1) A	s contributing to	oeeth but n	ot resulting	in the ur	nderlylne	ceuse	given in P	Part I. 24a. WAS AN PERFOR		1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă	muc	000	vucur	Pu	emy	4	1	usu	IN	1   YES 2	NO		COMPLETION DF CAUSE DF DEATH?
				-		V				_	•	1	YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL I						. 72 20 7					
PHYSICIAN:	EXAMINER?	MEDICAL	HOSPITAL:	- THE		OTHE	R:			ck only one)			
¥	1 YES 2 NO		1 Cinpatient 2 28a. DATE OF		28b, TIM		sing Hom 28c. INJ			28d. DESCRIBE NOW IN	1111771 00	OI INED	
	1 Netural 5 🔲 I	Pending	(Month, D			ÜRY	WO	RK?		26d. DESCRIBE NOW IN	JURY OC	CURED	
B	2 🗆 201111	nvestigation	28a, PLACE O	F INJURY A	t home, farm.	street, tac				261. LOCATION (Street a	nd Number	e or Quest Day	uto Alumbas
		Could not be letermined	building,	etc. (Specify)			ory, orner			City or Town, State)	no Nomoei	r or nural not	ite number,
COMPLETED	29a. CERTIFIER	EVINO BUVEI	NAME TO MAKE A AND A										
₹										o the cause(a) and man			
	299. SIGNATURE AND TITLE			CENTRACTOR STA	por investigation	ni, in my c	pinion, a				due to tr	ne cause(a) a	and manner as stated.
#	11) 100	OF CENTIFIER	6					29c. LICE	ENSE NUME	BER	29d. DAT	E SIGNED (	Month, Day, Year)
2	30. NAME AND ADDRESS OF	FIRSON WHO	COMPLETED CAUS	E OF DEATH	ITEM 27 /E	Drint's		D	10/	106	2	16	(75
5	Louis	JRA	IIFMA.	SE OF DEATH (	Q 0 0 1		Vox	1		RY DI	,	~ `	manan
4	31. DATE FILED (Month, Day, 1	bar)	A. DEGISTA	R'S SIGNAEIR	04-Lb		VUCK	14A	nD	KD (7	INI	ON	1111.20755
	APR 02	1993	Fishia Day	R'S SIGNATUR	mple Be								1
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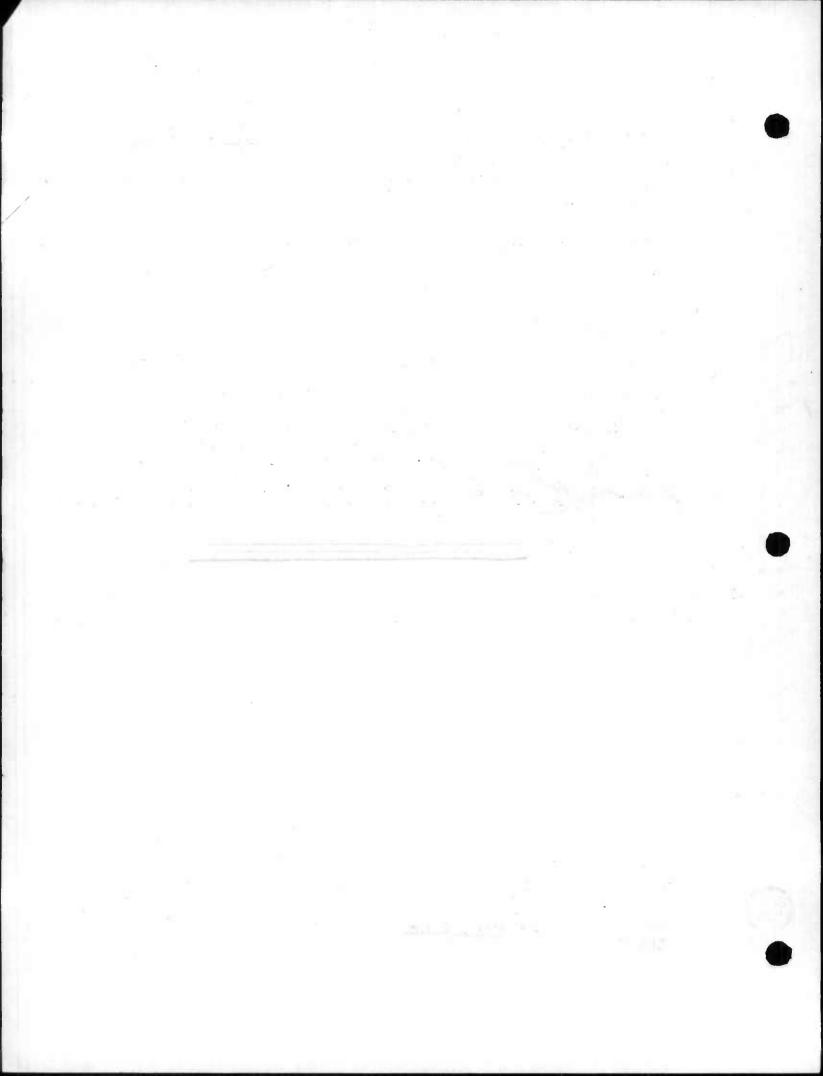
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should this State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	IEALTH AND	MENTAL	HYGIEN REG. NO.		0 .		
	1. DECEDENT'S NAME (First, Middle, Les	0 - 10					OF DEATH		3.	TIME OF DEATH	1
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	214-28-0173	3 1 1 M 2 12 F	(in yrs. last birthday) 62 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE ( (Month,	Day, Year)		Country)	CE (State or For	elgn
_	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN C	R LOCATION OF D			9c. COUNTY	OF DEATI	V	
DIRECTOR	Stella Maris H	ospice		Tov	vson			Bal	timor	re	
딥	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN	ITY	the CITY	, TOWN OR LOCAT	TON				1		
SIR	Md. Car	roll	100.011	Sykesv						I. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				ZIP CODE			10a CITIZEI		YES 2 1	10
E	6343 Church	Strooot			784					COUNTRY	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		イの任 ENDENT OF NISPAI	NIC ORIGIN?		U.S. A		American India	
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	2 NO Specif	an, Puerto Ri	Ican, etc.)		Black, Wi	ilte, etc.	**
ВУ	3 🖾 Widowed 4 🗌 Divorced			ŀ				V	hit	e	
COMPLETED	15. DECEOENT'S ED (Specify only highest grad	de completed)	18e. DECEDENT'S I	ork done durina mo	on st of working	16b.	KIND OF BUS	INESS/INOUS	TRY		
۱۳۱	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use				M PV	atior	1	Danle	
Ž	H.S.  17. FATHER'S NAME (First, Middle, Last)	+2	Re	nker					Ial .	Dalik	
		_			18. MOTNER'S NA			Sumame)			
B	Wayland Edwar	ds	105 44411 1010	10000000 (0)	Carr	ie Ha	all				
일	Gregory L. Yo	hn			ine Roa					21707	
	20a. METHOD OF DISPOSITION		PLACEANDDATEO			ad WC	_	ne, M			
H	X Surial 2 ☐ Cremation 3 ☐ Red 4 ☐ Donation 5 ☐ Other (Specify)	moval from State   cen	vergree	per plecel		1					
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	vergree		D ADORESS OF FA	CILITY					
	Harry U	1, Harah	Į.	P.O.	BOX 19!	5 Svl	cesvi	eral	Md.		1
	23. PART I. Enter the diseases, or shock, or heart fellure	complications that cause List only one cause on e	the deeth. Do no	ot enter the mo	de of dying, suc	h es cardi	sc or respl	retory arrest	,	Approximat	la
	IMMEDIATE CAUSE (Fins) disease or condition resulting in death)	METASTAT	IC PA	NCREA	TIC C	4NCE	ER			Interval Bat Onset and	
		DUE TO (OR AS A	CONSEQUENCE OF	):							
ERTIFICATION	Sequentisity list conditions,	b DUE TO (OR AS A	CONSEQUENCE OF	h-							
Ä	If any, lasding to immediate cause. Enter UNDERLYING			,					İ		
E	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):					i		
ᇤ	resulting in death) LAST	d.							_ [		
Ö	PART II Other elemiticant condition	one contribution to death to									
CAL	PART il. Other elgnificant condition	ms contributing to death b	ut not resulting in	the underlying	ceuse given in	Part I.	24a. WAS AN PERFOR		AWA	LABLE PRIOR TO	0
MEDIC							1 TES 2	NO		IPLETION OF CA DEATH?	USE
									1 [	YES 2 DAN	5
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
i i	EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATN (Ch						
¥	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atient 3 DOA		5 Residence			Hospi			
	1 Netural 5 Pending	(Month, Day, Year)	INJU	IRY WO	RK?	28d. 0E\$C	HIBE NOW IN	JURY OCCUR	ED		
ЭВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm, st			26t, LOCAT	TION (Street a	nd Number or I	Tural Bouta	Number	$\dashv$
TED	4 Nomicide determined	building, etc. (Spec	ify)	100-200		City of	Town, State)			, verrieur,	- [
COMPLET	29a. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the best of my know	adaa daath aasuuru	Ladaha atau dan	0.44		4				-
×	(Check only	IER: On the beals of examination							unata) and		
	29b. SIGNATURE AND TITLE OF CERTIFIC			,, op.inon, or			rio piece, and				10G.
BE	(A)		del	7	D 27			29d. DATE SI	-		
2	30. NAME AND ADDRESS OF PERSON W			Print)	ע 4/	007		03-	21-	23	
	Carla S. Alexa			-	ce-Dula	netz tz	allev	Rdm	MAGON	2120/	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	TO INSP.	LCC DULA	LICY V	иттеў	IW. I	OWBUI	. 61205	
	APR 02 1993	Juli Danien Ka	will-								- 1



DIVISION OF VITAL RECORDS, P.O. BOX 13146,  THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or after be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	6, BALTIMORE, MARYLAND 2120: within 24 hours after death. Page 6 may be retained by the hospital or atterpletely filled in by the funeral director, page 5 should be detached for use cremation, or removal.
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- STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las	nt)	OLI	RTIFICAT		DE/(())	1 0475	REG. NO.			3. TIME OF DEATH
Carolee Axe						Marc	ch 26	19	93°	798
4. SOCIAL SECURITY NUMBER 217-40-0027	5. SEX 1 M 2 X F	6. AGE (In yrs. last bir $51$	VRS. F UNI	B DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	о <b>г віят</b> н th, Day, Ybar) • 22 19		8. BIRTN Countr	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, given 916 Farmstead			9b. C		R LOCATION OF D			9c. COUN		
RESIDENCE OF DECEDENT								Dal	C TIME	
Maryland Ba	altimore	1	CC		on sville					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER				101.	ZIP CODE	0				HAT COUNTRY?
916 Farmstead  11. MARITAL STATUS		EVER IN U.S. ARMEI	n T.	2 WHE DEC	2103 ENDENT OF HISPA		NO CONTRACTOR VICE	US		A A
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WA	YES 2 XNO		II yes, spe	elify Cuban, Maxie 2 NO Spec	an, Puerto		or No-		- American Indian, White, etc. by: White
15. OECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		(Give I	DENT'S USUAL kind of work do	OCCUPATION Most	ON at of working	188	b. KIND OF BUSI	INESS/INOL	JSTRY	
12			sewife				Home	maki	ng	
17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S N			Sumame)		
Ambrose Rober	t Bauer						enkins			
19a. INFORMANT'S NAME (Typo/Print)  Harold S. Axel:	rad				nd Number or Rure					030
Harold S. Axel	LOG				Road,				_	
23 PART I. Enter the diseases, or shock, or heart failur IMMEDIATE CAUSE (Finel	or complications that re. List only one cause	ceueed the death		10 W.	on-Mitch Padoni de of dylog, su and Deazap	a Rd	., Timo	nium story arre	, MI	Approximete interval Between
23. Part I. Enter the diseases, o shock, or heart failur	or complications that re. List only one caus	ceueed the death se on each line OR AS A CONSEQUE	) All	10 W.	Padoni	a Rd	., Timo	nium story arre	, MI	21093
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ould be detached for use as the burial-transit permit. Pages 1, 2, 3 should

notified at once.

31. DATE FILED (Month) Day Your 993

12. MEGISMAR'S SIGNATURE

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DIVISION OF VILLE RECORDS, F.O. BOX 681 60,	JR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st and activities and the following production of removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
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	SPIT	NER	Ë
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be reta	22	8 🚆

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 8:50 (PM 4 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 215 38 760 PINEGROVE 1 X4 2 F 83 الحق 25 1910 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? CO. PARKVILLE 1 YES 2 NO FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8404 21 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-H was snecify Cuben, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 1 YES 2 NO FIFYES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE - American Black, White, etc. If yes, specify Cuban, Maxican, Pt 1 YES 2 NO Specify: 1 Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced DREAN 18e. DECEDENT'S USUAL OCCUPATION

The blad of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade ARMY OF THE U.S. College (1-4 or 5 +) Elementary/Secondary (0-12) MASTER SGT. 2 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, AUNGST MILTON MINNIE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ECORDS AMIL 20b. PLACE AND DATE OF DISPOSITION (Name of comptage, granatory or other place) 20s. METHOD OF DISPOSITION
1 1 Burlai 2 Cremation 3 Red
4 Donation 6 Other (Specify) 20c. LOCATION — City or Town, State DATE BALTO. CO. MARYLAN YET. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY TTAR FOR 23. PART I. Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart sellure. List only one cause on each line.

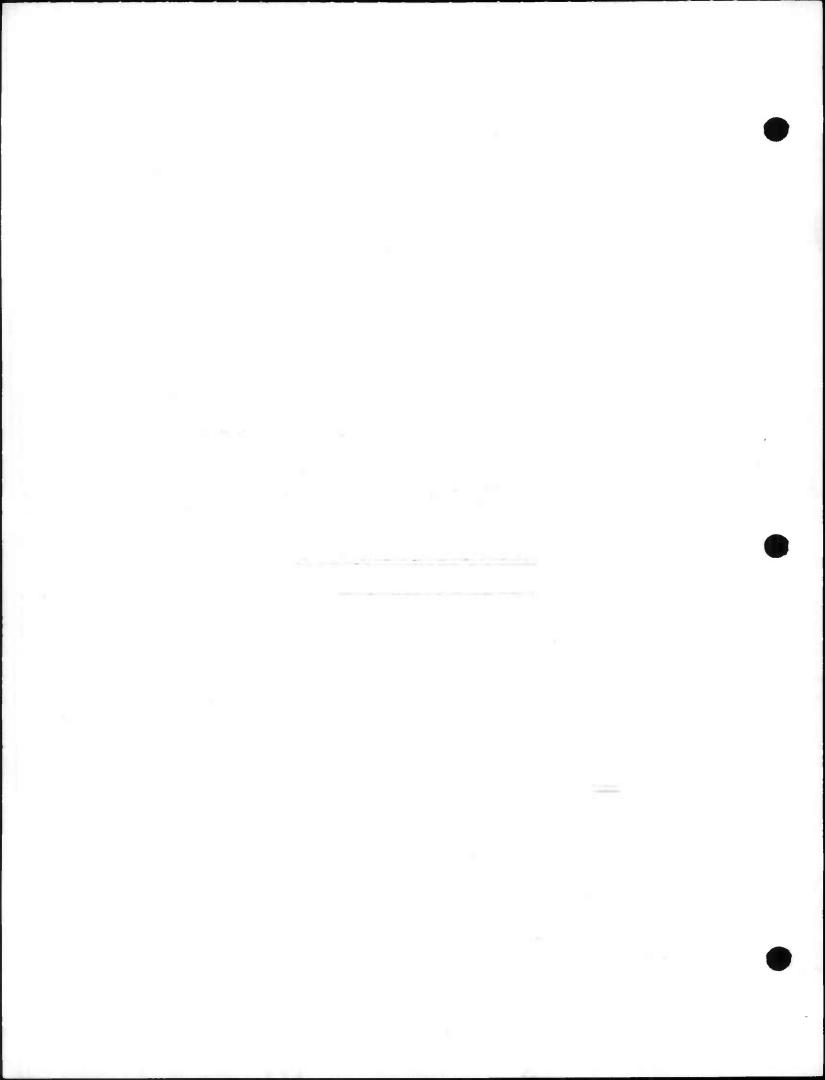
IMMEDIATE CAUSE (Fine)

disease or condition EVANS Approximata Interval Between Multiple Cerebravasoular Acaidents disease or condition resulting in death) OPO CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA ng Home 6 - Rasidence 6 - Other (Specify) 4 🗌 Nurs 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🗌 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 120 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 51. Dent Neurology

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TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed in by the funeral director, page 5 should be detached be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

	Middle, Last) ELIZAB	ETH B	ANKAF	SD					2. DA	TE OF DEAT	TH DAY 8	3	93ª	3. TIME OF DEATH 12:40 p
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20a, METHOD OF DISPOSIT   ABurlel 2 Cremetic   Donation 5 Other	n 3 🗆 Reme	oval from State		tery, cremetory of eland				sole	D.	4/1/C	c. LOCAT		City or To	11.00
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23. PART I. Enter the dishock, or himmediate CAUSE (Firdisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  LASS  PART II. Other algnification in death)  PART II. Other algnification in death  PART II. Other algnification in death  Secuential in death  PART II. Other algnification in death  Secuential in death  S	Marti  seases, or cart failure.  all  ona, diate NG ry  r  mt condition  D MEDICAL  Pending Investigation Could not be determined  IFYING PHYSIC CAL EXAMINET	D. Law complications the List only one cau MYOCARD DUE TO	It caused ise on ascillation (OR AS A CO) (O	FARCTION  CONSEQUENCE  CONSEQUENCE  The not resulting  and a lent 3 DOA  28b. Till  At home, farm  Sige, death occurrency  and/or investigate	OF):  OF):	r the ma	g cause of the country of the countr	given in	Part I.  Part I.  28d. C	24a. WAPEI  One)  Council (Specify)  Coation (Strong, Strong,	SAN AUTOMATE AND AND AND AND AND AND AND AND AND AND	d, tium tory arr TOPSY ED? NO Number	Inc., MD est,  24b.  Cured and and and and and and and and and an	Approximate interval Betwonset and De 3 hours 10 day 10 da



BALTIMORE, MARYLAND 21203-3146

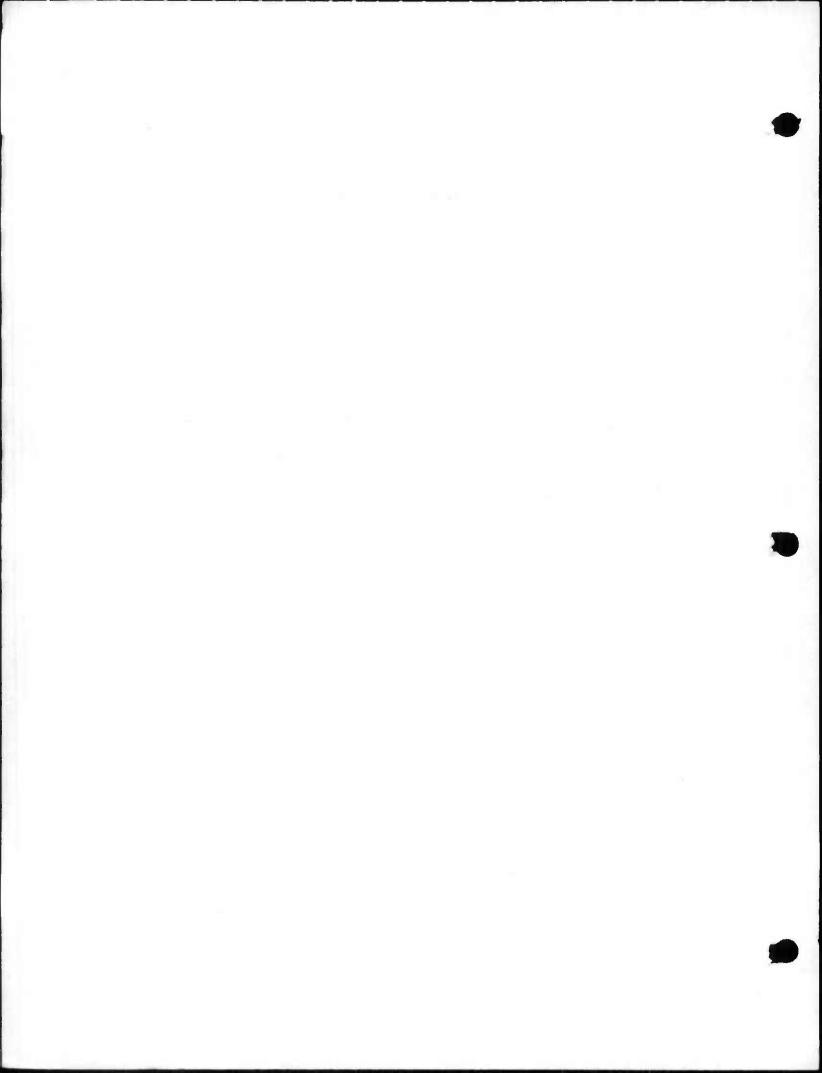
TO THE HOSTILL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (Firs	, Middle, Last)							2. DAT	E OF DEATH	DAY	VEAR	3. TIME OF DEATH
	Julia	Hoo	pes Ber	ison						ch 29			2 1/9 M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (in yrs. less		IF UNDER 1		IF UNDER 24 HRS.		E OF BIRTN nth, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	168-16-67	50	1 🗆 M 2 🗆 🔭	77 .	YRS.	ONTHS	DAYS	HOURS MIN.		il 21			aryland
	9e. FACILITY NAME (If not is	nstitution, give s	treet end number)		9	b. CITY,	TOWN O	R LOCATION OF D				NTY OF D	
DIRECTOR	Keswick	Home	è				Bal	timore				-	
IREC	10a. STATE MD	10b. COUNT	Y		10c. CITY,	TOWN OF							10d. INSIGE CITY LIMITS?
۵	10e, STREET AND NUMBER							ZIP CODE			I is an		1 X YES 2 NO
FUNERAL		. 40th	St.				101.	21211			10g. CI1	USA	HAT COUNTRY?
Ž	11. MARITAL STATUS	* 40CI	12. WAS DECEDEN	T EVER IN U.S. AR	MED			ENDENT OF NISPA			Yee or No		- American Indian, , White, stc.
	1 Never Married 2		FORCES? 1	YES 2 WA	10			city Cuben, Mexic 2 XNO Speci		o Rican, etc.)		Speci	
В	3 Wildowed 4 Div	orced						A				W	hite
		EDENT'S EDU		(G	CEDENT'S US	rk done do	cupatio	N at of working	1	6b. KIND OF E	BUSINESS/IN	DUSTRY	
<u>u</u>	Elementary/Secondary (	0-12)	College (1-4 or 5 +	·) Iffe.	Hous		Fo			Hom	emaker	r	
MP	12				nous	SEMT.	LE						
COMPLETED	17. FATHER'S NAME (First, A	ner Hoo	pes					Anna			len Surname)		
) BE	19e. INFORMANT'S NAME (	Type/Print)		190	. MAILING A	DDRESS	(Street a	nd Number or Rural	Route Nu	imber, City or 1	lown, State, Zi	p Code)	
5	Steven P. H	enson			1940	)5 Gt	ınpo	wder Rd	. , P	filler	s, MD	211	.07
	20e. METHOD OF DISPOSIT		novel from State	20b. PLACE other pla	OF DISPOSIT			netery, crematory or			LOCATION -	City or To	wn, Siate
	4 🗆 Donation		————		,	mate	ory.	Inc.		C	atons	ville	Md.
	21. SIGNATURE OF THE	VZZ	CEMBE ).	anil		22. N	AME AN	D ADDRESS OF F		Y72 - 1 -	C-11	т	
	• 9	ryan k	I. Clary	way	7			n-Mitch Padoni			-		
	23. PART I. Enter the shock, or		complications that List only one cau		ath. Do no								Approximata Interval Between
	IMMEDIATE CAUSE (FI	nai	301										Onset and Dasth
	disease or condition resulting in death)	$\rightarrow$	a. alshe	uner's		rea	se						
			DIJE TO	(OR AS A CONSE	DUENCE OF):								
O	Sequentially list condi		b	(OR AS A CONSE	LIENCE OF								
ATI	if any, leading to imme cause. Enter UNDERLY			(									
FIC	CAUSE (Disesse or inj that initiated events	ury <b>S</b>	DUE TO	(OR AS A CONSE	DUENCE OF):								
CERTIFICATION	resulting in death) LAS	ST	d.										
S	PART il. Other signific	ant condition	ns contributing to	death but not a	esulting in	the une	tertylni	r cause given is	n Part I	24a WAS	AN AUTOPSY	245	WERE AUTOPSY FINDINGS
MEDICAL							2011	, caaco given		PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDI										1 🗌 YES	2 NO		OF DEATH?
													1 TYES 2 NO
AN	25. WAS CASE REFERRED	TO MEDICAL					26 PI	ACE OF DEATH (C	Theck anh	(Ope)			
2	EXAMINER?	TO MEDICALE	HOSPITAL:	T EDIO-1	Прав	ОТНЕЯ	-						
PHYSICIAN:	27. MANNER OP DEATH		1 Inpatient 2 I		28b. TIME		ing Hom 28c. INJ	e 5 🗆 Residence	_	ther (Specify) DESCRIBE NO	W INJURY OF	CCURED	
	/	Pending	(Month, E		INJU	RY M	WC	PIK?					
>		Investigation											
ED BY	2 Accident 3 Suicide 6	Could not be		F INJURY — At he atc. (Specify)	me, ferm, st	reet, facto	ery, offic			OCATION (Stre lity or Town, St		or or Rural I	Route Number,
	2 Accident 3 Suicide 4 Homicide				ome, ferm, sti	reet, facto	ory, offic	•				er or Rurai i	Route Number,
	2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only	Could not be determined		atc. (Specify)					C	ity or Town, St	ate)		Route Number,
	2 Accident 3 Suicide 6 Homicide 29e. CERTIFIER (Check only	Could not be determined	BICIAN: To the best of	atc. (Specify) my knowledge, de	eth occurred	at the ili	me, date	end piece, and du	se to the	cause(e) end	menner as st	nted.	Route Number,
BE COMPLETED	2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only one) 2 ME  29b. SIGNATURE AND TITL	Could not be determined  TIFYING PHYS  DICAL EXAMIN	BICIAN: To the best of e	atc. (Specify) my knowledge, de	eth occurred	at the ili	me, date	end piece, and du	ue to the ne tima, d	cause(e) end	menner as sta , end due to 1 29d. DA	nted. the cause(	e) end manner ee stated.  (Month, Day, Year)
COMPLETED	2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only one) 2 ME  29b. SIGNATURE AND TITL	Could not be determined	BICIAN: To the best of ER: On the best of ER	etc. (Specify)  I my knowledge, de examination end/or	eath occurred	lat the ili	me, date	end piece, and du	ue to the ne tima, d	cause(e) end	menner as sta , end due to 1 29d. DA	nted. the cause(	e) end manner ee stated.  (Month, Day, Year)
BE COMPLETED	2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only one) 2 ME  29b. SIGNATURE AND TITL  30. NAME AND ADDRESS (	Could not be determined  ITIFYING PHYS  DICAL EXAMINI  E OF CERTIFIE  LL  OF PERSON WILL  E 774	building.  BICIAN: To the best of e ER: On the best of e ER  CHO COMPLETED CAU  CRECO	my knowledge, de examination end/or	nath occurred investigation	at the ili , in my op Print)	me, date	end piece, and desert occured at the 29c. LICENSE NO.	ue to the ne tima, d	cause(e) and late and place.	menner as stone and due to the stone and due to the stone and ston	inted. The cause(intersigned)	e) end manner ee stated.  (Month, Day, Year)

BALTIMORE, MARYLAND	TO TREPLOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within (1) was after death. Page 6 may be retained by the bost of the physician and completely filled in by the funeral director, page 5 should be detached.	Be Thed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bund, cremation, or removal. IMPERTANT, If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
6,	within 4 Yours a pletely filled in by	cremation, or rem rent, the medic
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ate be executed hysician and com	r traumatic ev
S, P.O. E	ne death certific the attending ph	Mental Hygiene Njury, or othe
RECORD	requires that the	1. of Health and shows any in
F VITAL	SICIAN: The law certificate has	h the State Depr d, or item 23
O NOISI	CTOR: After this	28 is marke
AIG F	HE HOSPITAL OR A	'Be'Thed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT, If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL	HYGIENE REG. NO.			0,5.,0
	1. DECEDENT'S NAME (First, Middle,	Last) ileen Loffer B				2. DATE OF MONTH	F DEATH DAY	1993 "	EAR	:50P. M
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BURTH	8.	BIRTHPLACE	(State or Foreign
	219-10-9700		91 YRS.	IONTHS DAYS	HOURA MIN.	Mar.	3, 19	02 (	Country) Dhio	
5		Retirement Com		Glen Ar	R LOCATION OF DE	EATH		Balt	of DEATH	
2	RESIDENCE OF DECEDEN 10e. STATE 10b. C	OUNTY	10c. CITY,	TOWN OR LOCAT	ION				10d. I	NSIDE CITY
DIRECTOR	Maryland B	altimore	Gle	en Arm					1 🗆	YES 2 NO
HAL	100. STREET AND NUMBER 11630 Glen A	rm Road		101	ZIP CODE 21057			10g. CITIZEN	OF WHAT C	OUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 XX Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 X NO	If yes, sp	ENDENT OF HISPAN polity Cuben, Mexica 2 NO Specifi	in, Puerto Ric	(Specify Yes o		RACE — Am Black, White Specify:	orican Indien, o, atc. Thite
COMPLETED	15. DECEDENT' (Specify only highest		16a. DECEDENT'S U	SUAL OCCUPATION ork done during mo retired.)	nt of working	16b. K	(IND OF BUSI	NESS/INDUS		nice
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housewif				Homema	akina		
5	17. FATHER'S NAME (First, Middle, La		1 nousewil	. C	18. MOTHER'S NA					
BE	Franklin Ch	ristian Loffer			Lulu			Say	re	
0	19e, INFORMANT'S NAME (Type/Print	,			nd Number or Rural					
-	Barbara B. Ha				Manor Ro	oad, B	-			
	26a. METHOD OF DISPOSITION  FE Burlel 2 Cremation 3 C  4 Donation 5 Other (Specify	Removal from State	ob PLACE OF DISPOSIT Dulaney Va	TION (Name of cert 111ey Me	m. Grdns	3			or Town, St. Mary1	
	21. SIGNATURE OF FUNERAL SERVICE  Martin D.			22. NAME AN	n-Mitche Padonia	ell-Wi	.edefe	ld, Inc	2	
CERTIFICATION	23. PART I. Enter the disease shock, or heart fe independent of heart fellows or condition resulting in death)  Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a DUE TO (OR AS		Pelmes Hea						Approximate Interval Between Onset and Death
MEDICAL	PART II. Other significent con	entributing to death		the underlying	g cause given in		PERFORI	MED?	AWAIL. COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDI	CAL		26. PI	ACE OF OEATH (C/	heck only one)	)			
3	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/O		OTHER: 4 - Nursing Horr	e 5 Residence	6 Other	(Specify)			
=	27. MANNER OF GEATH	28e. DATE OF INJUR (Month, Day, Year	Y 26b. TIME	OF 28c. IN.	URY AT	28d. DE\$C	RIBE HOW IN	JURY OCCUP	REO	
2	1 Netural 5 Pending Investig 3 Suicide 6 Could r	ation 28e. PLACE OF INJUI	RY — At home, farm, st		YES 2 NO	28f. LOCAT	FION (Street as	nd Number or	Rural Route N	lumber,
	4 Homicide datermi		oochy)			City or	iown, State)			
COMPLETED	anal .	PHYSICIAN: To the best of my kn (AMINER: On the basis of examina								manner as stated.
ŭ l	29b. SIGNATURE AND TITLE OF CE				29c. LICENSE NU		1		IONED (Monti	
ן מ	01	Le le			027	975	-	D 41	2/97	
2	30. NAME AND ADDRESS OF PERSON  David W. McC.		DEATH (ITEM 27) (Type, I		Belair,	MD 21	014		11/3	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE - Handelle							

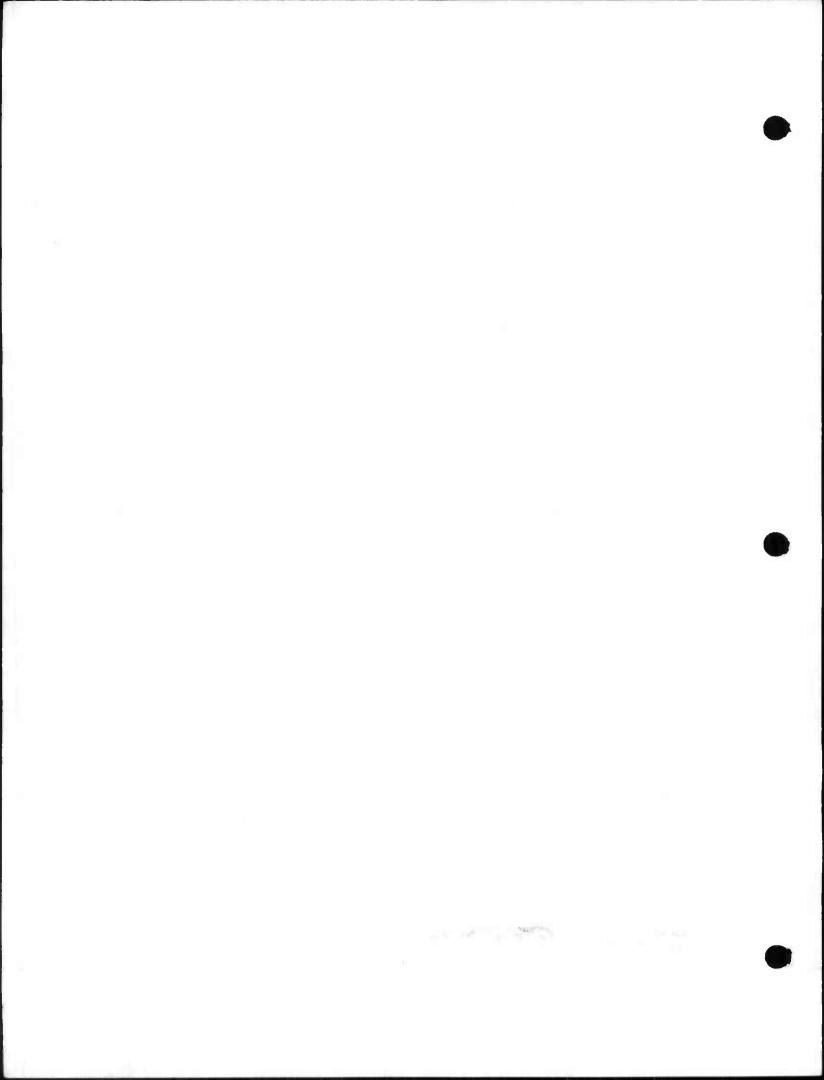


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	TO THE HOSPITAL OR ATT WING MYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: Affer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	TARGETTE AT THE CASE OF THE CA

IREC	10e. STATE 10b. COUNTY		10c.	CITY, TOWN O						10d. INSIDE CIT	TY
DIRECTOR			10c.	APR 1						10d. INSIDE CIT	TY
	10e, STREET AND NUMBER	SAltimore		CH	ASC					1 TES 2	
FUNERAL	11526 East				10f. ZIP CODE					VHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13.1	212 20		IN2 (Encelly V	U		— American Inc	40
	1 Never Married 2 Married	FORCES? 1 YES	S 2 NO	1	f yes, specify Cuben, Mexi	can, Puert	o Rican, etc.)	- OF NO-	Black	k, White, etc.	oran,
В	3 Widowed 4 Divorced	W W II		_   '	TES 2 PNO Spec	city:			Speci	B	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18e. DECEDEN	T'S USUAL OC	CCUPATION	1	6b. KIND OF BU	ISINESS/INDI	USTRY		
ET	Elementary/Secondary (0-12)	Completed)  College (1-4 or 5+)	(Give kind life. Do NO	of work done of Tuse retired.)	furing most of working						
ם		,									
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	IAME (First	t, Middle, Maider	Sumame)			
BE C	Louis Z. Be	Asley			EllA	M	AC O	wing	5		
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	(Street and Number or Rura						
2	Bessie J. Be	asley	115	26	EASTERN A		Chase			1720	
	20a. METHOD OF DISPOSITION	20	0b. PLACE AND DA	TE OF DISPOS						aug. State	
	20b. PLACE AND DATE OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
- 9	1206 W. North AVE										
	11 m (1. 15	1		1 3 4							
	V C R	3000		- IW	mc. Bro	سر	20mmu	oltu !	FUL	esal H	one
T	23. PART I. Enter the diseases, or o	complications that cause	ed the death. D	o not enter	m C. Bro the mode of dying, su	ယေလ Co	rdiac or reap	ot fy		Approxim	one mata
	shock, or heart fellure.	complications that cause List Dniy one cause Dn	ed the death. D	o not enter	the mode of dying, su	いこ de ca	ardiac or reap	ot fy iratory arre		Approxir	nata Betwee
	immediate cause (Final disease or condition	complications that cause Dn	ed the death. D	1.	the mode of dying, su	టున (	ardiac or reap	vity iratory arm		Approxir	nata Betwee
	immediate cause (Final	complications that cause List Dnly one cause Dn	ed the death. Deach line.	luji	the mode of dying, su	ധപ C	ardiac or reap	olfy iratory arre		Approxir	nata Betwee
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NOI	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially liet conditione,	a. DUE TO JOH AS	iple.	lrije	the mode of dying, su	w∧ (	ardiac or reap	iratory arre		Approxir	nata Betwee
ATION	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. DUE TO JOH AS	each line.	lrije	the mode of dying, su	سی (	rdiac or reap	iratory arre		Approxir	nata Betwee
FICATION	immediate cause (Final disease or condition resulting in deeth)  Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS	each line.	Inju	the mode of dying, su	سی (	ardiac or reap	of ty		Approxir	nata Betwee
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CERTIFICATION	snock, or heart feiture.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. DUE TO (OR AS	CONSEQUENCE	Inju	the mode of dying, su	eun (	ardiac or reap	iratory arre		Approxir	nata Betwee
اد	snock, or heart feiture.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE	Inju	the mode of dying, su	ich aa ca	24a. WAS AN	AUTOPSY	est,	Approximintervel Onset and	mate Betweend Deat
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DHMH-16 Rev 1/89



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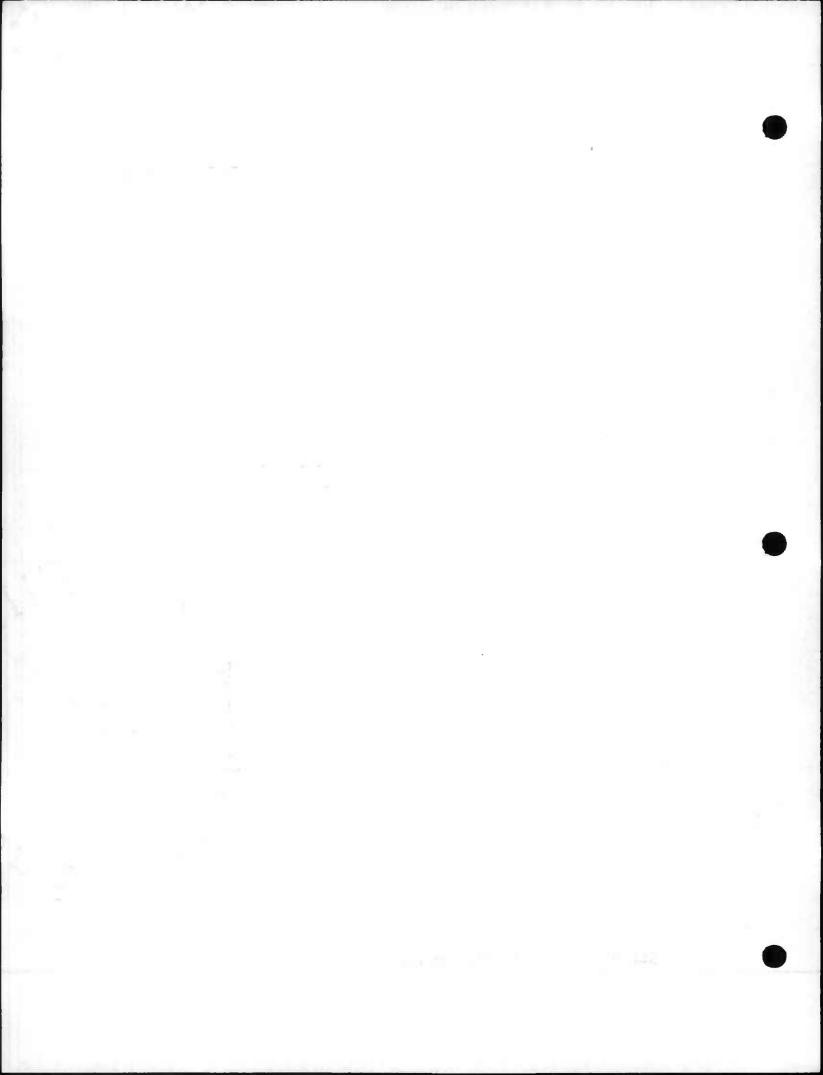
		1. DECEDENT'S NAME (First, Middle, Last)	ROBERT	EDG/	R BELL					2. DATE OF	DEATH	ñ	1993
	- 2	Robert William Be	5. SEX	8. AGE (In	yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 2	24 HRS.	MARCI	$\frac{1}{4}, \frac{3}{4}$	<u>.</u>	8. BIRTHE
-		232 20 5504	1 🔀 M 2 🗌 F	7	4 YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon. 4-1	E-191	8	WES
3 should	~	Sa. FACILITY NAME (If not institution, give s						R LOCATIO		ATH		1	NTY OF DE
2,	5	VA MEDICAL CENT	ER			FOF	RT H	OWARD	)			BA	LTIMO
permit. Pages 1,	DIRECTOR	10e. STATE 10b. COUNT			10c. Cf	TY, TOWN O	R LOCAT	ION	กแน	DALK			
H.		MARYLAND BAL	TIMORE				100	777 0005	Dun	VALK			
st per	FRA	3712 EDGEWATER	PI ACE				-	. ZIP CODE 21222					IZEN OF WI
21215-0020 al or attending physician. for use as the burial-transit	BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES OR DAT	2 NO	31	MAS DEC	ENDENT OF	HISPAN Mexicar	IC ORIGIN? ( n, Puerto Ric	(Specify Yes an, etc.)		14. RACE Black, Specify
ttendin	_	15. DECEDENT'S EDU			16a. DECEDENT'S	S USUAL OC	CUPATIO	)N		16b, K	IND OF BU	SINESS/INI	DUSTRY
12 mg	COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	.)	(Give kind of life. Do NOT u	work done d	furing mo:	st of working				000000000000000000000000000000000000000	
ND 2 hospital ached fo	MP	1th GRADE			C/	B DR	IVER			_	TRANS		ATION
MARYLAND 2: retained by the hospital of 5 should be detached for notified at once.		17. FATHER'S NAME (First, Middle, Leist)  EDGAR BELL						18. MOTH		NE (FIRM, MIC HELEN		Surname)	
MAR retained 15 should	O BE	19a. INFORMANT'S NAME (Type/Print)	-		3712	G ADDRESS	(Street a	nd Number o				n, State, Zi	Podel in
	۲	WALTER N. HANLI	N		3712	EDGE	WATE	R PL	ACE	บนทบ	ALK,	MAKY	LANU
BALTIMORE, MARYLAN after death. Page 6 may be retained by the hot by the funeral director, page 5 should be detact moral.		20s. METHOD OF DISPOSITION 1/ Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. I	PLACE AND DATE (BRISON	of Disposi	CT L	me of	ודר	DATE	20c. LO		City or Tow
Page al direc		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	_ [ GF	AKKISUN	22 B	NAME AN	O ADDRES	S OF FAC	TUTY			MORE,
		· Scarl P.	Coard							ERA L NUE			
leath certificate be executed within 24 hours after attending physician and completely filled in by th rital Hygiene prior to bunal, cremation, or removary, or other traumatic event, the medical	CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	B. RESPI DUE TO CONGE	(DR AS A ( RATO (OR AS A ( ESTIV	AL FAIL CONSEQUENCE OF RY FAIL CONSEQUENCE OF E HEART CONSEQUENCE OF	URE WOF: 'FAIL		COPD	)				
RECORDS, requires that the deat en signed by the attl of Health and Mental shows any injury,	MEDICAL	PART II. Other significant condition DIABETES ME HYPERTENSIO	LLITUS	deeth bu	t not resulting	in the un	derlying	g ceuse gi	iven in I		4a. WAS AN PERFOR	RMED?	24b.
ITAL RE N: The law required has been State Dept. of H	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	ATH (Che	ck only one)			
OF VITAL HYSICIAN: The law lis certificate has with the State Dep	HYSIC	1 TYES 2 NO	HOSPITAL:					e 5 🗆 Res	idence	B 🗆 Other (S	Specify)		
OF VIT	F	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, De	INJURY sy, Ybar)	28b. Til	ME OF JURY M	28c. INJI WO	RK?	NO	28d. DESC	NBE HOW I	NJURY OC	CURED
28 12 12 12 12 12 12 12 12 12 12 12 12 12	TED BY	2 Accident Investigation 3 Suicide 6 Could not be datermined	28e. PLACE O building,	F INJURY - etc. (Specif	At home, farm,	street, facto				28f. LOCAT City or	ION (Street a Town, State)	and Numbe	or Rural Ro
HOSPITA ON FUNERAL NE With 72 hours TANT. If Bern	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of										
TO THE HOSP TO THE FUNE THE MITHING	O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	- cln	ш				29c. LICEN	VSE NUM	BER 298		29d. DAT	SIGNED (
/X/		AUGUSTIN CHYU M  31. DATE FILED (Month, Day, Year)	D 9600	NOR	TH POIN		D, 1	FORT	HOWA	ARD, M	4ARYL	AND 2	21052

1 1 Theidson Mandess

93 09172 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. EATH 3. TIME OF DEATH 1993 4:15 A M -1918 8. BIRTHPLACE (State or Foreign WEST VIRGINIA 9c. COUNTY OF DEATH BALTIMORE 10d, INSIDE CITY LIMITS? 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. WHITE OF BUSINESS/INDUSTRY RANSPORTATION o, Melden Surname) DAY LK, MARY EAND 21222 20c. LOCATION - City or Town, State 3 BALTIMORE, MARYLAND OME OF DUNDALK. INC. UNDALK, MARYLAND 21222 Approximate Interval Between or reepiratory arrest, **Onset and Death** 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE WAS AN AUTOPSY PERFORMED? YES 2 XNO OF DEATH? 1 TES 2 NO E HOW INJURY OCCURED (Street and Number or Rural Route Number, vn. State) and manner as stated. place, and due to the cause(e) and manner as stated.

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)



1993

Sc. COUNTY OF DEA

NORTH

10g, CITIZEN OF WHAT COUNTRY?

Spacify:

UNITED STATES

14. RACE — American Indian, Black, White, etc.

AFRICAN AMERICAN

OWINGS MILLS, MD

Approximata Interval Between

Onset and Daath

5 years

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

29d, DATE SIGNED (Month, Day, Your)

1 93

4

COMPLETION OF CAUSE

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

1 X YES 2 NO

8. BIRTNPLACE (State or Foreign Country)

7:45 P

CAROLINA

REG. NO.

2. DATE OF DEATH

04 WALLACE **BROWN** 01 E 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 219-50-0508 DAYS HOURS 1 M 2 F 43 YRS. 05 - 29 - 49Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND NONE BALTIMORE CITY permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 1830 E. NORTH AVENUE detached for use as the burial-transit 21213 hospital or attending physician. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 7 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 ND Specify: AND 21215-0020 1 Never Married 2 Merried BY 3 Widowed 4 Divorced 16-69-16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) 12th years DISABLED NONE 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Meiden Surname) JAMES A. BROWN GLADYS DAVIS 8 notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GLADYS E. DAVIS 1830 E. NORTH AVE. BALTIMORE, MD. 21213 e BALTIMORE Page 6 may 20a. METHOD OF DISPOSITION

1X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE "4-7-93 DA VETERANS must 4 ☐ Donellon 6 ☐ Other (Specify) GARRISON FOREST CEM. 21. SIGNATURE OF FUNERAL SERVICE LICENSAF CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON STREET BALTO, MD. 21213 completely filled in by the vial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. ACQUIRED IMMUNE DEFIGIENCY SYNDROME ACYWIRED I MMUNE OFFICIENCY SYNDROME **IMMEDIATE CAUSE (Finel** AIDS the AIDS executed within event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician and con Health and Mental Hyglene prior to burial, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 50 Injury, PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? Seizures any shows PARANOID Schizophrenia to OrAL Herpes PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law r FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. ITANT: If Item 28 is marked, or Item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home | 5 | Rasidence | 8 | Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) end menner as stated. 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, data and placa, end due to the cause(e) and menner ee stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Kelly L. Carson mo 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KELLY CARSON MD CARSON, M.D Hopkins John S

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

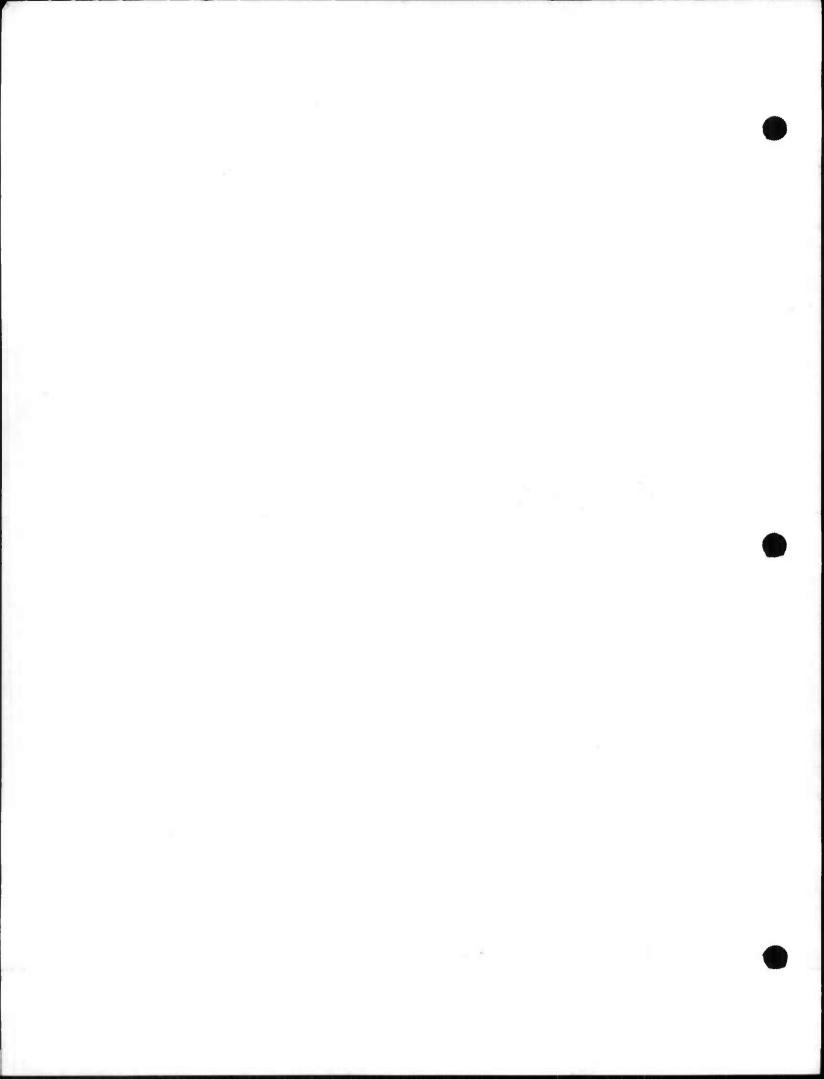
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year) APR - 5 1993



tel permit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1	. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATN
	Gregory R.	Bowman	MONTH 1 DAY

	HEGISTHAN				ERIIF	ICALI	E OF	DEA	П	F	REG. NO.			
	1. DECEDENT'S NAME (First Gregory		Bowman							2. DATE OF		93	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 200, 00 2400	BER	5. SEX	8. AGE (In yrs. I		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	BIRTN		s. BIRTI- Counti	IPLACE (State or Foreign
1	220-82-3429		1 📈 M 2 🗆 F	32	YRS.				1	(Month, De	4-1	960	-	MU
<u>د</u>	96. FACILITY NAME (# not # 815 Thayer		Apt. 1022					Spri	ON OF DE	ATH		9c. COU	NTY OF D	EATH
DIRECTOR	RESIDENCE OF DE		7 pc. 1022				TIVE	Spi II	ig					·
Ä	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	MD 100. STREET AND NUMBER				Si	lver	spr							1 YES 2 NO
FUNERAL	815 Thay		re. Ap	t.#102	2		101	200	910			10g. CIT		WHAT COUNTRY?
ا جُ	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT C	F NISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACI	- American Indien,
B	1 Never Merried 2 3 Uldowed 4 Dive		IF YES, GIVE V		JNO				Specify.	n, Puerto Ricai	n, etc.)		Speci	k, white, etc.
	15. DEC	EDENT'S EDU	CATION Completed	16a. C	ECEDENT'S	USUAL O	CCUPATIO	N and suspended		16b. KJA	D OF BUS	SINESS/INC		
COMPLETED	Elementary/Secondary (I		College (1-4 or 5		le. Do NOT us	se retired.)	during ma	st or workir	79					
S S	17. FATHER'S NAME (First, M	fiddle, Last)						18. MOTI	HER'S NAM	ME (First, Middl	le, Meiden	Sumeme)		
BEC	Wallace S		tary					Ma	deli	ne Bo	owma	n		
2	190. INFORMANT'S NAME (									loute Number, (			,	
E 100	Kimberly 200, METHOD OF DISPOSIT		ın						e/Ba	ltimo			1707	
TO BE COM	1 A Buriel 2 Crematic	on 3 🗆 Reme	oval from State	cometery, c	emetory or o	ther place)	ores	t V	a Ce	oate		ngs		10.000
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSES			22.	NAME AN	D ADDRE	SS OF FAC		·			, , ,,,
E C	Fort	ta	Eliror					F/H,		venue Ba	1+ima	M	n 2	1202
anc a	23. PART I. Enter the d	Iseases, or o	complications tha	t caused tha c	laath. Do i	not anter	tha mo	da of dyl	ing, such	es cardiac	or respi	ratory sn	rest,	Approximata
	IMMEDIATE CAUSE (Fig		List only one ceu	ae on eech lir	10.									Interval Between Onset and Death
	disease or condition resulting in death)		. hyperka	lemia										24 hrs.
a a a a a a a a a a a a a a a a a a a	resulting in death)			(OR AS A CONS	EOUENCE O	F):								24 1115.
ON	Sequentielly list condit	ions,	renal i	nsuffic	iency	/ D:								1 month
CAT	If any, leading to imme cause. Enter UNDERLY	Alexo.					v Sv	ndvo	mo					2 40275
E E	CAUSE (Disease or Injuthet Initiated events		Aguired	(OR AS A CONS	EOUENCE O	): ):	у зу	nuro	IIIE					2 years
CERTIFICATION	resulting in death) LAS	T .	Human	Immunod	efici	ency	Vir	us i	nfec	tion				
	PART II. Other significa	nt condition	s contributing to	deeth but not	reaulting	n the un	nderlying	ceuse g	given in F	Part I. 24e	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINOINGS
EDICAL	Pneumocys										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Cytomegal	ovirus	infecti	on (ind	ex dx	)				_   ''	YES 2	□ NO		OF DEATH?
¥ ::				on (ma	CA GA	/				-				1 TYES 2 NO
NA I	25. WAS CASE REFERRED T	O MEDICAL					28. PL	ACE OF D	EATN (Che	ck only one)	-			
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER		5 □ Re	aldence i	B Other (Sp	acify)			
PHYSICIAN:	27. MANNER OF DEATN		28e. DATE OF (Month, D		28b. TIM	E OF	28c. INJU	JRY AT		28d. DESCRI		JURY OC	CURED	
ВУБ		Pending Investigation	(monni, D	wy, rear)	ING	URY M	1 🗌 Y	ES 2	NO					
· 0	3 Suicide 8	Could not be	28e. PLACE O	F INJURY — At h	ome, term, s	treet, tact	tory, office			281. LOCATIO	N (Street a	nd Number	or Rural F	loute Number,
ETE	4 Homicide	determined									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
P	29e. CERTIFIER (Check only	IFYING PNYSK	CIAN: To the best of	my knowledge, d	leath occurre	d at the t	ime, date	end place,	, end due t	the cause(e	) end man	ner ee stat	ed.	
COMPLET														) end manner es stated.
BE	256 SIGNATURE AND TITLE	OF CERTIFIER		044					NSE NUM			29d. DATI	E SIGNED	(Month, Day, Year)
2	July	un	7 MD.	most				(D.C	.) 17	946		P 4	12/	13
	Zail S. Ber	ry, MD					a /\	, ,	MILI I	- خطودا	at -	Г.		2027
	31. DATE FILED (Month, Day,			2150 Per	msy I	vaiile	a AV	ا و ، ت	MM N	vasnin	yton	, D.(	J. 20	JU3/
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Joseph B. Beil, Jr. YEAR BEIL, JR 03 29 93 2300ham 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 09-15-1946 1 X M 2 - F 215-46-5489 Maryland detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number)
THE UNION MEMORIAL HOSPITAL 9c. COUNTY OF DEATH 96. CITY TOWNLOR LOCATION OF PEATH DIRECTOR N/A RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore City 1 X YES 2 | NO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4404 Berger Avenue 21206 U.S.A. the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran Mental Hygiene prior to burial, cremation, or removal. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried BY Specify: White 3 Widowed 4 X Divorced Vietnam COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Glue kind of work done during most of working 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) John C. Miller, Inc. Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Mortician Funeral Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph B. Beil, Sr. F Gertrude H. Bauernschmidt BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carol D. Taylor 5704 Leiden Road, Baltimore, Maryland 21206 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must 1 | Buriel 2 | Cremation 3 | Removal from State
4 | Donetion 5 | Mother (Specify) | Entomoment Parkwood Cemetery 4/2 Baltimore, Maryland medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intervel Betwe Onset end Death IMMEDIATE CAUSE (Finel the metastasis resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): Hupernephroma
DUE TO FOR AS A CONSEQUENCE OF: traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate the death certificate be ceuse. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS of Health and R PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE that any 1 - YES 2 NO The law requires shows 1 TES 2 NO certificate has been in the State Dept. of I PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL: SPITAL OR ATTENDING PHYSICIAN: 1X Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with is marked, this 1 📉 Natural 5 Pending investigation 1 YES 2 NO After t BY 2 Accident 28e. PLACE OF INJURY - Al home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) NEHAL DIRECTOR: A Inn 72 hours after di INT: II Item 28 is 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check only 1 🔀 CERTIFVING PHYSICIAN: To like best of my knowledge, death occurred at the lime, date end piece, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(a) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE mashow INTERN 3/29/93 Monna 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MASTOOR, 201 E. UNIV. PKWY BALTIMORE



APR20591993

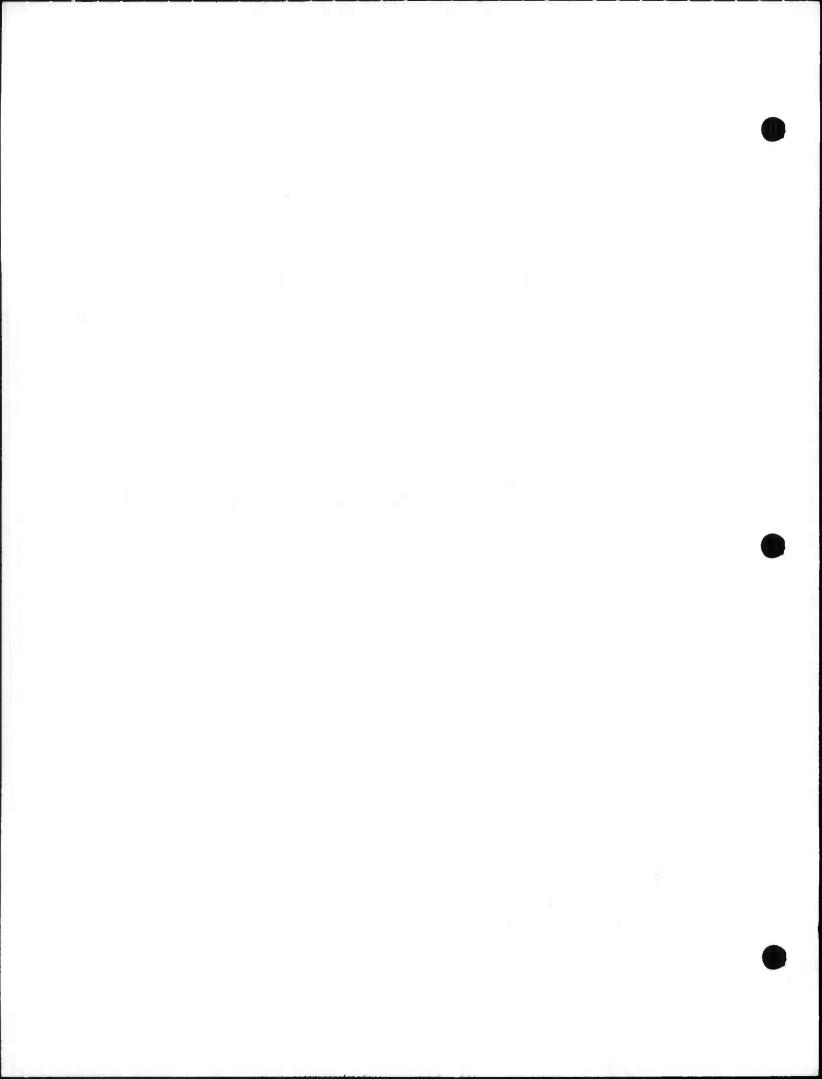
Julia Dair Dine

## ASP

FOR 1 - STATE PEGISTRAP

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			REGISTRAR		CER	TIFICAT	EO	F DEATH		REG. NO.			
			1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3	. TIME OF DEATH
			ALBERT		C 7 1				MONTH	DA		YEAR	18/5/18/08/01
			4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. lest birt	LLING			0.3	09	199		10:45 PM
			S. GOOME GEOGRAP ! NOMBER			MONTH	DAY		7. DATE OF (Month, D			B. BIRTHPL Country)	ACE (State or Foreign
	모			43	1)	ras.			2-2	-1902	2		
	3 should	_	9a. FACILITY NAME (If not institution, give a			100		N OR LOCATION OF DI	EATH		9c. COUN	TY OF DEAT	тн
	2, 3	0	4005 BELVIEU	AVE			BAL	TIMORE				na	
	<del>-</del> :	5	RESIDENCE OF DECEDENT										
	abe	DIRECTOR			10	c. CITY, TOWN	OR LO	CATION				10	Dd. INSIDE CITY LIMITS?
	Ä.		Maryland na			Baltim	ore					1	YES 2 NO
	perm	A	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
	usit	E	4005 Belvieu Ave	enue			_ 1	21216					
0	the hospital or attending physician.  detached for use as the burial-transit permit. Pages 1, 2,  once.	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	U.S. ARMED	1:	. WAS D	ECENDENT OF HISPAI	NIC ORIGINS (	Specify Vee	or No.	14 PACE -	- American Indian.
215-0020	phys		1 Never Married 2 Married	FORCES? 1 YES			If yes,	specify Cuban, Mexica	in, Puerto Rici	in, etc.)		Black, V	Vhite, etc.
ō	the the	B	3 Widowed 4 Divorced	II IES, GIVE WAR ON D	41E9		1 📙 Y	ES 2 NO Specifi	y:			Specify:	White
15	tend as	유	15. DECEDENT'S EDU	CATION	16a. DECED	ENT'S USUAL	OCCUPA	TION	16h KI	ND OF BUIL	SINESS/INDU		WILLCE
212	or a	E I	(Specify only highest grade		(Give k	ind of work don NOT use retired	e during	most of working	100. X	ND OF BOS	ME33/INDC	MILE	
0	pital of fo	7	Elementary/Secondary (0-12)	College (1-4 or 5+)			•						
LAND	the hospital or att detached for use once.	COMPLET	17. FATHER'S NAME (First, Middle, Lest)										
LA	t of		17. PAINER'S NAME (F#St, MIOOR, LEST)					18. MOTHER'S NA	ME (First, Mide	tle, Maiden	Surname)		
	at be	B											
MARY	y be retained by lage 5 should be be notified at	2	19a. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADDRE	SS (Street	et and Number or Rural i	Route Number,	City or Town	n, State, Zip i	Code)	
2	De 70	-	ocme										
R	may be or. page		20a. METHOD OF DISPOSITION	20b	PLACEAND	DATEOFDISPO	SITION	(Name of	DATE	20c. LO	CATION — C	ity or Town	, Stata
0	ector e		1 Donation 8 Other (Specify)	n state remo	T = 3	ry or other place	)						
ALTIMOR	urs after death. Page 6 may be in by the funeral director, page removal.	- 1	21. SIGNATURE OF JUNERAL SERVICE LIC	ENSEE Honald Wa	de D	ir   2	. NAME	AND ADDRESS OF FA	CILITY C	+ = + = 2	1		3
5	am am	- 1	1000 101	Jonata wa	4/1/						Anato		ra
BA	after de ny the fundadal.		Junual II U	Jedec				.Baltimore					
	d in by the or removal		23. PART I. Enter the diseases, or o	complications that ceused	tha death.	Do not ente	r the r	noda of dylng, suc	h aa cardiad	or respl	ratory arre	at,	Approximata
	24 hour filled in on, or he me		IMMEDIATE CAUSE (Finel	List only one cause on e	ech line.								Onset and Death
	y fill tion, the		disease or condition	Arterios	clerc	tic (	arc	diovascu	lar I	)ise	256		Oliset and Death
0	ted within 24 hours after completely filled in by th ial. cremation, or remova event, the medical	Н	resulting in death)	DUE TO (OR AS A				410 445 64	LUI I	7130	usc		
68760,				50E 10 (011 A5 A	CONSEQUE	OE OF).							
99	and and	CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSTOLIES	105.00							
0	ficate be ex physician a ne prior to	F	if any, leading to immediate cause. Enter UNDERLYING	OUL TO (OH AS A	CONSEQUE	ice or):							
B	certificate ding physi tyglene pri r other ti	임	CAUSE (Diseese or Injury	DUE TO (OR AS A	CONCECUE	10F 0F							
Ö	ding ph Hyglene or other	Ē	that initiated events resulting in death) LAST	DOE TO (OH AS A	CONSEGUE	ICE OF):							i 1
Д.		<u> </u>	Contract of the contract	1									
CORDS,	Me Me		PART II. Other algolficent condition	s contributing to death b	ut not resul	ting in the	inderly	ing cause given in	Part I. 1 24	a. WAS AN	MITODEV	245 141	ERE AUTOPSY FINDINGS
8	1 2 2 4	EDICAL						g cadec giron in		PERFOR		AM	MILABLE PRIOR TO
00	w requires that been signed pt. of Health a shows any	ā					_		1	YES 2	NO NO		OMPLETION OF CAUSE F DEATH?
RE	been sign t. of Heat shows	Z							_   1	NQU:	TRV	1	YES 2 NO
	e law req has been Dept. of 1 23 sho									-1100.	T 1/ T		
Z.	he lay e has te Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28.	PLACE OF DEATH (Ch	eck only one)				
=	SICIAN: The certificate he the State [	S	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	ntient 3 🗆 C	OTHE	R:	ome XXResidence	e C Other (C	ne alles			
LL.	certification the	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY		b. TIME OF	T	NJURY AT	28d. DESCR		I II IBV OCCI	IDED	
0	firer this ceath with		1 Netural 5 Pending	(Month, Day, Year)	-	INJURY	1	WORK?	Loc. DEGOT	DE HOW II	100111 0000	MED	
NO	After death	B	2 Accident Investigation	28s. PLACE OF INJURY	At home /								
S	OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate hours after death with the State Item 28 is marked, or item	COMPLETED	3 Suicide a Could not be determined	building, etc. (Spec	— At nome, i	erm, etreet, 18	ctory, or	TICB	281. LOCATIO	ON (Street a own, State)	nd Number o	r Rural Rout	e Number,
DIVISION OF VITAL	TECT AT	10 H											
	L DIREC	리	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death o	occurred at the	time, de	ate and place, and due	to the cause(	a) and man	ner as state	d.	
	in 7	8	one) 2 MEDICAL EXAMINE	R: On the beals of examination	and/or Inves	tigation, in my	opinion	, death occured at the	time, deta and	f place, and	due to the	cause(a) ar	nd manner as stated.
	N SE SE		29b. SINHATURE AND TITLE OF CERTIFIER					29c. LICENSE NUN					
	TO THE HOSPITAL OF THE FUNERAL DE BE filed within 72 hu IMPORTANT: If it	BE	MANGET A	. Unit!									onth, Day, Year)
	2 6 3 ₹	2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	T11 ATT			p.c.m.E			03.	-09-	1993
	- 1		MAN AND ADDRESS OF PERSON WH	/	1 1 1 1	Penn	Sta	reet, Ba	ltimo	re	Mars	vlan	d 21201
		ļ.	1 11/2 MAI 24 MAD 17	160 Rosa		~ 01111	د ت ب	LCCC, Da	U	,10,	Har	yaiii	4 21201
			31. DATE FILED (Month, 97) 001	32. REGISTRAR'S SIGN	TURE	7							
	- 1	N.	11 0 1000	1		£							- 1



CON	if once	y dense	min 24 hours after death. Page is may be retained by the ho
TO BE COM	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely alled in by the having execution, page 5 shows the derivation for the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burning commission, or removal	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 notes after leading to retained by the high
1	t be n	page 5	nay he o
	r mus	Sirector	u g sös
	xamine	brend.	delth. P
	edical	n by the	es after
	the me	filled i	24 hou
4	went,	mpietely	S WITHIN
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CAT	r trau	hysician prior t	ate be
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CIAN	lem 23	ate has	- De av
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ВУ Р	татке	fter this	100
TED	28 ls	after de	A I END
APLE	If Item	AL DIRE	AL OR
CON	TANT	FUNER	HOSPI
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMPOR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cumpletely what in by the lab filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal communition, or manioral	2010
	- 1		

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAF	RTMENT OF	HEALTH AN	ND MENT	TAL HYGIEN			
1	1. DECEDENT'S NAME (First, Middle, Last).  JAMES CHE	EKS				2. D/	RCH 29		3 YEAR	3. TIME OF DEATH 6:10 A.M.
	4. SOCIAL SECURITY NUMBER 218 01 4975	1½ M 2 □ F 9	yrs. lest birthday) YRS.	IF UNDER 1 YEAR		RS. 7. DA	TE OF BIRTH onth, Day, Year)	900		PLACE (State or Foreign V)
TOR	96. FACILITY NAME (If not institution, give st THE JOHNS HOPKING RESIDENCE OF DECEDENT			BALTIN	N OR LOCATION O	OF DEATN		Rn. COU	NTY OF D	NA NA
DIRECTOR	10a. STATE 10b. COUNTY Maryland	na	10c. CIT	Y, TOWN OR LO	CATION Baltimo	ore			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 822 Rutland Avenu				10f. ZIP CODE	212	205	10g. CITI	ZEN OF W	HAT COUNTRY?
R	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	It yes,	SPECENDENT OF N specify Cuben, M ES 2 NO	lexicen, Puer		or No-	14. RACE Black Specif	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of life. Do NOT us	work done during	TION most of working	1	16b. KIND OF BU	SINESS/INC	USTRY	
	17. FATHER'S NAME (First, Middle, Last) Jame	s Cheeks			18. MOTNER		st, Middle, Maiden	Surname)		
O BE	19e, tNFORMANT'S NAME (Type/Print)				et and Number or F	Rurai Route N				
-	Patficia Newb				deron · A					
	1 Buriel 2 Cremation 3 Remo		tery, crematory or o	ther place!		L	ATE 20c. LO			
1	21. SIGNATURE OF FUNERAL SERVICE LIC				Garden	F FACILITY	State	Anat	omy	Board
	Townell!	1/2011- 4	1/2/93		W.Balti	more	St, Bal	O,MD	212	0-1
CERTIFICATION	AMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE O	Processe						Interval Batweet Onset and Deat ID munito
	PART II. Other significent conditions	s. s contributing to death bu	t not resulting	In the underly	Ing csuse give	n in Part i.	24a. WAS AN PERFOI	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEAT	N (Check only	one)			
	1 VES NO 27. MANNER OF DEATH	28e, DATE OF INJURY	tlent 3 DOA	4 🗆 Nursing N	ome 5 Reside	7	ther (Specify) DESCRIBE NOW I			
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 [	WORK? YES 2 NO		DESCHIBE NOW	NJUHY OCC	UHED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	– At home, ferm, :	street, factory, o	fice	281. L	OCATION (Street ity or Town, State)	and Number	or Rurel R	oute Number,
		CIAN: To the best of my knowled.  R: On the basis of examination								end manner es stated.
2	29b. SIGNATURE AND TITLE OF CENTIFIER	& W			29c. LICENSE			29d. DAT	SIGNED	(Month, Day, Year)
•	30. NAME AND ADDRESS OF PERSON WHO	ans	600 (TEM 27)	March	Wolfe	Str	cet,	Seelku	ve,	193 MP Ziros
	APR 5 1993	32. REGISTRAR'S SIGNAT	TURE	T E			,			

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		1. DECEDENT'S NAME (First, Middle, Last) BYR	on <sup>L</sup> clark					MON	RIL 1,	1993	YEAR 3.	5:35 P. M			
9		4. SOCIAL SECURITY NUMBER 217-78-0640	I I	E (In yrs. lest		F UNDER 1 YEAR		(Mo	E OF BIRTH nth, Day, Year) 3-13-19		Country)	ACE (State or Foreign			
, 2, 3 should	ECTOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATN  MARYLAND GENERAL HOSPITAL  BALTIMORE, CITY  RESIDENCE OF DECEDENT													
physician. burial-transit permit. Pages 1,	띰	MARYLAND 10b. COUNT	1			OWN OR LOCAL	ORE, MA	RYLANI	)			Dd. INSIDE CITY LIMITS?  (X) YES 2   NO			
in. ansit perm	VERAL	1105 E. 43rd S	treet				101. ZIP CODE 21212			U S		AT COUNTRY?			
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1  YES IF YES, GIVE WAR OR	3 2 YN	MED D	If yes,	ECENDENT OF NI specify Cuban, M ES 2 XXVO S	SPANIC ORIG exican, Puerti pecify:	IN? (Specify Ye Rican, etc.)	s or No— 1	4. RACE — Black, V Specify:	American Indian, White, etc.			
the hospital or attending detached for use as the once.	COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(G/v	EDENT'S US thind of work Do NOT use n	UAL OCCUPA k done during stired.)	TION most of working	10	b, KINO OF BU	ISINESS/INDUS	STRY				
2 2 W	BE CON	17. FATHER'S NAME (First, Middle, Lest) Rudolph Clark					18. MOTHER	ell C	Middle, Maiden	Sumeme)					
ay be retained the page 5 should the notified	2	Larry Stringfie	ld	19b.	1830 G	PRESS (Street	rest Ro	ad Ba	ltimore	e, Md a	21206				
Page 6 may be all director, page ner must be r		20s. METHOD OF DISPOSITION  1 State 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of commetted State 2 Cremation 3 Removal from State 2 Cremation 3 Removal from State 2 Commetted State 2 Cremation 3 Removal from State 2 Commetted State													
death.		Fortia C	eron .			Ma	rch F/H 00 Waba	West	enue	* 19					
od within 24 hours at ompletely filled in by if, cremation, or remember, the medic	CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  ACQUIRED IMMUNE DEFICIENCY SYNDROME  OUE TO (OR AS A CONSEQUENCE OF):													
certificate be exect reding physician and Hyglene prior to bur other traumatii		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. SEIZURE DISORDER  DUE TO (OR AS A CONSEQUENCE OF):  c. SEPSIS  DUE TO (OR AS A CONSEQUENCE OF):													
In the d		PART II. Other significant condition	s contributing to deeth	but not re	sulting in t	the underly	Ing ceuse give	n in Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS			
equires en sign of Heal	: MEDICAL	GI BLEED							1 🗆 YES	2 1 NO	CC Of	OMPLETION OF CAUSE F GEATH?			
12 de 13 de	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:													
五 五 五 五	PHY	27. MANNER OF DEATH  1 Netural 5 Pending	1 Natural 5 Pending (Month, Day, Year)				26b. TIME OF   26c. BNJURY AT   WORK?   M   1   VES 2   NO				6 ☐ Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCUREO				
E E # 8	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	RY — At homecify)	t home, term, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
HOSPITAL DR ATTE FUNERAL DIRECTOI WITHIN 72 hours afte	OMPLE		CIAN: To the best of my kno									nd manner as stated.			
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: #	TO BE C	296 RIGHATURE AND TITLE OF CERTIFIES	wich Hi	0.			29c. LICENSE	NUMBER		29d. DATE S	IGNED M	fonth, Day, Year)			
		30. NAME AND ADDRESS OF PERSON WHO  DR. KEVIN KAZAK  St. Date fileo (Month, Day, Mar)					NERAL H	OSPITA	\L						
		APR 05 1993 F	wat truth door-1/2												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

must be notified at once.

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IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event,

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93 09179 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12:40 PM YEAR MORRIS Coombs JOHN JR 26 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign 217-07-5215A 1 X M 2 - F 74 )ec 4 1918 Maryland 9e. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Mercy Hospital **Baltimore** 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Maryland Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE log. CITIZEN OF WHAT COUNTRY? 559 Presstman Street 21217 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced World War II **Black** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Jr High School Custodian Pennsylvania School Dept. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Morris Coombs, Sr. BE Barbara Miller 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 559 Presstman Street Violet Branch Baltimore, MD 21217 20e, METHOD OF DISPOSITION
1 [X] Burial 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State cometery, cremetory or other piece)
I'D Veteran Cemetery/Garrison 4/1 Baltimore Co., MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mutter Funeral Homes, Inc. Her 2501 Gwynns Falls Parkway tter veri Baltimore, Maryland 21216 23. PART i. Enter the diseases, or complications that caused the darth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death GASTRIC disease or condition resulting in death) DUDDENAL ULCERS BLEEDING DUE TO (OR AS A CONSEQUENCE OF): STROKE BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEDUENCE OF): resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 TINO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Vinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 - Nursing H e 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28e. OATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 ND 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER
(Check only one)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: Dn the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and due to the cause(s). 2 MEDICAL EXAMINER: Dn the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNEO (Month, Day, Year) Ramara Am 255 7001 321 3/26 93 9

St Paul's Place . Baltimore

30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Medical

APR2 05 91993

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32: BEGISTRAR'S SIGNATURE

FOR STATE REGISTRAR

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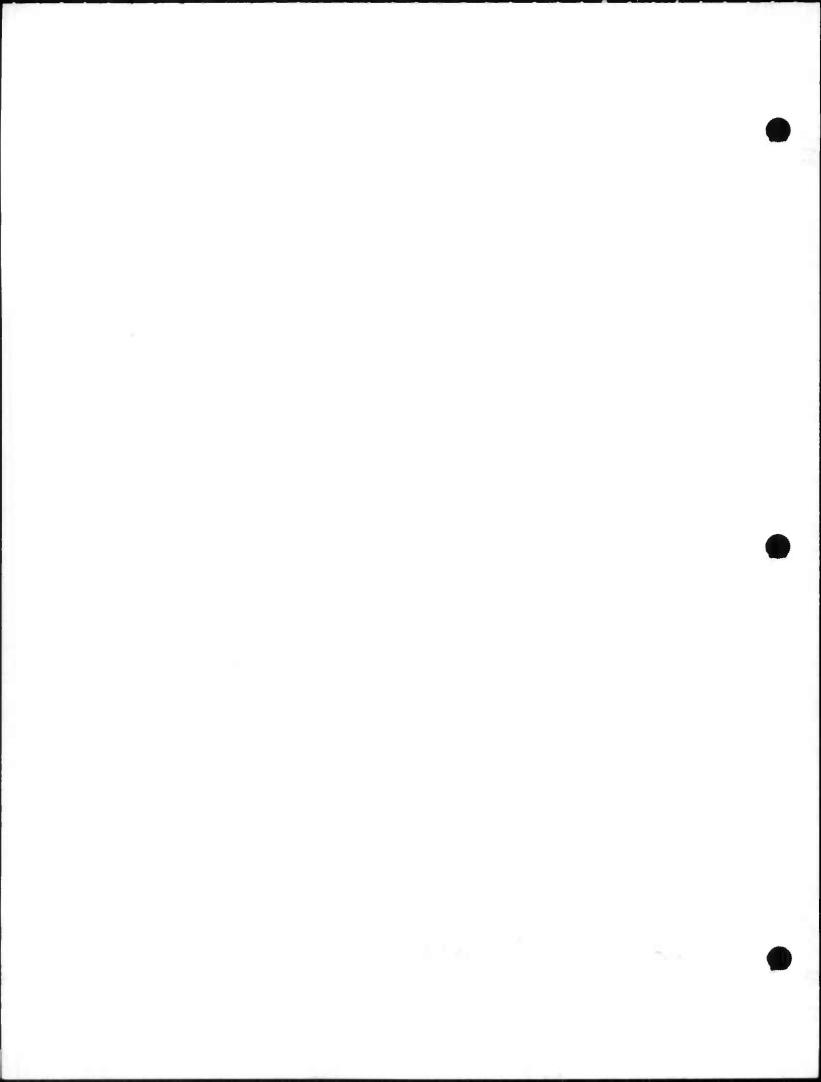
OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH () 4 CARTER, SR. Harris JOHN 1:09 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS (Month, Day, Year) Aug 21, 1 X M 2 | F 218-14-5554 68 1924 Maryland use as the bunal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR 1024 N. MONROE STREET BALTIMORE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 1024 Morth Monroe Street 21217 USA nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Pu 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES 84 Specify 3 Widowed 4 Divorced WWII & Korean black. 18a. DECEDENT'S USUAL OCCUPATION
(China kind of work done during most of working COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY ğ Elementary/Secondary (0-12) College (1-4 or 5+) Jr High School Maintenance Man Dept. of Public Works once. 17. FATHER'S NAME (First Middle Leat) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ director, page 5 should be Charles Harris Mellie Cook notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Helen Carter 1024 Morth Monroe Street Baltimore, MD 21217 pe 20a. METHOD OF DISPOSITION
1. Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE must Veteran Cemetery Garrison 4/6 4 Donation 8 Other (Specify) Owings Mills, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. the funeral 2501 Gwynns Falls Parkway filled in by the fon, or removal. Baltimore, Maryland 21216 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory arrest, ehock, or heart feliure. Liet only one cause on each line. Approximate interval Batween 0 IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, o or other traumatic event, the disease or condition Hypertensine arteriosclerotic cardiovascular disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF) burial, CERTIFICATION attending physician and Sequentially list conditions, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ar filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to t DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS Distretes mellitus AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO Chronic obstructure pulmonary disease OF DEATH? 1 YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 TYES 2 INO ng Home 5 Rasidence 8 - Other (Specify) marked, or 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 69 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be determined COMPLETED Item 28 4 Homicide 29a. CERTIFIER

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner se stated. IMPORTANT: If 2 🏋 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) d & Wright MO O.C.M.E. ▶ 04/01/93 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT, 111 Penn Street, Baltimore, Maryland 21201 July Day down Andele 31/ DNTE FR.EO (Month, Day, Year) 05 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

OHMH-16 Rev 1/89



31. DATE FILED (Month, Day, Year)

APR 05 1993

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

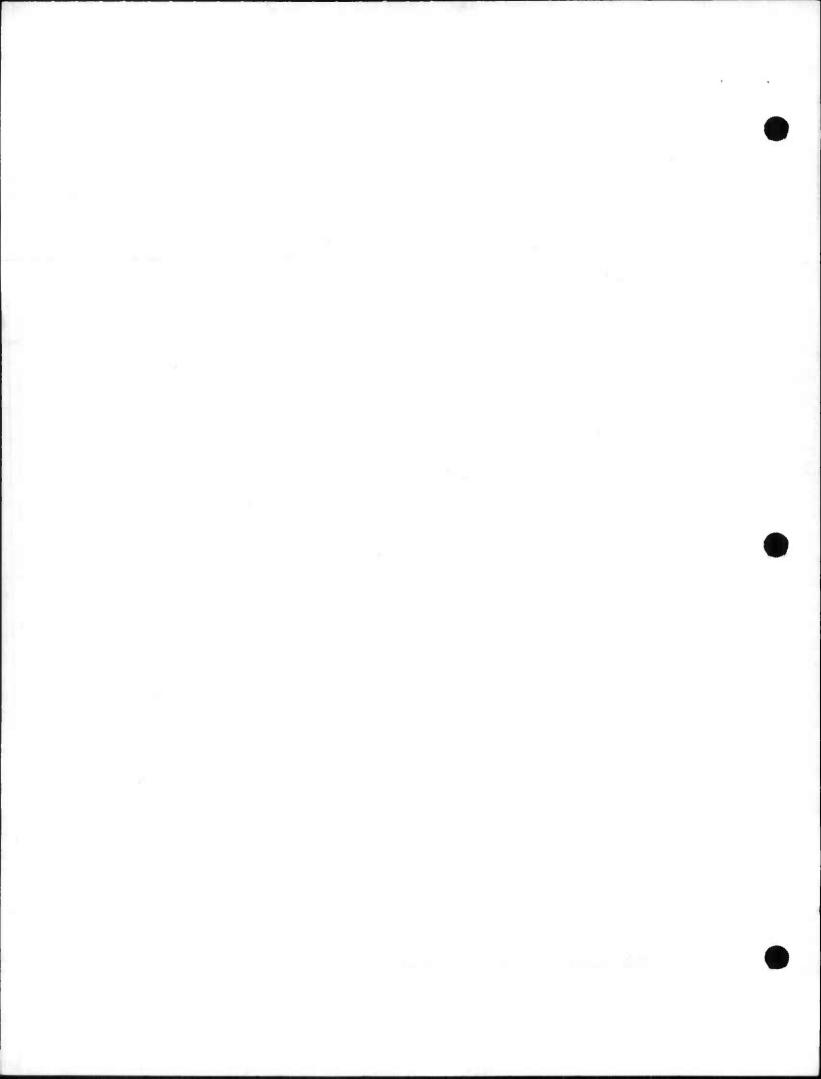
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32. REGISTRAR'S SIGNATURE

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SANALEE   DOLL		REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO  2. DATE OF DEATH MONTH D	). YEAR	3. TIME OF DEAT		
The street and discovered at the state of th											
GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE  TREDIDENCE OF DECEDENT  TOWSON BALTIMORE  SOLUTION  MARYLAND BALTIMORE  SOLUTION  MARYLAND BALTIMORE  SOLUTION  MARYLAND BALTIMORE  SOLUTION  MARYLAND BALTIMORE  SOLUTION  MARYLAND BALTIMORE  SOLUTION  MARYLAND BALTIMORE  SOLUTION  MARYLAND BALTIMORE  SOLUTION  MARYLAND BALTIMORE  SOLUTION  MARYLAND BALTIMORE  SOLUTION  MARYLAND BALTIMORE  SOLUTION  MARYLAND BALTIMORE  SOLUTION  SOL		217-24-8934	1 □ M 2 X F 69				(Month, Day, Year)	Cou	intry)		
TO. STRET AND HUMBER  917 BERNOUDY ROAD  12 WAS DECEDENT EVER NU.S. ANAMED PORCES? 1 VES 2 (2)NO  11 WAS DECEDENT OF HISBANIC ORIGINS (Specify In as on No. 1 Wes, Anamond In the Street	TOR	GREATER BALTIMOR	100000	NTER			EATH				
Secondary   Seco		MARYLAND BAL		1	HITE HAI	L			10d. INSIDE CITY LIMITS? 1 YES 2		
Type   Type	NERAL	917 BERNOUDY ROA			10			1			
General Labor  Canning Mfg.  17. FATHER'S NAME (First, Microlin, Last)  Harry F. Hamm  Bessie (unknown)  18. INFORMANT'S NAME (First, Microlin, Last)  Harry F. Hamm  Bessie (unknown)  19. INFORMANT'S NAME (First, Microlin, Last)  10. INFORMANT'S NAME (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of Name (First, Microlin, Last)  10. Information of N	B≺	1 Never Married 2 Married	FORCES? 1 YES	2 2 NO	13. WAS DEC If yee, ap 1 — YES	CENDENT OF HISPA Hecity Cuban, Maxic 5 2 NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	Bia	ick, Whita, etc.		
Harry F. Hamm  Bessie (unknown)  198. RMFORMATI'S NAME (TypuPrint)  199. MALING ADDRESS (Sirred and Number or Rural Route Number, City or Rura, State, Iz Code)  190. MALING ADDRESS (Sirred and Number or Rural Route Number, City or Rura, State, Iz Code)  190. MALING ADDRESS (Sirred and Number or Rural Route Number, City or Rura, State, Iz Code)  190. METHOD OF DISPOSITION  190. DISPOSITION  190. METHOD OF DISPOSITION  190. DISPOSITION  1	PLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of a life. Do NOT us	work done during mo ne retired.)	ost of working					
The MALINGA ADDRESS (Since and Number or Rural Route Mumber, City or Rural, Exp. Code)  198. MALINGA ADDRESS (Since and Number or Rural Route Mumber, City or Rural, Exp. Code)  199. MALINGA ADDRESS (Since and Number or Rural Route Mumber, City or Rural, Exp. Exp. Code)  190. MALINGA ADDRESS (Since and Number or Rural Route Mumber, City or Rural, Exp. Exp. Code)  190. MALINGA ADDRESS (Since and Number or Rural Route Mumber)  200. PLACE AND DATE OF DISPOSITION (Number of Rural Route)  100. MALINGA ADDRESS (Since and Number or Rural Route Mumber)  201. MALINGA ADDRESS (Since and Number or Rural Route Mumber)  202. MARK AND ADDRESS OF FACILITY  J. J. Hartenstein Mortuary, Inc.  21. SIGNATURE OF FUNERAL SERVICE DELINES  22. NAME AND ADDRESS OF FACILITY  J. J. Hartenstein Mortuary, Inc.  22. NAME AND ADDRESS OF FACILITY  J. J. Hartenstein Mortuary, Inc.  23. PART I. Effort the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Onset at Several Rural R	б ш	Harry F. Ham	18. MOTNER'S NA	AME (First, Middle, Maiden	Sumame)	•					
20a. METHOD OF DISPOSITION   Steril 2   Commetten 3   Removal from State   Steril 2   Commetten 3   Removal from State   Steril 2   Commetten 3   Removal from State   Steril 2   Commetten 3   Steril 2   Commetten 3   Steril 2   Commetten 3   Steril 2   Commetten 3   Steril 2   Commetten 3   Steril 2   Commetten 3   Steril 2   Commetten 3   Steril 2   Commetten 3   Steril 2   Commetten 3   Steril 2   Commetten 3   Steril 2   Steril 2   Steril 3   Steril 2   Steril 3   S	2		oll						21161		
21. SIGNATURE OF FUNERAL SERVICE DENIES  22. NAME AND ADDRESS OF PROLITY  J. J. Hartenstein Mortuary, Inc.  24. Second St., New Freedom, PA 17  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Onset as the mode of dying, such as cardiac or respiratory errest, interval Onset as CARDIO-RESPIRATORY ARREST  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate caused the death but not resulting in death)  LEAD DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):		1 X Burial 2 Cremation 3 Ram	coval from State com	PLACE AND DATE O	OF DISPOSITION (Ne	eme of M	ar. 25	CATION — City or	Town, Stata		
MMEDIATE CAUSE (Final deases or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  SEVERE COPD  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR A		21. SIGNATURE OF FUNERAL SERVICE US	censee /	/	22. NAME A	ND ADDRESS OF FA	CILITY	rtuary eedom,	, Inc. PA 173		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS		IMMEDIATE CAUSE (Final disease or condition	a. CARDIO-	RESPIRA	TORY ARR		th as cardiac or reapi	iratory arrest,	Approxima Interval Be Onset and		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  AMALABLE PRICOMPLETION DO OF DEATH?  1 YES 2 NO OTHER: 1 YES 2 NO		if any, leading to immediate			5 m						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24e. WAS AN AUTOPSY PERFORMED?  AMALABLE PRIC COMPLETION D OF DEATH?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF OEATH (Check only one)  27. MANNER OF OEATN  1 YES 2 NO  28e. DATE OF INJURY  (Month, Day, Year)  28e. DATE OF INJURY AT WORK?  1 YES 2 NO  28e. DATE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. PLACE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. DATE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. PLACE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. PLACE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. PLACE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. PLACE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. PLACE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. PLACE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. PLACE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. PLACE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. PLACE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. PLACE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. PLACE OF INJURY AT NORTH NUMBER OF OEATH (Month, Day, Year)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check only one)  28e. PLACE OF OEATH (Check o	E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	<b>י</b> ):		275				
25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1		PART II. Other significant condition Releakense	e contributing to death be	ut not resulting I	in the underlying	g cause given in	PERFOR	MED?	Ib. WERE AUTOPSY FIN AMILABLE PRIOR 1 COMPLETION DF CO OF DEATH? 1 YES 2 N		
Towns   Second	MEDIC			ACE OF OEATH (C)	neck only one)						
3 Suicide 6 Could not be detarmined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		EXAMINER?			1 Unipertent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence  26s. DATE OF INJURY (Month, Day, Year)  26b. TIME OF INJURY WORK?				Y		
29s. CERTIFIER (Check only one)  1 CENTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	IYSICIAN	EXAMINER?  1 YES 2 NO  27. MANNER OF GEATN  1 Noticel 5 Pending	1 ☐ Inpetient 2 ☐ ER/Output 26a. DATE OF INJURY	26b. TIM	4 Nursing Hom E OF 26c. INJ URY WO	URY AT	26d. OESCRIBE HOW II	NJURY OCCUREO			
2 MEDICAL EXAMINER: On the beels of axaminetion and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(a) and manner at 29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Yes)  3/24/93	ED BY PHYSICIAN	EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	1 (9) Impetient 2 ER/Output 26a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY	26b. TIMI	E OF URY MO 1	URY AT ORK? YES 2 NO	26f. LOCATION (Street a	and Number or Runs	Route Number,		

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

be notified at must examiner or removal. other traumatic event, the medical

DIRECTOR

FUNERAL

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BE COMPLETED

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PHYSICIAN: MEDICAL CERTIFICATION

BY

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1 CERTIFYING PHYSICIAN: To the

2 MEDICAL EXAMINER: On the be

as the burial-transit permit. Pages 1, 2, 3 should nse ğ page 5 should be detached 24 hours after death. Page 6 may director. the funeral this certificate has been signed by the attending physician and completely filled in by with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Is marked, FUNERAL DIRECTOR: After within 72 hours after death TO THE HOSPITAL OR ATTEND TO THE FUNERAL DIRECTOR: J be filed within 72 hours after of IMPORTANT: If Item 28 Is

93 09 182 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 4-3- 1993 12:16 P. Nina Dye. Μ. 5. SEX 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year, 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 261-07-0739 A 1 - M 2 X F 76 5-5-191 Florida Se. FACILITY NAME (If not institution, give served and number) CITY, TOWN OR LOCATION OF DEATH 9c. COUP Y OF DEATH Saint Josephs Hospital Towson Baltimore RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md/ Baltimore TYES 2 NO 100. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6220 Northwood Dr. 21212 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 K YES 2-NO IF YES, GIVE WAR OR DATES W.W. II Ar 11. MARITAL, STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES TONO Specify: 3 Widowed 4 Divorced Army White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retred.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 10 yrs Supervisor (Office) U.S. Govt. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Marcellus Louis Dye Stella Bexley 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Louise Cerino 6220 Northwood Dr., Balto., Md. 21212 20a. METHOD OF DISPOSITION
1 ☐ Burlal ② Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Green Mount Crematory 4-6-93 Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkins 22. NAME AND ADDRESS OF FACILITY Edison Bradley-Ashton Funeral Home, Inc. D00083 2134 Willow Spring Rd., Balto., Md. 21222 23. PART I. Enter the diseases, or comp mode of dying, such as cardiac or respiratory arrest. shock, or heart failure. List only interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

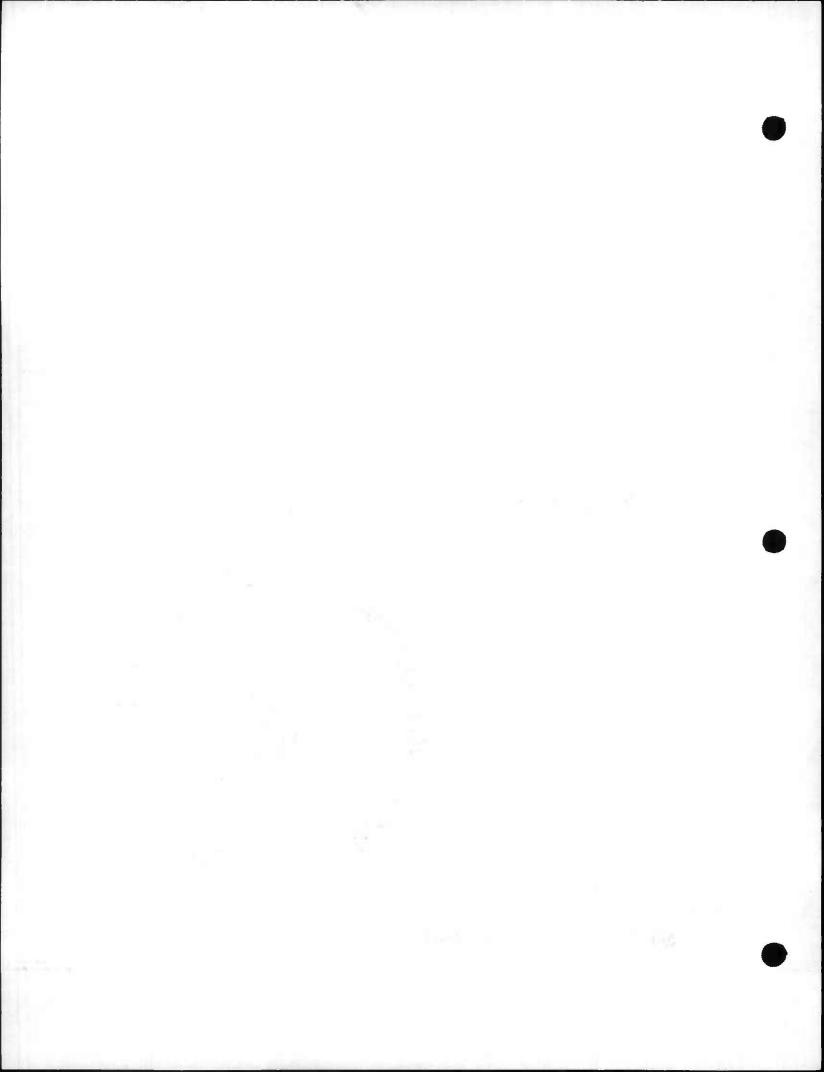
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PART II. Other significant condition		resulting in		1		PERFORMEDT  1 VES 2 NO	243. WERE AUTOPSY FINDING AMALABLE PROOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	1)	26. PLACE OF DEATH (Creek anty one)						
EXAMINER?	HOSFITAL: 1   Inputient 2   ENOutputient 3		OTHE	R: Irsing Home S C Residence	6 [] Other	(Specify)	100	
27. MAINTER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Hear)	28s. DATE OF INJUSY 28b. TIME (Month, Day, Hear) 28b. TIME			2M. DESCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not be determined	26s. PLACE OF INJURY At he building, etc. (Specify)	ome, ferm, sf	treet, to	ctory, office	281, LOCA City o	TION (Somer and Number of Teen, State)	r Rural Route Number	

occurred at the time, date and place, and due to the cause(s) and manner as stated.



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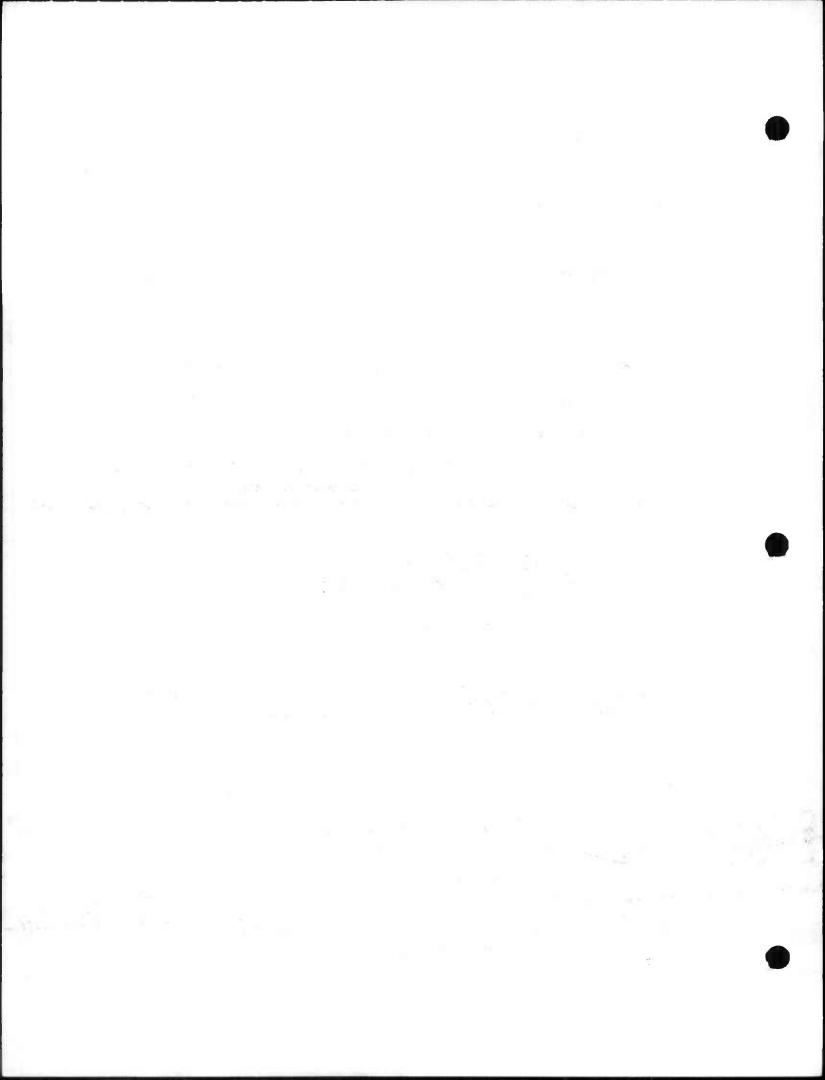
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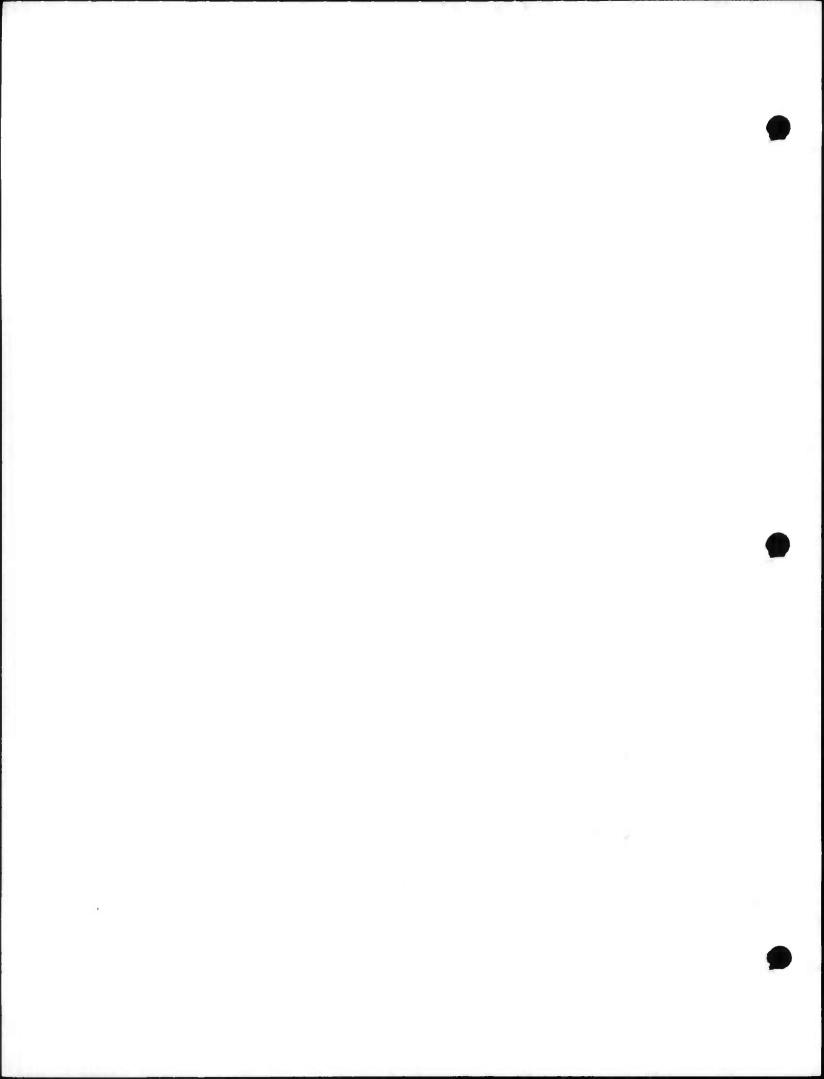
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71	1	FIGUR: After this certificate has been signed by the attending physician and completely filled and the state Dept. of Heath and Mental Hyglene prior to burial, cremation,
100	THE CHAITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	200
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC	MENT OF H	IEALTH AND ME	NTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2	DATE OF DEATH	YEAR	3. TIME OF DEATH
	EVELYN BELL	DeHART				03 28	1993	8:25 A
	4. SOCIAL SECURITY NUMBER 219 14 8421	5. SEX 6. AGE (In		ONTHS DAYS	MOVING MIN	Month, Day, Year)	Cou	THPLACE (State or Foreign rty) ryland
	9a. FACILITY NAME (If not institution, give s	street and number)	91	b. CITY, TOWN C	OR LOCATION OF DEAT	н	9c. COUNTY OF	DEATH
6	St. Joseph Hospi	tal		Towson	1		Baltin	more
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	Υ	10c, CITY, T	OWN OR LOCAT	TION			10d, INSIDE CITY
PIE	Maryland Bal	timore City	Balt	imore				LIMITS?
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	5624 Belair Roa	ıđ			21206		U.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC ecify Cuben, Mexican, F	ORIGIN? (Specify Yes		CE — American Indian, ick, White, atc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specify:	verto Hican, etc.)	Spe	ecify:
ED	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S US	IIAL OCCUPATIO	NI .	Act White OF BUILD		White
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work	done durina ma	st of working	166. KIND OF BUS	INESS/INDUSTRY	
7	12 Years	College (1-4 or 5+)	Homemake	r		Solf F	mployed	
COMPL	17. FATHER'S NAME (First, Middle, Last)		Tromonat year	-	16. MOTHER'S NAME		-	
ш	Frederick Powel	.1			Maude	Un	known	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural Rou			
F	Frederick T DeHa	rt	Same as	10e.				
	20a. METHOD OF DISPOSITION 1 Durial 2 X Cremation 3 Ram	ioval from Stata come	PLACE AND DATE OF D	DISPOSITION (Na	rme of	DATE 20c. LO	CATION — City or	Town, State
	4 Donation 5 Other (Specify)	Hi	lltop Ser	rvice C	orp.	4/2 To	wson, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		7	Leon	ard J. Rud	ck Inc.		
	→ Wallace	S. 13100S	Lyn,	5305	Harford 1	Road Ba	ltimore	, Md. 212
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Diales DUE TO (OR, AS A C	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	ellet	les			Interval Betwo
MEDICAL (	PART II. Other algnificant condition	as contributing to death but	e not resulting in the section of th	he underlying	g ceuse given in Pai	24a. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINERS	HOSPITAL:	Ι σ	26. PL	ACE OF DEATH (Check	only one)		
AN:		1 Inpatient 2 ER/Outpat	tlent 3 🗆 DOA 4	☐ Nursing Home	e 5 - Residence 6 -		<u> </u>	
AN.	1 ( xes 2   NO				URY AT 28	d. DEŞCRIBE HOW II	JURY OCCURED	_
PHYSICIAN:	1 ( ) MES 2 □ NO  27. MANNER OF DEATH  1 ☑ Natural 5 □ Pending	28a. DATE OF INJURY (Month) Day, Year)	26b. TIME O	WO		1	/	$\mathcal{D}$
BY PHYSICIAN:	1  Netural 5 Pending Investigation	28a. DATE OF INJURY (Month) Day, Year) 3 / 10 / G = 28a. PLACE OF INJURY -	- At home, ferm, stream	M 1 N	ES 2 110	1. LOCATION (Street a	nd Number or Rural	Room
ED BY PHYSICIAN:	1 ( Netural 5 Pending	28a. DATE OF INJURY (Month) Day, Year) 3 111 G 2 28a. PLACE OF INJURY – building, etc. (Specif)	At home, ferm, stream	M 1 N	ES 2 110	I. LOCATION (Street a City or Town, State)	nd Number or Rurel	Room
ED BY PHYSICIAN:	1  Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28a. DATE OF INJURY (Morith) Day, Year) 3 / 1) / G' ** 28a. PLACE OF INJURY - building, etc. (Specif)	At home, farm, streated	M 1 V	/ES 2 1 40 26	City or Town, State)	Sir Rd	Room Route Number,
ED BY PHYSICIAN:	1  Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	28a. DATE OF INJURY (Morith) Day, Year) 3 / 1) / G * Z  28a. PLACE OF INJURY - building, etc. (Specif)	At home, ferm, streety)	M 1 Y	res 2 0 mo 26	City or Town, State)	ner as stated.	
COMPLETED BY PHYSICIAN:	1  Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	28a. DATE OF INJURY (Month) Day, Vear)  3 // G = 2 28a. PLACE OF INJURY	At home, ferm, streety)	M 1 Y	26 and place, and due to eath occured at the time	the cause(a) and man	ner as stated.	(a) and manner ea stated
BE COMPLETED BY PHYSICIAN:	1  Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. DATE OF INJURY (Month) Day, Vear)  3 // G = 2 28a. PLACE OF INJURY	At home, ferm, streety)	M 1 Y	res 2 0 mo 26	the cause(a) and man	ner as stated.	
E COMPLETED BY PHYSICIAN:	1  Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. DATE OF INJURY (Month) Day, Vear)  28a. PLACE OF INJURY	At home, ferm, streaty)  At home, ferm, streaty)  Adge, death occurred at and/or investigation, in	M 1 VO	26 and place, and due to eath occured at the time	the cause(a) and man	ner as stated.	(a) and manner ea stated
BE COMPLETED BY PHYSICIAN:	1  Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 2 CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month) Day, Vear)  28a. PLACE OF INJURY	At home, ferm, streaty)  At home, ferm, streaty)  Adge, death occurred at and/or investigation, in	M 1 VO	26 and place, and due to eath occured at the time	the cause(a) and man	ner as stated.	(a) and manner ea stated



The same of the sa	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	E

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	1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DE CER	PARTMEN TIFICAT	NT OF H	EALTH AND I		YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DEATH DA		YEAR 3.	TIME OF DEATH
	Helen Elizabet						Anr	-	199		P.M. M
	4. SOCIAL SECURITY NUMBER 214 03 8568	5. SEX 6. AG	SE (In yrs. lest birth	RS. F UND	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De)	HRTN		Country)	NCE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CIT	TY, TOWN O	R LOCATION OF DE	EATN	/ 1 / 7	9c. COUNT	Y OF DEAT	ington
DIRECTOR	3365 Brantly (	Court		G1	enwo	ood,				HOwa	rd
R	10a. STATE 10b. COUNTY	-	100	c. CITY, TOWN	OR LOCATI	ION				100	d. INSIDE CITY LIMITS?
D.		ard		Gle	nwoo	d				1[	YES 2 NO
FUNERAL	10e. STREET AND NUMBER					ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
NE	3365 Brantly C	12. WAS DECEDENT EVER				21738			U.S.		
	1 Never Married 2 Milerried	FORCES? 1 YE	ES 2 K NO	13	If yes, spe-	ENDENT OF HISPAN cify Cuban, Maxica	n, Puerto Rican	ecify Yes , etc.)	or No- 1	4. RACE — Black, W	American indien, hita, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	RDATES		1 TYES	2¥ NO Specify	<i>f</i> :		W	Specify: hite	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed	16a. DECEDE	ENT'S USUAL	OCCUPATION	N	16b. KIN	O OF BUS	INESS/INDU		
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Itte. Do A	VOT use retired.	e during mos	t or working					
MP	High School		Home	emake	r			Но			
	17. FATHER'S NAME (First, Middle, Lest)					18. MOTNER'S NA	ME (First, Middle	, Maiden S	Surname)		
BE	Winbern Adcoc	k		When we work		Joseph:	ine He	lto	n		
2	John W. Duvall					d Number or Rural I					217204
	20a, METHOD OF DISPOSITION		1 3			ly Cour			OCI,		
	1 Burial 2 Cremation 3 Ramon	val from State	McKen	Tree e	Ceme	tery			ksvi		
	21. SIGNATURE OF FUNERAL SERVICE LICE					D ADDRESS OF FA	CILITY				
	► 7/20 11)	76:14			D 0	- 401	Haigh				
	23. PART I. Entar the diseases, or co	omplications that cause	sed the death	Do not ente	P.O.	Box 195	Syke	SVI	TIE,	Ma.	
J	ahock/ or haert fellure. L	lat only one cause on	each line.			or dying, such	i se cardiac	от теори	atory stres	ы,	Approximata Interval Between
- 1	I IMMEDIATE GAUGE (FIIIIII)										
	disease or condition	Matich	tie Ca	Jan (	Canc	<i>d m</i>					Onset and Death
	disease or condition resulting in death)	Metasta.  DUE TO (OR AS	tic Co	CE OF):	Canc	er					Onset and Death
NO	resulting in death)	Metasta.  DUE TO (OR AS  Pulmonar	tic Co s a consequency, hep	lon (ceof):	Canc	er bone m	etastas	د د ۲			Onset and Death
ATION	sequentistry list conditions, if any, leading to immediate	Metosta.  DUE TO (OR AS  Pulmanar  DUE TO (OR AS	tic Co S A CONSEQUENT N, hep S A CONSEQUENT	ce of):	Canc	bone uni	etastas	ses			Onset and Death
FICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Pulmonar DUE TO (OR AS	s A CONSEQUEN	ce of:	Canc	bone uni	etastas	seS			Onset and Death
RTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	Pulmonar DUE TO (OR AS	FIC CO S A CONSEQUENT S A CONSEQUENT S A CONSEQUENT	ce of:	Canc	bone uni	etastas	seS			Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUEN	CE OF):	and!	bone und		ses			Onset and Death
- 1	Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE	CE OF):	and!	bone und		WAS AN A			re autopsy findings
- 1	Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE	CE OF):	and!	bone und	Part I. 24a.		AED?	AMA	
- 1	Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE	CE OF):	and!	bone und	Part I. 24a.	WAS AN A	AED?	AMA COI OF	RE AUTOPSY FINDINGS BLABLE PRIOR TO MPLETTON OF CAUSE
- 1	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  Diabetes	DUE TO (OR AS	S A CONSEQUENCE	CE OF):	and l	cause given in	Part I. 24a.	WAS AN A	AED?	AMA COI OF	RE AUTOPSY FINDINGS BLABLE PRIOR TO MPLETION OF CAUSE DEATH?
- 1	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  Diabetes  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Pulmanar DUE TO (OR AS  DUE TO (OR AS  contributing to death mellifus  HOSPITAL:	S A CONSEQUENCE	CE OF):	anderlying	bone und	Part I. 24a.	WAS AN A	AED?	AMA COI OF	RE AUTOPSY FINDINGS BLABLE PRIOR TO MPLETION OF CAUSE DEATH?
- 1	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  Diabetes  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Pulmanar DUE TO (OR AS  DUE TO (OR AS  Contributing to deeth Mellifus  HOSPITAL: 1   Inpetient 2   ERVOR	S A CONSEQUENCE  but not result  supported to the consequence  utpatient 3 - Do	CE OF):  CE OF):  CE OF):  CE OF):	anderlying  26. PLA  ER: unsing Nome	cause given in	Part I. 24a. 1 [ sck only one) 8 [ Other (Spe	WAS AN A PERFORM	MED?	AMA COI OF	RE AUTOPSY FINDINGS BLABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  DIABLE CONTROL OF THE CONTROL OF THE CAUSE (DISEASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 100  27. MANNER OF DEATN  1 Netural 5 Pending	Pulmanar DUE TO (OR AS  DUE TO (OR AS  contributing to death mellifus  HOSPITAL:	S A CONSEQUENCE  but not result  utpatient 3 DX  y 286	CE OF):	26. PLA  26. PLA  27. Insign Nome  28c. INJU  WOR	cause given in	Part I. 24a.	WAS AN A PERFORM	MED?	AMA COI OF	RE AUTOPSY FINDINGS BLABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  D(Q betes  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 100  27. MANNER OF DEATN  1 Natural 5 Pending investigation	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  CONTributing to deeth  W. C. V. J. L. L. L. L. L. L. L. L. L. L. L. L. L.	S A CONSEQUENCE  To but not result  S  utpatient 3 Do  Y  28b	CE OF):  CE OF):  CE OF):  CE OF):  CE OF):  CE OF):	26. PLA ER: rating Nome 28c. INJU WOR 1   YE	cause given in	Part I. 24a.  1 [    ock only one)  8   Other (Special Described)	WAS AN A PERFORM YES 2 YES 2	JURY OCCU	AMA COI OF 1	RE AUTOPSY FINDINGS RUBBLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  D(Gbets  25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1   YES 2   400  27. MANNER OF DEATN 1   Natural   5   Pending investigation	DUE TO (OR AS  DUE TO (OR AS  CONTributing to deeth  M. C. II   L. S.  HOSPITAL:  1   Inpetient 2   ER/OL  280. DATE OF INJUR	S A CONSEQUENCE  To but not result  S  utpatient 3 Do  Y  28b	CE OF):  CE OF):  CE OF):  CE OF):  CE OF):  CE OF):	26. PLA ER: rating Nome 28c. INJU WOR 1   YE	cause given in	Part I. 24a. 1 [ sck only one) 8 [ Other (Spe	WAS AN A PERFORM  YES 2  City)  E NOW IN.	JURY OCCU	AMA COI OF 1	RE AUTOPSY FINDINGS RUBBLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DIG bets  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TOO  27. MANNER OF DEATN  1 Natural S Pending Investigation 3 Suicide 8 Could not be delarmined	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  CONTributing to deeth  M. C. V. T. L. S.  HOSPITAL:  1   Inpetient 2   ERVO.  28e. DATE OF INJURY (Month., Dey, Veer, Month., Dey, Veer)  28e. PLACE OF INJURY (Month., Dey, Veer)	S A CONSEQUENCE  To but not result  S  utpatient 3 □ Do  Y  28b  RY — Al home, le	CE OF):  CE	26. PLA ER: ursing Nome 28c. INJUI WOR 1  YE ctory, office	cause given in  CE OF DEATN (Che  5 Residence RY AT IK? ES 2 NO	Part I. 24a.  1 Lick only one) 8 Other (Spe 28d. DESCRIB 28l. LOCATION City or Tox	WAS AN A PERFORM PERFORM PERFORM VICITY VICI	JURY OCCUP	AMA COI OF 1 C	RE AUTOPSY FINDINGS RUBBLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  D(Gbets  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 400  27. MANNER OF DEATN  1 Natural S Pending investigation 3 Suicide 8 Could not be detarmined  29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER:	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  CONTributing to deeth  W. C. V. T. L. S.  HOSPITAL:  1   Inpetient 2   ER/OL  28e. DATE OF INJURY (Morith, Day, Veer)  28e. PLACE OF INJURY building, atc. (Sp.	s A CONSEQUENCE  s A CONSEQUENCE  s but not result  s  utpatient 3 Dec  y  28b  RY — Al home, is  poscify)  owledge, death oc  tion and/or investi	CE OF):  CE	26. PLA ER: Insling Nome 26. INJUI WOR 1 YE Ctory, office	cause given in  CE OF DEATN (Che  5 Residence RY AT IK7 ES 2 NO	Part I. 24a.  1 1  3 Other (Spe 28d, DESCRIB  28i. LOCATIOn City or Kw	VAS AN A PERFORM PERFORM YES 2  OCITY) E NOW IN.  I (Street arm, State) and menun	JURY OCCUI	AMA COI OT TO THE COINT OF THE	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES: 2 NO  Number,
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TO BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daath) LAST  PART II. Other algnificant conditions  D(G) be +c S  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  CONTRIBUTING TO GENTLE)  1   Inpetient 2   ER/ON  28a. DATE OF INJUIT  28a. DATE OF INJUIT  28b. PLACE OF INJUIT  28c. PLAC	S A CONSEQUENCE  S A CO	CE OF):  CE	26. PLA ER: Insling Nome 26. INJUI WOR 1 YE Ctory, office	cause given in  CE OF DEATN (Che  5 Residence RY AT IK7 ES 2 NO	Part I. 24a.  1 1  3 Other (Spe 28d, DESCRIB  28i. LOCATIOn City or Kw	VAS AN A PERFORM PERFORM YES 2  OCITY) E NOW IN.  I (Street arm, State) and menun	JURY OCCUI	RED  Rural Route  cause(s) and	RE AUTOPSY FINDINGS RABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES: 2 NO  Number,  I menner as stated.  Thin, Day, Year)



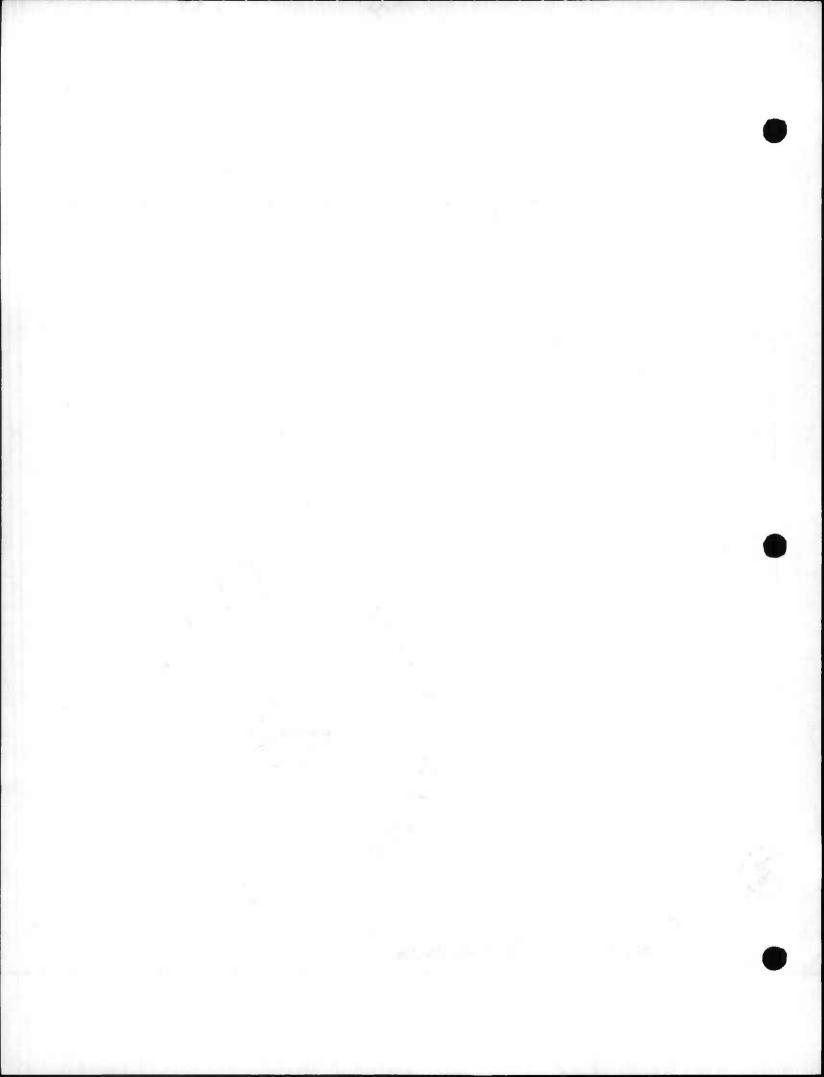
FOR 1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAN		CENTI	TOATE C	T DEALH	REG. N	Ю.	
4	1. DECEDENT'S NAME (First, Middle, Last)  GENEVIE	EVE 1	1.	=Mo	RY	2. DATE OF DEATH MONTH	DAY A	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday,	IF UNDER 1 YEA	A IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign
	220-14-6735	1 - M 2 X F	89 YRS.	MONTHS DAY		10-20-1		aryland
DIRECTOR	Sa. FACILITY NAME (If not institution, give s  ST, JOSEPH  RESIDENCE OF DECEDENT	HOSpiti	74	-	DWSON	DEATH		CTIMORE
REC	10a. STATE 10b. COUNTY		1100	TY, TOWN OR LO				10d. INSIDE CITY LIMITS?
	Maryland Balt	imore	Ba	ltimore	10f, ZIP CODE			1 TES 2 X NO
	8813 Richmond Ave				21234			N OF WHAT COUNTRY?
DI LONGHAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes		NIC ORIGIN? (Specify an, Puerto Rican, etc.) lly:		I. RACE — American Indian, Black, Whits, etc. Specify: hite
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7 YYS.	CATION completed) College (1-4 or 5+)	16a. DECEDENT' (Give kind of life. Do NOT	s usual occup work done during use retired.)	ATION most of working	16b. KIND OF	BUSINESS/INDUS	зтяу
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle, Maid	len Surname)	
n n		ssford			Bertha			
2	Virginia L. Fowle	ar				Route Number, City or		
	20g, METHOD OF DISPOSITION	200	B. PLACE AND DATE			Baltimore	LOCATION - CH	
	1 [X] Burial 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)	oval from State cer	Parkwood	Cemete	ery 4-5		alto.,M	
1	21. SIGNATURE OF FUNERAL SERVICE LIC	Roy H. Cat			AND ADDRESS OF F	ACILITY		
- 1	Roy H. C							.,Balto.,Md.21214
	23. PART I. Enter the diseases, or o shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CEREB	no UF	tscul	AR	Acc	cide	Interval Between Onset and Death
ALION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE, TO (OR AS	A CONSEQUENCE	UOUS Pri:		LITU.		EBITIS.
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):		2, , 0 5	, ,	
EDICAL (	PART II. Other significant condition	s contributing to death t	out not resulting	in the underl	ying cause given in	Part I. 24s. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Σ							2   NO	COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		T	PLACE OF DEATH (C	heck only one)		
1 X	1  YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Out			fome 5 - Residence			
BY P	1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		M 1	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE NO	W INJURY OCCUI	RED
9	3 Suicide & Could not be determined	28s. PLACE OF INJURY building, etc. (Spe	f — At home, farm, cify)	street, factory, o	ffles	281. LOCATION (Stre City or Town, Ste		Rural Route Number,
COMPLET	one) 2 MEDICAL EXAMINE							cause(s) and menner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER	m			29c. LICENSE NU	25 886	29d. DATE S	GIGNED (Month, Day, Year)
	SEBALLOS	MD, - ST	20C.	EPH	HOSP	ITAC.	- Tou	you mor
	APR 05 1993	32 REGISTRAR'S SIGN	ATURE					21204

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



					TOATE	- 01	DEAIII		neg.	NO.		
	James ALEX	MOER							DATE OF DEATH	04	YEAR 93	3. TIME OF DEATH  3. 3. PM
	4. SOCIAL SECURITY NUMBER 223 -10 - 4673	5. SEX 1 M 2 F	B. AGE (In yrs. In	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HI HOURS MI		Month, Day, Year - 22 - 0	7	Countr	IPLACE (State or Foreign ry) V.A.
	Sa. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY.	TOWN C	OR LOCATION O				UNTY OF D	
DIRECTOR	Good Samaritar						nore			1.00	ONTT OF D	LAIN
l D	10a. STATE 10b. COUNTY	,		T 40- 017	Y, TOWN O							
	MD				ltim							10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 2801 E. Federa	al St.					21213			10g. CI		WHAT COUNTRY?
15	11. MARITAL STATUS	12. WAS DECEDENT			13. V	MAS DEC	ENDENT OF HIS	SPANIC OF	RIGIN? (Specify	Yes or No-	14. RACE	- American Indian.
B	1  Never Married 2  Merried 3  Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WAI	R OR DATES	NO	1	yes, spe	ecify Cuban, Me 2XXXNO S	oscily:	erto Rican, etc.)		Speci	E — American Indian, k, White, etc. "Black
8	15. DECEDENT'S EDUC (Specify only highest grade		16a. Di	CEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF	BUSINESS/II		
COMPLET	Elementary/Secondary (0-12) 7 t h	College (1-4 or 5+)	- in	. Do NOT u	se retired.)	unng mo	st of working		Beth	lahan	n S+a	201
ō	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (F	irst, Middle, Mai			: 6 1
BE C	Judson Ellis							•	Chapm	,		
	19a. INFORMANT'S NAME (Type/Print)		.19	b. MAILING	ADDRESS	(Street a	nd Number or R	ural Route	Number, City or	Town, State, 2	Zip Code)	
유	Ervin Ellis			1312	Sto	new	and R	d/R	altimo	ro	MD 3	21220
	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	DEDISPOSI	TION /Na	me of	4/0		LOCATION -		
	1 V Burial 2 Cremation 3 Remo		Eman (	le I	Bapt			1	Sr			
	21. SIGNATURE OF FUNERIAL SERVICE LIC	ENSEE A	()		22.1	NAME AN	D ADDRESS O					
	Mules	N BD	W		WM	С.	MARC	H F	.H./1:	.01 E	. NC	ORTH AVE.
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	. CAR	on each line		ALL			such as	cardiac or re	apiratory a	rrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DM	OR AS A CONSE									
R 11	PART II. Other significant conditions	s contributing to d	esth but not	resulting	In the un	derlying	cause giver	In Part	i. 24a, WAS	AN AUTOPSY	( 24b.	WERE AUTOPSY FINDINGS
: MEDICAL	Recent opera	eta for	^	fore		Du			PERI	2 HO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL					26 Di	ACE DF DEATH	(Chack	the const			
SICIAN:	EXAMINER?	HOSPITAL:	no.	T	OTHER	1:						
<u>≥</u>	27. MANNER OF DEATH	1 Inpatient 2 E		-		_	• 5 Resider					
у РНУ	1 Natural 5 Pending	28a. DATE OF IN (Month, Day,		28b. TIM INJ	URY M		URY AT RK? (ES 2  NO		DESCRIBE HO	W INJURY O	CCURED	
ED BY	Accident Investigation    3   Suicide   8   Could not be detarmined	28a. PLACE OF building, et	INJURY — Al ho c. (Specify)	ome, farm, s	street, facto			_	LOCATION (Stre City or Town, St.	et and Numb	er or Rural R	loute Number,
<b>L</b>	DA - CENTIFIED						-**					
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE	CIAN: To the best of m										and menner as stated
BE CC	296, SIGNATURE AND TITLE OF CERTIFIER				MΛ		29c. LICENSE					(Mgnth, Day, Ybar)
2		1000 BTR			T		-				4/1	173
-	30. NAME AND ADDRESS OF PERSON WHO			M 27) (Type,								
	JATINDER	80040	My	190	10	1	Lond	ru7	ons	れびず	0	
	31. DATE FIRED (Month, Day, Year)	32. REGISTRAR		1.e. a	£ 2.0	90			dry			

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	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3		
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93 09187 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH ARLOW 6:20 EMOR YEAR 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER BIRTHPLACE (Sie 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 1 NM 2 | F 59 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR Towson RESIDENCE OF DE 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore City 1 X YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21214 U.S.A. 3100 Royston Ave 13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify Yes or if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black. White, atc. 1 TYES 1 Never Married 2 X Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White BE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g 9 yr s College (1-4 or 5+) Maintenance Mechanic must be notified at once. 17. FATNER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lawrence Farlow Mary 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Mary Ann Farlow Same as #10 20e. METNOD OF DISPOSITION
1 XI Buriel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State cametery, crematory or other claca) Hill 4/5/93 Middle River, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. examiner 22. NAME AND ADDRESS OF FACILITY Hartsock, Jr. Baltimore, MD 5305 Harford Rd. Leonard J. Ruck, Inc. item 23 shows any injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Inpution 2 ER/Outpution 3 DOA OTHER 1 TYES 2 NO e 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Watural 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 29e. CERTIFIER

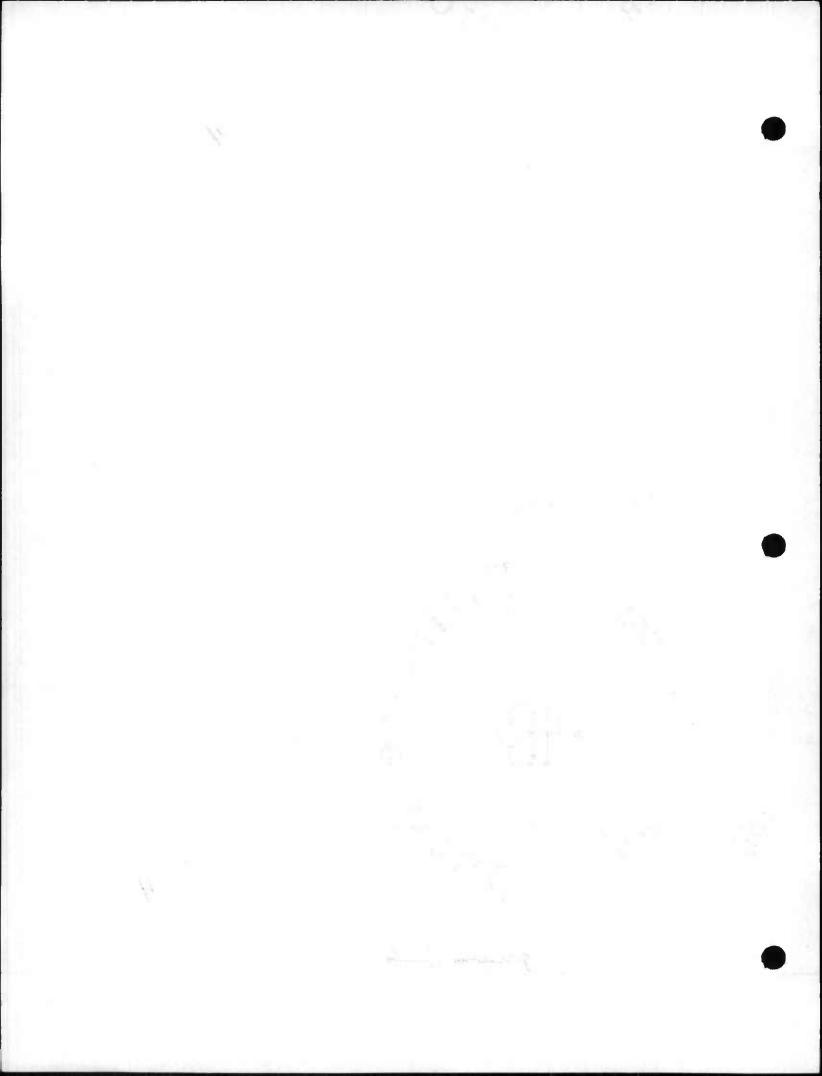
(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or BE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri

STRAB'S SIGNATURE

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3. TIME OF DEATH 5.0 pm

Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)	L Fore	st				-		2. DATE OF	DEATH	AY Ž	YEAR	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)		R 1 YEAR	IF UNDER 24	HRS.	7. DATE OF	BIRTH			PLACE (State or Foreign	
P		226-32-6956	1 💢 M 2 🗆 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	9-1	0-24		Country	" VA	
shoul	~	Sa. FACILITY NAME (If not institution, give s						OR LOCATION	OF DEA	ATH		9c. COU	NTY OF D	EATH	
1, 2, 3 should	RECTOR	Francis Scott	кеу но	spital		Ва	ltin	nore							
	E C	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION						10d, INSIDE CITY	
	8	MD				Balt	timo	re						1 X YES 2 NO	
	¥	100. STREET AND NUMBER						f. ZIP CODE				-		HAT COUNTRY?	
	FUNERA	134 Willow Ct.					2	21222			USA				
MARYLAND 21215-0020 retained by the hospital or attending physical 5 should be detached for use as the burial-motified at once.	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2/	RMED NO	If yes, specify Cuben, Mexican, Puerto Rican, etc.) Blac					Black	- American Indian, White, etc. by: Black			
215 attend	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. Di	CEDENT'S	USUAL C	AL OCCUPATION I 16b. KIND OF BUSINESS/INDUSTRY					D T W O IX			
212	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	- Marie - Mari	(Give kind of work done during most of working itte. Do NOT use retired.)										
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YLAN d by the hos id be detach id at once.	BE CO	Major Forest						Sal	ie	Bark	s d a 1	е			
MAR retained 5 should notified	0	19a. INFORMANT'S NAME (Type/Print) Cecelia Harris	on		516	E.		end Number or						21212	
E, F		20a. METHOD OF DISPOSITION	011				_		31	-				21213	
ORE, 6 may be ector, page must be		20b. PLACE AND DATE OF DISPOSITION (Name of Location — City a Chemistry of other (Specify) — 20b. PLACE AND DATE OF DISPOSITION (Name of Location — City a Chemistry of other place).  20b. PLACE AND DATE OF DISPOSITION (Name of Location — City a Chemistry of other place).													
		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	)	111101			ND ADDRESS	OF FAC	ILITY	Dui	CTIIIC	,,	110	
ALTIN death. Pag b funeral did s.		> ====================================	VA	-54		WIN	4 0	MAD	CH	F 11	/117	.1 -	NO	DTH AVE	
B after by the moval.		23. PART I. Enter the diseases, or o	emplications the	of caused the b	ath Oo r									RTH AVE.	
S T E		anock, or neart failure.	List only one cer	use on each line	0.	iot eine	i the inc	or dynig	, sucii	aa carulat	or reep	natory arr	wat,	Approximate interval Between	
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1760, ted within 24 completely filled, cremation, sevent, the		disease or condition resulting in death)  e. Intracerebral Hemorrhay  DUE TO (OR AS A CONSEQUENCE OF):													
cecuted within and completely o burial, crematinatic event, matic event,	z	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury													
SOX 68 tte be execusivities and prior to bur to bur traumation.	일														
2 5 6 8	2														
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		PART II. Other aignificant condition		deeth but not	resulting	In the u	nderlyln	g ceuse giv	en in F	Part I. 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDING	
RECORD requires that the sen signed by the of Health and I shows any in	MEDICAL	possible drug	use							_ 1	YES 2			COMPLETION OF CAUSE OF DEATH?	
FEC equire en sig of Hea	_	,	)							_				1 - YES 2 NO	
	PHYSICIAN:														
VISION OF VITAL ATTENDING PHYSICIAN: The law ECTOR: After this certificate has b s after death with the State Dept n 28 is marked, or item 23	2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- Company		OTHE		LACE OF DEA	TH (Chec	ck only one)					
ICIAN Sertific the S	17S	27. MANNER OF DEATH	1 Stripetient 2 (		28b, TIM		_	JURY AT	_	28d. DESCR	_	N RIOW GOV	WIDED.		
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OLVISION OR ATTENDING DIRECTOR: After hours after death	BY	2 Accident Investigation 3 Suicide a Could get be	28e. PLACE C	F INJURY — At he	ome, farm, s	street, fac			$\rightarrow$	28f. LOCATI	ON (Street	and Number	or Rumi R	pute Number.	
TTEN TTEN after 28 i	E	8 Could not be 4 Homicide detarmined	building,	atc. (Specify)							own, State			,	
C RE DIST	Ä	29a. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the hest of	my knowledge de	ath occum	ed at the	time date	and place a	ad dua t	to the sause	a) and ma		ad		
	COMPLET	(Check only one) 2 MEDICAL EXAMINE												and manner as stated.	
HOSPI FUNER WITHIN	Π C	206 SIGNATURE AND PITCE OF CERTIFIER			Α.			29c. LICENS			22001100			(Month, Day, Year)	
TO THE HOSPITAL TO THE FUNERAL TO Filed within 72	ω	Blue Kalni	_ mppv	D W.	012	AB	wo.	n		364	)	•	41,	102	
FFA	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	34 27) (Type)	Print	-			100	W.		. [1]	1-1-3	
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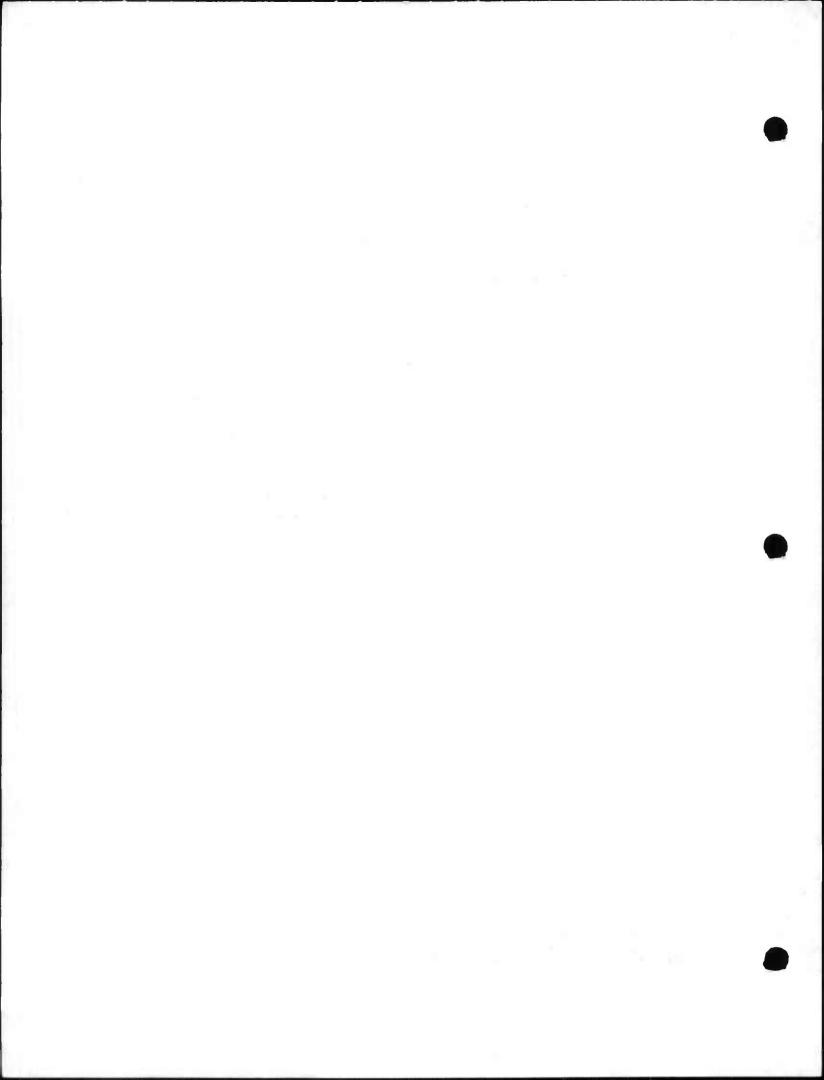
TIMORE DIVISION OF VITAL RECORDS, P.O. BOX 68760

CAN' The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit as State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO BE COMPLETED BY FUNERAL	10e. STREE  432  11. MARITA 1  Never 3 X Widon  Element  17. FATHER  19a. INFOR Ph 1 1  20a. METHO 1 A Burlal 4  Donat 21. SIGNATO
OR ATTROCKS OF SINGLE OF STREET	) BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART IMMEDIA' disease c resulting Sequentia if any, last cause. Er CAUSE (that initial resulting  PART II. (  25. WAS CA EXAMIN 1             27. MANNEF 1             3           4         29a. CERTIF
TO THE HOSPITAL. IN THE FLUERAL CO. THE FLUERAL CO. Fled within 72 h	BE COM	29b. SIGNAT

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 **CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 25  $\mathbb{P}_{\,\bullet\!\!\!\bullet}$ CATHERINE WONZH 2:20 MARIE GREEN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 X F 212-36-5784 90 1902 Maryland 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE CITY 4320 LOCH RAVEN BLVD RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD 14 YES 2 | NO Baltimore T AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21218 USA 20 Loch Raven Boulevard L STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 2 ANO Specify: 14. RACE -- American Indian, Black, White, atc. Married 2 Married Specify: wed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY most of working tary/Secondary (0-12) College (1-4 or 5+) 6 Housewife Homemaking 'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Banz Augustus Weiss MANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ip William Green 1803 Blakefield Circle, Lutherville, MD 21093 OD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata Dulaney Valley Mem. Gardens 3/29/93 tion 5 C Other (Specify) Timonium, MD Martin D. Lawson 22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Rd., Timonium, MD I. Entar tha diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or haart failure. List only one cause on each line. Interval Between TE CAUSE (Final Onset and Death or condition Theresclerets Cardiovancedon ypertensive in death) DUE TO (OR AS A CONSEQUENCE OF) ally list conditions. DUE TO (OR AS A CONSEQUENCE DF): ding to immediata ntar UNDERLYING Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): ted events in death) LAST Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO SE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) NER? ES 2 | NO HOSPITAL OTHER:
4 □ Nursing Home 5 ☒ Rasidence 8 □ Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA R OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED urni 5 Pending Investigation 1 YES 2 NO cideni 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) cide 8 Could not be determined 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) nicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TURE AND TITLE OF GERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) Dennis Chute Mr O.C.M.E. 3-26-1993 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dennis J. Chute, M.D. 21201 111 Penn Street, Baltimore, Maryland 39. REGISTRAB'S SIGNATURE #Y. DATE FILED (Month, Day, Year)

Davidson- Handell

05 1993

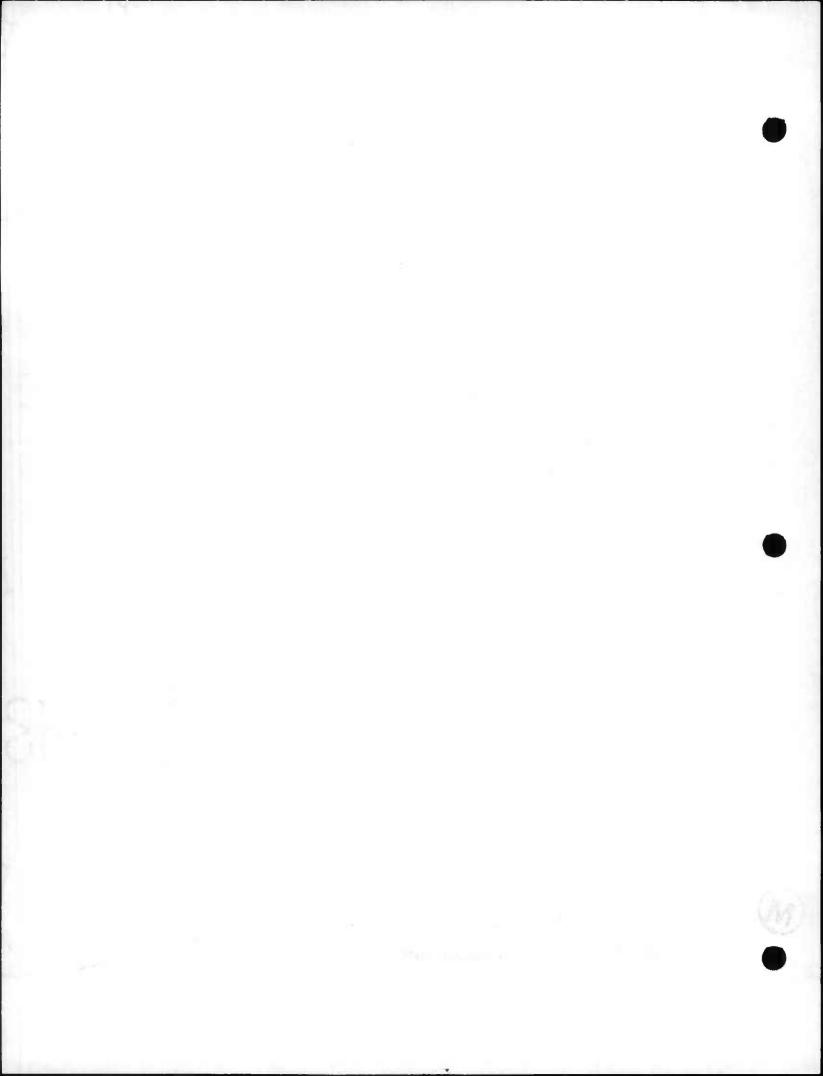


1 - FOR STATE REGISTRAR

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1	Melba 1	ncDo	vman			990			MONT 3	OF DEATH		YEAR	9.5 OH	м	
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs			-	IF UNDER 24 HRS.	7. DATE (Mont	OF BIRTN h, Day, Year)		8. BIRTHP! Country)	LACE (State or Foreign		
1 3	217-20-5		1 M 2 F	YRS.	- 3				. 31 190		Md.				
œ	9a. FACILITY NAME (If not in	stitution, give s		1 11		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY						TY OF DE	(TN		
0	RESIDENCE OF DEC	ON C	reper	21 H	05P.	sp. Fallston						216	ord		
DIRECTOR	10a. STATE	10b. COUNTY	r		10c. CI	TY, TOWN OR	LOCATIO	ON				13	0d. INSIDE CITY	-	
9	Md.		Baltimo	re	Hydes								LIMITS?		
AL	100. STREET AND NUMBER						10f. Z	ZIP CODE			10g. CITIZ		IAT COUNTRY?	-	
ER		1240	6 Harford	d Rd.				2	21082			US.	A		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1		ARMED	13. W	S OECEN	DENT OF NISPA	NIC ORIGI	N? (Specify Yes	or No-	14. RACE -	- American Indian,	_	
D BY	1 Never Married 2 3 Wildowed 4 XXDivo		IF YES, GIVE W		If yes, specify, Cuban, Mexican, Puerto Rican, et						Specify: White				
ETEC	(Specify onl	EDENT'S EDU y highest grade		16a,	(Give kind of	Work done du	UPATION ing most	of working	168	L KIND OF BUS	INESS/IND	JSTRY			
PLE	Elementary/Secondary (C 12 yrs.		YIS.	+)	(Give kind of work done during most of working life. Do NOT use retired.)  Teacher					Baltimore Co. Sch			bools		
COME	17. FATHER'S NAME (First, M		115.		reaci	IET						. 30	10015	_	
EC		The land of the	ymond W.	McDorn	an Blan					MIGGIE, Malgen		nes			
00	19s. INFORMANT'S NAME (	·	ymoria w	1100011		G ADDRESS (	Street and	Number or Rural		her City or Town				_	
10	Mr. John D	. Geog	hegan					d Rd.Hy			21082				
	20a. METHOD OF DISPOSIT	ION			CE AND OATE	OFDISPOSIT	ON (Name	e of	DAT	E 20c. LO	CATION C	Ity or Town	n, State	-	
	4 Donation 6 Other	3-1993	1993 Kingsville,Md												
	21. SIGNATURE OF FUNERA	1	n		22. NAME AND ADDRESS OF FACILITY  E.F.Lassahn Funeral								neral Home	2	
1	11750 Belair Rd.Kingsville, Md. 21087														
	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest.    Approximate														
	shock, or heart failure. List only pne ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a.   ASP A M MCLUMM C													h	
2			DUE TO 1991 AS A CONSEQUENCE OFF.												
CERTIFICATION	Sequentially list condit if any, leading to imme	iate													
S	Cause, Enter UNDERLYING CAUSE (Disease or injury														
T	that initiated events resulting in deeth) LAS	т	DUE TO	(OR AS A CON	SEOUENCE (	OF):									
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	PART ii. Other aignifica	nt condition	e contributing to	deeth but no	ot reaulting	in the unde	riying o	ceuse given in	Part I.	24a, WAS AN			YERE AUTOPSY FINDINGS	S	
EDICAL										PERFOR	10		MAILABLE PRIOR TO COMPLETION OF CAUSE		
MEC										/			F DEATH?		
										-					
SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	AOSPITAL:				26. PLAC	CE OF DEATH (Ch	heck only o	ne)				_	
Z S	1 🗆 YES 2 100			ER/Outpatient	3 🗆 DOA	OTHER:	g Home	5 🗆 Residence	6 🗆 Othe	er (Specify)					
BY PHY		Pending Investigation	28s. DATE OF (Month, D		28b. TII	JURY	C. INJUR WORK		28d. DE	SCRIBE NOW II	JURY OCC	URED			
	3 Suicide 6	Could not be determined	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, term,	atreet, fector	, offics		281. LOC City	ATION (Street a or Town, State)	nd Number	or Rural Ros	ite Number,	_	
COMPLET			CIAN: To the best of												
3	-	-		camination and	/or in/restigati	lon, in my opi	nion, deal	th occured at the	lime, date	and place, an	d due to the	Cause(s)	and manner as stated.		
O BE	296. SIGNATURE AND TITLE	OF CERTIFIES	frei!		_		2	D283	339	4	29d. BATH	30 P	daysh, Day, Hear)		
F	30. NAME AND ADDRESS OF	PERSON WH	CEILI	SE OF DEATH	1	0 1	Œ.	ahee	01	(172	0	BO	de 2100		
	31. DATE FILED (Month, Day, APR 05	1993		R'S SIGNATUR	E			J		4000		A.	, , ,		
	MEKUU	1000	y market	1400N-No	dorne										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

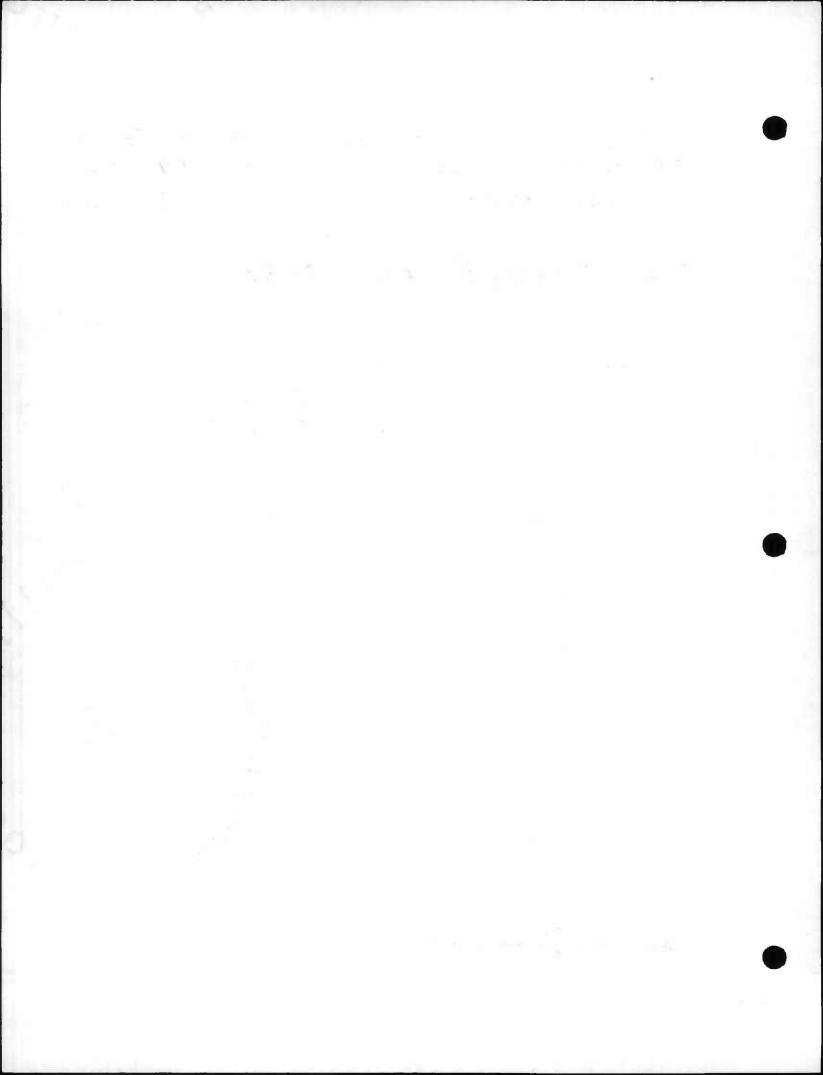
TO THE RENERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled. State death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI	ENT OF HEALTH AN	D MENTAL HYG		09191
	1. DECEDENT'S HAME (First, Middle, Last) ROLAND	L EE	GREEN	SR.	2. DATE OF DEA MONTH MARCH	DAY	year 8:15 P M
	4. SOCIAL SECURITY HUMBER 217–36–8295	1 🔀 M 2 🗆 F	83 YRS. MONT		APRIL"	0,1909	BIRTHPLACE (State or Foreign
TOR	9a. FACILITY HAME (If not institution, give s 8231 HAWKINS C.		AD 9b.	GAITHERSBUR	F DEATH		Y OF DEATH ONTGOMERY
DIRECTOR	10a. STATE 10b. COUNT	y GOMERY		VN OR LOCATION THERSBURG			10d. IHSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10. STREET AND HUMBER 8231 HAWKINS CRE	AMERY ROAD		101. ZIP CODE 20882			N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2X HO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 NO Sp	xican, Puerto Rican, et		t. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATIOH completed)  Coffege (1-4 or 5+)	16e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin DAIRY FARM	one during most of working ad.)	DAIR)	FARMIN(	
BE CON	17. FATHER'S HAME (First, Middle, Lest) HARVEY JOHN	GREEN		ANNIE	R. LIN	elden Sumame) ITHICUM	
10 B	190. INFORMANT'S NAME (Type/Print) JOY G. SCHWAB		196. MAILING ADDR 8221 HAV	NESS (Street end Number or Ru KINS CREAME)	RY RD. GA	THERSBU	RG, MD.20882
	20 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)		PLACE AND DATE OF DIS	POSITION (Name of TERCH CEMETE)		AMASCUS	
	21. SIGNATURE OF FUHERAL SERVICE LIC	Barh	w	22. HAME AND ADDRESS OF MURIEL H. BI 21525 LAYTON	ARBER FUNE		
CERTIFICATION	23. PART I. Enter the diseases, or abook, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A	A CONSEQUENCE OF):	The mode of dying, and the second sec	22 02	espiretory arres	t, Approximate Interval Between Onset and Daath
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	a contributing to death b	our not resulting in the	underlying cause given	PE	S AN AUTOPSY RFORMED? SS 2 NO	24b. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH			
	27. MANNER OF DEATH  1  Hetural 5 Pending	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	20b. TIME OF INJURY	Nursing Home 5 A Residen  28c. INJURY AT  WORK?		DW IHJURY OCCUP	RED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF IHJURY building, etc. (Spec	/ — At home, farm, streel, city)	T TES 2 HO	281. LOCATION (S City or Town,		Rural Route Number,
COMPLETED		CIAN: To the best of my know					euse(e) end menner as stated,
H	296. SIGNATURE AND TITLE OF CERTIFIER		2		NUMBER MAD		IENED (Month, Day, Year)
٩	JAMES P. Keep			idge Rd.	DAMASC	us, Mis	20872
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF FICATE OI			GIENE i. NO.	33 0313						
2000	1. DECEDENT'S NAME (First, Middle, Last)	. H	echn	1er		2. DATE OF DEA MONTH	4 -	93 3:15 g						
- 8	4. SOCIAL SECURITY WIMBER 219-70-6701	1 1 M 2 D F 3	(In yrs. lest birthde	MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye		8. BIRTHPLACE (State or Form						
TOR	St. Joseph A RESIDENCE OF DECEDENT	Hospital			USON	EATH		altimore						
DIRECTOR	M d Bo	iltimore	18c. (	Re	ation isterstow	n		10d. INSIDE CITY LIMITS? 1 YES 2XX NO						
FUNERAL	302 East C	herry Hi	11 R	-	01. ZIP CODE	6	10g. CIT	USA						
8	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 - YES IF YES, GIVE WAR OR D.	2 X NO	If yes, s	ECENDENT OF HISPAR specify Cuben, Mexica S 2 X NO Specifi	in, Puerto Rican, et	ify Yes or No Ic.)	14. RACE — American Indian, Black, White, etc. Specify:						
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) H.S.	CATION completed)  College (1-4 or 5+)	(Give kind life. Do NOI	S USUAL OCCUPATION Work done during in use retired.)	nost of working		Contrac							
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Edward Hechmer			1 empcog	18. MOTHER'S NA	ME (First, Middle, A M. Eber	feiden Sumame)	χοπ						
TO B	190. INFORMANT'S NAME (Type/Print) Edward Hechmer				and Number or Aural of			o code) On, Md. 21136						
A CHERT	20s. METHOD OF DISPOSITION 1	oval from State cen	PLACE AND DAT	reofdisposition (in pather place)	Name of	DATE 20	De. LOCATION -	City or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  C-Brian Poull  Eline Funeral Home Reisterstown, M													
	23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  O SALETT	Failure	OF):				Years Years						
MEDICAL	PART II. Other algorificant condition	e contributing to death b	out not resultin	g in the underlyi	ng cause given in	pSL PE	AS AN AUTOPSY ERFORMED? (ES 2 NO	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1  YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	action: 3 DOA	OTHER:	PLACE OF DEATH (Ch									
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. 1	IME OF 28c. II	JURY AT YORK?	28d. DESCRIBE		CURED						
ETED E	3 Suicide S Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	r or Rural Route Number,											
COMPLE	one	CIAN: To the best of my know R: On the basis of examination						ted. ne cause(a) and manner as state						
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIEF	~ MD			29c. LICENSE NUR	IBER	29d. DAT	E SIGNED (Month, Day, Year)						
	A. C. K COS NO	7620 YUCK	Read	TUWSUN	MD 212	04								
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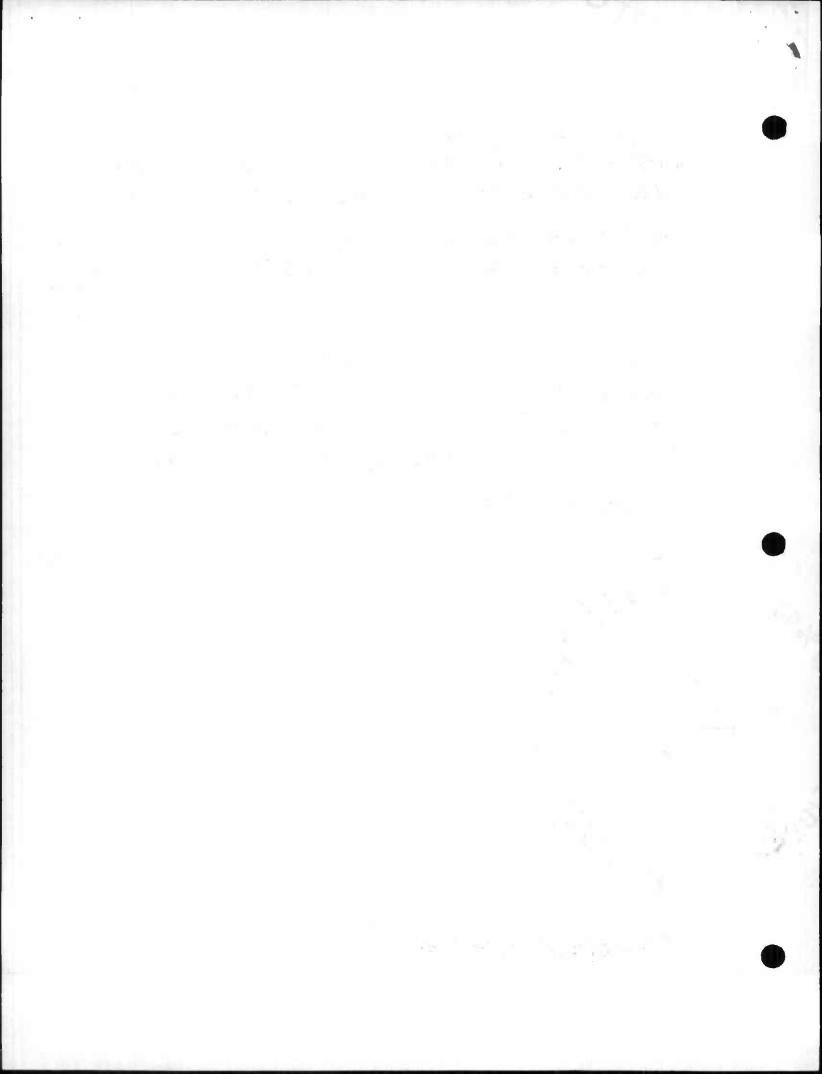


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AN: The law requires that the death certificate be executed w	fer this certificate has been signed by the attending sath with the State Dept. of Health and Mental Hyging
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	. HAMMO	NDS		2. DATE OF DEATH MONTH 3- 2	3-9	3. TIME OF DEATH  4: 15 M
1	4. SOCIAL SECURITY NUMBER 214-01-2805		YRS. WON	INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	900 N	RTHPLACE (State or Foreign punity) ARYLAND
TOR	MERCY HOSP.	CONTER	9b.	BALTIMORE	CITY	9c. COUNTY C	F DEATH
DIRECTOR	10a. STATE  10b. COUNT  10b. COUNT  10b. COUNT  10b. COUNT	ITIMORE CO	10c. CITY, TO	WN OR LOCATION TRUITE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3772 BAGUE	M AVE		101, ZIP CODE 2123	4	10g. CITIZEN C	S A.
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES	2 MO	13. WAS DECENDENT OF HISPA If yea, specify Caban, Mexica 1 — YES 2 NO Specifi	n, Puerto Rican, etc.)	1	ACE — Affericar Indian, Nack, Whita, etc.
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E COMP	17. FATHER'S NAME (First, Middle, Last)	). MECK	DEAM	18. MOTHER'S NA	ME (First, Middle, Majden S	Sumama) KIRK	/
TO B	190, INFORMANT'S NAME (Type/Print)	CORD9	196. MAJLINO ADO	PRESS (Street and Number or Rural	Route Number, City or Town	State, Zip Code	)
	20a METHOD OF DISPOSITION  1 M Burial 2 Cremation 3 Rer 4 Donation 6 Other (Specify)	noval from State cemele	ACE AND DATE OF DI	SPOSITION (Name of	3-20 PA	HERVIL	Town State MD.
	21. SIGNATURE OF FUNERAL SERVICE L	T- EMMA		22. NAME AND ADDRESS OF FA		2 86	CO HARFORD K
	23. PART i. Enter the diseases, or shock, or heart feliure iMMEDIATE CAUSE (Finei disease or condition resulting in death)	a. Due to (OR AS A CC	D.	inter the mode of dying, suc	th as cardiac or reapir	atory arreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR AS A CC	DINSEQUENCE OF):				
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):				
: MEDICAL C	PART II. Other significant condition  Electrolyt	- 17 /	not resulting in the	e underlying ceuse given in	Part i. 24a, WAS AN A PERFORI 1 YES 2	WED?	24b. WER AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PLACE OF DEATH (C/	neck only one)		
	1X YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK?  M 1 YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCURE	0
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street	, factory, office	281. LOCATION (Street as City or Town, State)	nd Number or Ru	eral Route Number,
COMPLET		BICIAN: To the best of my knowled ER: On the basis of examination as					se(s) and manner as stated.
TO BE	296. SIGNAPOTHE AND TITLE OF DESTIES	seef si	OT Physi	CIAN 290. LICENSE NU	30950	≥ 3/°	NED (Month, Day, Year)
_	Koman Ko	Trubiak	, EM	ergency De,	pt, Mer	104 1	bspital
	31. MITTAPR 105 1993	Juna Daydoon	Andels.	9 / /	,	/	/



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hydiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	112010111111		QL.		CAIL	JE DEMI	п	HEG. NO.					
Į.	1. DECEDENT'S NAME (First, Middle, Last	)					2	DATE OF DEATH	NA.	YEAR 3	. TIME OF DEATH		
	NANCY GAIL HARM	AN						03 25		3	0015 A <sup>M</sup>		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	t birthday)	IF UNDER 1 Y			. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL	ACE (State or Foreign		
1	232-72-9717	1 🗆 M 2 💢 F	46	YRS.	MONTHS D	NYS HOURS	MIN.		46	Country) W V			
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATION	N OF DEAT	н	9c. COUR	TY OF DEA	тн		
15	SACRED HEART HO	SPITAL		i	CIIM	BERLAND			АТ	LEGAN	rv I		
15	RESIDENCE OF DECEDENT					JUICLERYD	_		1111	шоли	II.		
DIRECTOR	10a. STATE 10b. COUN			10c. CIT	, TOWN OR L	111				1	Od. INSIDE CITY LIMITS?		
	WV	Mineral			New	Creek				1	☐ YES 2 💢 NO		
¥	100. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?				
E	General De	livery				3		U.S.A.					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AR	MED							- American Indian, White, etc.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		Ю	1 [	s, specify Cuban, YES 2 2 NO	, Mexican, I Specify:	Puerto Rican, etc.)	- 1	Specify:			
	3 Wildowed 4 42 Divorced									Whi			
Ē	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DE	CEDENT'S	USUAL OCCU	PATION og most of working	,	16b. KIND OF BUS	SINESS/IND	USTRY			
1 2 1	Elementary/Secondary (0-12)	College (1-4 or 5+)	10000										
₹ E	12		8€	eaut	ician			Beaut	ty S	hop			
COMPLETED	17. FATHER'S NAME (First, Middle, Leat) Glenn O. White, Jr.  18. MOTHER'S NAME (First, Middle, Maidlen Surname) Grace Alice Thompson  19a. INFORMANT'S NAME (First, Middle, Maidlen Surname) Grace Alice Thompson  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Kenneth E. White  Rt 1 Box 63 Ridgeley, WV 26753  20a. METHOD OF DISPOSITION 1 M Burfal 2 Cremtation 3 Ramoval from State 1 Donation State Other (Specify) Potomac Memorial Gardens 3/28/93 Keyser, WV 2												
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П	21. SIGNATURE OF FUNERAL SERVICE'S	ICENSEE				E AND ADDRESS					-		
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Н	23° DA DY O'CHU BU AND	CXMIC						Street K					
1 1	23. PART I Enter the diseases, or shock, or heert failure	. List only one cause	on each line	eth. Do n	ot enter the	mode of dyin	ig, such a	is cardiac or respi	ratory arr	eat,	Approximete interval Between		
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	disease or condition resulting in death)	· Meta	strat	Lec.	Ad	enol	QICI	in on a					
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CERTIFICATION	if any, leading to immediate	DUE TO (OF	R AS A CONSEC	UENCE OF	):								
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c											
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ᇤ	resulting in death) EAST	d											
	PART II. Other significant condition	ens contributing to de	ath but not n	esuitina i	n the under	tvina cause al	ven in Pa	rt I. 24e. WAS AN	ALITTOPEV	245 W	ERE AUTOPSY FINDINGS		
EDICAL						lying cause gr	ven m ra	PERFOR		A	MILABLE PRIOR TO OMPLETION OF CAUSE		
ā				·				1 YES 2	NO		F DEATH?		
Σ								- 1		1	☐ YES 2 ☐ NO		
ä													
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	8. PLACE OF DE	ATH (Check	only one)					
YS	1 YES 2 NO	1 Inpatient 2 - Ef		□ DOA		Home 5 - Resi	Idence 6	Other (Specify)					
표	27. MANNER OF DEATH	(Month, Day,		26b. TIMI INJ		: INJURY AT WORK?	2	Bd. DESCRIBE HOW I	NJURY OCC	URED			
B	1 Netural 5 Pending 2 Accident Investigation				M 1	☐ YES 2 ☐	NO						
ED	3 Suicide 8 Could not be	26a. PLACE OF IN building, etc.	JURY - At hor	me, farm, e	treet, factory,	office	28	Bf. LOCATION (Street a City or Town, State)	nd Number	or Rural Rou	te Number,		
ETE	4 Homicide determined							ony or rown, orano,					
7	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	knowledge, dea	ath occurre	d at the time.	date and place, a	and due to	the cause(s) and man	ner es state	ad.			
COMPL		ER: On the beals of axam									nd manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIC										3. 64-1 91-753		
出	1.0.00	1 1 1	0			ZVC. LICEN	YSE NUMBE		29d. DATE	SIGNED (M	TO 2		
ဥ	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALLES	DE DEATH OTES	1277 /5-00	Driest)		_		- 5	1/ 1/0	197		
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	WILLIAM MARK 31. DATE FILED (Morith, Day, Year)	M.D. 224 W	ASHING	TON S	TREET	CUMBER	LAND	, MD. 215	02				
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH HUSP DAY VEAD 249 30 5. SEX 8. AGE (In ure last hirthday) 7. DATE OF BIRTH A BOTTHPI ACE (State or Foreign A SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 150-09-DAYS 1 3 M 2 | F VRS 0 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR (unon) RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Baltimore 1 [X] YES 2 [ NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 6809 Hamlet Ave. 21234 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: Never Married 2 Merried Specify: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondery (0-12) College (1-4 or 8+) 7th General Flectri 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Richard Hill Georgia Verne BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Yown, State, Zip Code) 2 Joan Hammonds Hamlet Ave. /Baltimore MD 21234 29a, METHOD OF DISPOSITION
7 Suriel 2 Cregnition 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State Forest Va Garrison Owinas 22. NAME AND ADDRESS OF FACILITY C. MARCH F.H./1101 E. NORTH AVE 23. PART I. Enter the diseases, of complications that caused the death. Do not anter tha mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heart failure. List only one cause on intarval Batween **Onset and Death** IMMEDIATE CAUSE (Final disease or condition 1020) 1 Man resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 ---OF DEATH? 16. 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: atient 2 - ER/Outpatient 3 - DOA me 5 - Residence & - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 - Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 4 Nomicide 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, ) BE

310 31. DATE FILED (Month, Day, Year) 5

30. NAME AND ADDRESS OF PERSON W

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COMPLETED CAUSE OF DEATH, (ITEM 27) (Type,

32. REGISTRAR'S

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21215-0020	w requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit. Pages 11, of Health and Mental Hygiene prior to burial, cremation, or removal.	s shows any injury, or other traumatic event, the medical examiner must be notified at once.
MOR	аде 6 та	director, 1	er must
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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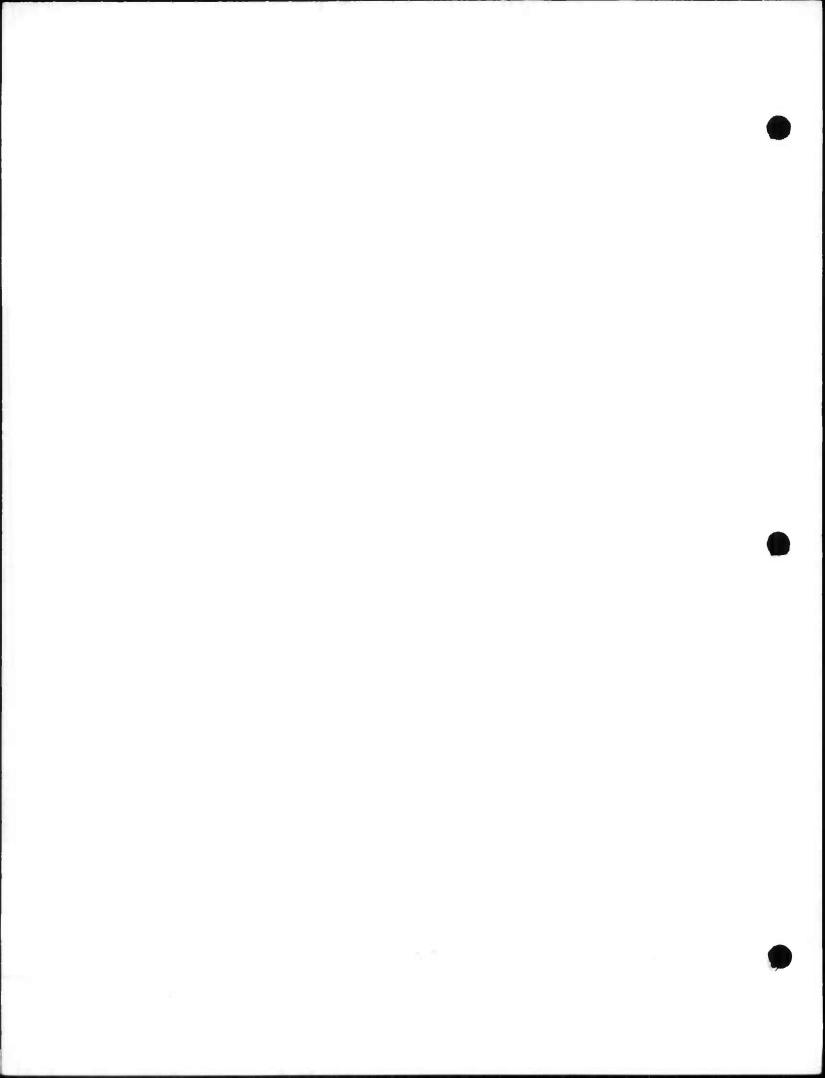
OR ATTENDING PHYSICIAN: The law

STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Leat) 2. DATE OF DEATH 3. TIME OF DEATH MONTH. 11:45 HENRY **JOHNSON** P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH DAYS HOURS 1 🖳 M 2 🗆 F 212-44-2598 46 08-09-46 MARYLAND 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1800 EAGLE STREET BALTIMORE NONE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND NONE BALTIMORE CITY 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 616 S. Fulton Avenue 2.21223 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 21 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, atc. | Never Merried 2 Married | FO | IF | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPARATED | SEPA FORCES? 1 YES 27 NO IF YES, GIVE WAR OR DATES BY AFRICAN AMERICAN COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 10TH NONE LABORER ARA JANITORIAL SERVICE notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HENRY HARVEY JOHNSON BE LUCY MARSHALL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 ROBERT B. HOWELL 5528 Baltimore, Cedonia Ave. 21206 pe 20e. METHOD OF DISPOSITION
1 X Burlat 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 4/6/93 PATE must 20c. LOCATION - City or Town, Stata BALTIMORE CO. MD, WESTERN STAR CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HOME 5 ahren 1412 E. PRESTON STREET BALTO 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory erreat, Approximate shock, or heart failure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition . NARCOTIC INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **AMILABLE PRIOR TO** COCAINE ABUSE. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: TYPES 2 NO 10 1 | Inpatient 2 | ER/Outpatient 3 | DOA e 5 🗆 Residence 6 💢 Other (Specify) ON THE STREET 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural :30pM 1 YES 2 V NO BY /31/93 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 6 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1800 EAGLE ᇤ 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as atteted. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, desth occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNITURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Fr Wright MD ▶ 04/01/93 O.C.M.E. 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WRIGHT, 111 Penn Street, Baltimore, Maryland 21201 DONALD G. MD 31. DATE FILED (Month, Day, Year) Julia Day don Handele 05 1993

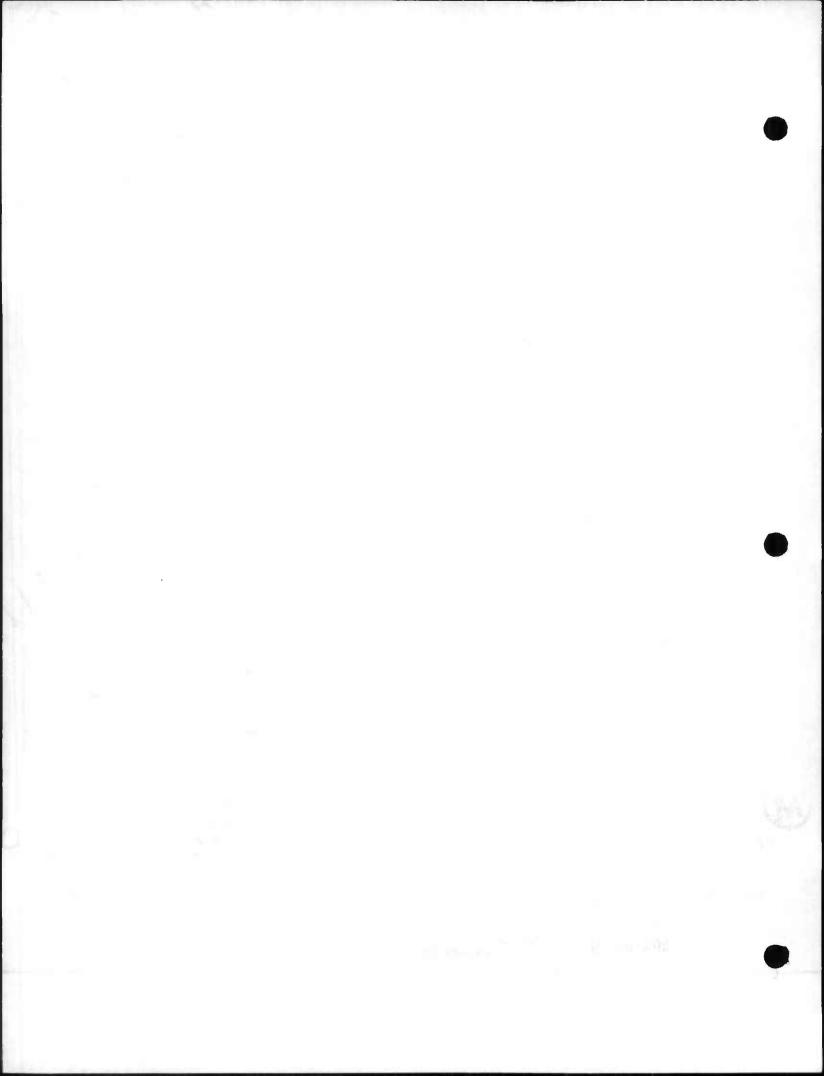
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OF VIAL PECONDS, F.O. BOA 69/60, BALLIMORE, MARTLAND 21219-0020	HE MOSPICHE OF ATTENDIAD THE law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	DORTRAT if item 28 is morked or item 24 shows any injury or other traumette avent the medical eventuar must be notified at once
	E I	T 01	be file	MP

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	Wayne Ky	102	SR		2. DATE OF DEATH	DAY 9	YEAR 3. TIME OF DEATH
ron	4. SOCIAL SECURITY NUMBER 195–28–0797		yrs. last birthday) 55 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-26-37	1	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give so Washington County RESIDENCE OF DECEDENT			% city, town of Hagers	town	EATH		y of DEATH Ington
DIRECTOR	10a. STATE 10b. COUNTY		1000	, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
	MD Washington Hage			erstown I 101, ZIP CODE		1 ☑ YES 2 ☐ NO		
FUNERAL	1680 Langley Drive				21740		USF	
B∖	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 (X) YES IF YES, GIVE WAR OR DAY Vietnam	2 NO	If yes, ap	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify 1 an, Puerto Rican, etc.) fy:	fes or No- 14	N. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S L (Give kind of w life. Do NOT use	ork done durina ma	ON est of working	16b. KIND OF E	USINESS/INDUS	STRY
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	labor	er		Army	depot	
O	17. FATHER'S NAME (First, Middle, Last)  Martin Luther Ky	/lor				AME (First, Middle, Maide Cooper	en Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)	101			and Number or Rural	Route Number, City or To		
	Dawn Kylor  204. METHOD OF DISPOSITION	200	1680 L			t. 212, H		
TO BE COM	1 Buriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State ceme	otery, cremetory or oth Jordan C	her place)	ime or	3-19-93		y or Town, State SONIA. PA
Action	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			Euneral	118	24 Reis	sterstown Road
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on ea	the death. Do no	ot enter the mo	de of dying, suc	thas cardiac or res	piratory arres	
	immediate Cause (Final disease or condition resulting in death)	Carp	lia f		thmi	4		Interval Between Onset and Death
z		DUE TO (OR AS A	CONSEQUENCÉ OF	):				
ATIO	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):				
MEDICAL C	PART II. Other significant condition	s contributing to deeth bu	of not resulting in	the underlying	g cause given in	PERF	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
	Preur	novie	levi 1	'm 0			2   NO	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL   26. PLACE OF DEATH (Check only one)							
HYSI	1   YES 2   NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa 28e. DATE OF INJURY		4 - Nursing Hom		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED
ВУР	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJU	JRY WO	PRK?			
	3 Suicide 4 Homicide  8 Could not be detarmined  28a. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify)  28b. PLACE OF INJURY — At home, larm, street, factory, office City or Town, State)				Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	in I		-	29c. LICENSE NU	MBER 127	29d. DATE 5	HIGNED (Morith, Day, Year)
12	S. C. Sil un	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, I	St. 1	(aprist	ron M	d >	1740.
	APR 05 1993	32. REGISTRAR'S SIGNA	TURE INCLUDE					, ,



the burial-transit permit. Pages 1, 2, 3 should

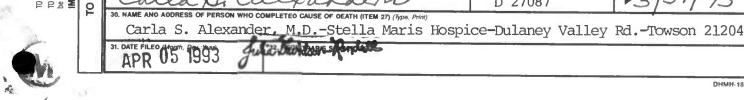
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HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attent	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	WIEL	PABI

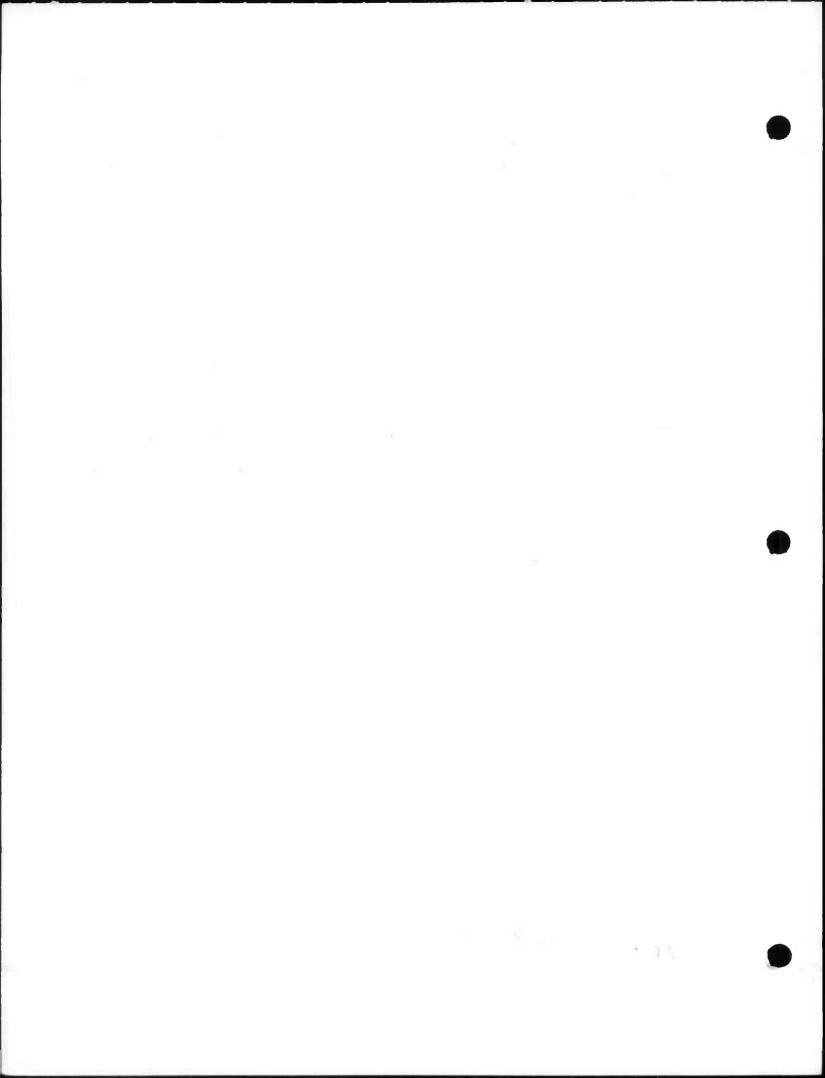
93 09198 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DO STATE OF D 3. TIME OF DEATH Barbara Rose Kalber 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS N, J. 148-26-1580 1 - M 2 X F 10/9/1934 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Stella Maris Hospice Towson Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Howard Columbia 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5361 Columbia Road 21044 USA 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) RACE — American Indian, Black, While, etc. 1 Never Married 2 Merried BY 1 TYES 2 NO Specify: Specify: 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Sales Rep Technical Sales notified at once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) George Kalber BE Estelle Passegere 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Meryl Hellring 40 N. Homestead Drive. Yardley, Pa. 8 20e. METHOD OF DISPOSITION
1 □ Burlel 2 🛣 Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State Green Mount 4 Donetion 5 Other (Specify) 4. Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home MOO550 736 Edmondson Avenue 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter tha mode of dying, auch as cerdiac or reapiretory arrest, shock, or heart failure. Liet only one ceuse on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the state disease or condition NNLER resulting in death) DUE TOUGH AS A CONSEQUENCE OF: CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO any COMPLETION DF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 TO Other (Specify) 6 Hospice 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending investigation 1 YES 2 NO ВҰ 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide TO THE HOSPITAL OR ATTENDY
TO THE FUNERAL DIRECTOR: A
be filed within 72 hours after of
IMPORTANT: It flows 28 Is COMPLETED 8 Could not be 4 Homicide determined 29e. CERTIFIER

(Chack only

1 SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner es stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. BE 29c. LICENSE NUMBER exandero 93 13/3/

D 27087





## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Last Woodruff	·				2. DATE OF MONTH	DEATH DAY	XE.	3. TIME OF	DEATH
	The second secon	-				-	1 3	9.	3 16:45	5 p
	4. SOCIAL SECURITY NUMBER 218-18-9861		(In yrs. last birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH (by, Year) 26 1925	C	NRTHPLACE (State Country)	or Forei
	9a. FACILITY NAME (If not institution, give		OS YRS.			100	6 1925	Ma	aryland	
œ					R LOCATION OF DI	EATH	90	COUNTY	OF DEATH	
DIRECTOR	St. Agnes Hospit	aı		Balti	Lmore					
EC.	10e. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR LOCATE	ION				10d. INSIDE	CITY
D	Maryland		]	Baltimore	е				1 A YES 2	
A	10e. STREET AND NUMBER			10f.	ZIP CODE		104	. CITIZEN	OF WHAT COUNTE	
ER	2030 Maisel Stre	et		2	21230				S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECE	ENDENT OF HISPAN	NIC ORIGIN? (	Specify Yes or N	lo— 14, I	RACE — American	Indian
ВУ F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES		If yes, spe	city Cuban, Mexica 2) NO Specifi	in, Puerto Rica	an, etc.)		Black, White, etc. SpecifyWhite	
	15. DECEDENT'S ED									
E	(Specify only highest gred	de completed)	(Give kind of a	WORK done during mos	N at of working	16b. KI	ND OF BUSINES	S\$/INDUSTI	RY	
PE	Elementary/Secondary (0-12) 6th	College (1-4 or 5+)		k driver		Ι,	ohn Ma	Vomen	la Chaal	C.
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		LIUCI	Tarivel	18. MOTHER'S NA				le Steel	- 00
	James KEYSER				Emma	MILLE		err10)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street an				the Zin Code	-)	_
5	Naomi D. Keyse	er		Maisel S				1230	")	
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE			DATE			or Town, State	_
	1 ☑ Burlel 2 ☐ Cremation 3 ☐ Real 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	ometery, cremetory or o	ther place)	erv	4/06	Balti			
	21. SIGNATURE OF FUNERAL SERVICE		/		D ADDRESS OF FA		Danes	more,	,	
	6 A 9	0 1		HUBBAI	RD FUNER	AL HOM	ME, INC	•		
-	eun	men			Wilkens				D 21229	
	23. FART I. Entar the diseases, or shock, or heart failure	List only one cause on a	ad tha death. Do r aach lina.	not entar tha mod	la of dying, suc	h as cardiac	or respirato	ry arrest,	Appro	ximat
									: intervi	I Bet
- 1	iMMEDIATE CAUSE (Final			^		-			Onset	
	disease or condition resulting in death)	CEREBRO	VASCUC	an Ac	CIDENT	r - B	RAINS	STEN	Onset	and l
	disease or condition	DUE TO (OR AS	A CONSEQUENCE OF	F):	CIDENT	r - B	RAINS	STEN	Onset	and
20	disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	F):	CIDENT	T - B	RAINS	STEN	Onset	and
ATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DIABETE DUE TO (OR AS	A CONSEQUENCE OF	FI: U ITUS FI:	CIDENT	r - B	RAINS	STEN	Onset	and
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RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury	DIABETE  DUE TO (OR AS  LYPERT	A CONSEQUENCE OF	FI: LL ITUS FI:	CCIDENT	7 - 3	RAINS	STEN	Onset	and
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DIABETE  DUE TO (OR AS  LYPERT  OUE TO (OR AS  d.	A CONSEQUENCE OF	P: L ITUS P: Y					Onset	and
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS  DIABETE  DUE TO (OR AS  LYPERT  OUE TO (OR AS  d.	A CONSEQUENCE OF	P: L ITUS P: Y			C AI M	DPSY T	Onset  G  24b. WERE AUTOPS AMALABLE PR	D A
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DIABETE  DUE TO (OR AS  LYPERT  OUE TO (OR AS  d.	A CONSEQUENCE OF	P: L ITUS P: Y		Part I. 24	s. WAS AN AUTO	OPSY 7	Onset  G  24b. WERE AUTOPS	D A
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DIABETE  DUE TO (OR AS  LYPERT  OUE TO (OR AS  d.	A CONSEQUENCE OF	P: L ITUS P: Y		Part I. 24	e. Was an auto Performed	OPSY 7	Onset  C  24b. WERE AUTOPS AMAILABLE PR COMPLETION	DA  SY FINITION TO OF CA
MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DIABETE  DUE TO (OR AS  LYPERT  OUE TO (OR AS  d.	A CONSEQUENCE OF	P: L ITUS P: Y		Part I. 24	e. Was an auto Performed	OPSY 7	Onset  C  24b. WERE AUTOPS  AMAILABLE PR  COMPLETION  OF DEATH?	DA SY FINE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	DUE TO (OR AS  DIABETE  DUE TO (OR AS  LYPERT  OUE TO (OR AS  d.	A CONSEQUENCE OF	F): LITUS F): In the underlying		Part I. 24	e. Was an auto Performed	OPSY 7	Onset  C  24b. WERE AUTOPS  AMAILABLE PR  COMPLETION  OF DEATH?	DA SY FINE
SICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OR AS  DIABETE  DUE TO (OR AS  C.  OUE TO (OR AS  d.  DOBA  CONTRIBUTING TO death	A CONSEQUENCE OF A CONS	F):  LITUS F):  In the underlying  26. PLA  OTHER: 4 □ Nureing Home	cause given in	Part I. 24	e. WAS AN AUTO PERFORMED	OPSY 7	Onset  C  24b. WERE AUTOPS  AMAILABLE PR  COMPLETION  OF DEATH?	DA  SY FINITION TO OF CA
SICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	DUE TO (OR AS  DIABETE  DUE TO (OR AS  C. OUE TO (OR AS  d. ONA  CONTRIBUTING TO death	A CONSEQUENCE OF	F):  LITUS F):  In the underlying  26. PLA  OTHER: 4   Nursing Home E OF   28c. INJU UNY WOR	cause given in  ACE OF DEATH (Chr.  5	Part I. 24	e. WAS AN AUTO PERFORMED	PPSY ?	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?  1 YES 2	DA  SY FINITION TO OF CA
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR AS  DIABETE  DUE TO (OR AS  C.  OUE TO (OR AS  d.  Ona contributing to death  MOSPITAL:  1 Minpattant 2 ER/Out  28s. DATE OF INJURY  (Month, Day, Year)	A CONSEQUENCE OF A CONS	F):  L T US F):  In the underlying  26. PLA OTHER: 4   Nursing Homa E OF URY WOR M 1   YE	cause given in  ACE OF DEATH (Chi	Part I. 24	e. WAS AN AUTO PERFORMED YES 2	PPSY ?	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?  1 YES 2	DA  SY FINITION TO OF CA
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural   5   Pending Investigation   1   Yes 2   2   Accident   1   2   Accident   3   Suicide   8   Could not be	DUE TO (OR AS  D. DIABETE  DUE TO (OR AS  C. OUE TO (OR AS  d. OUE TO (OR AS  d. OUE TO (OR AS  DIABETE  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF A CONS	F):  L T US F):  In the underlying  26. PLA OTHER: 4   Nursing Homa E OF URY WOR M 1   YE	cause given in  ACE OF DEATH (Chr.  5	Part I. 24  1  eck only one)  8 Other (S)  28d, DESCRI	e. WAS AN AUTO PERFORMED  YES 2  Decity)  BE HOW INJUR	OPSY ? RO	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?  1 YES 2	DA'
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ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	DUE TO (OR AS  DIABETE  DUE TO (OR AS  C.  OUE TO (OR AS  DUE TO (	A CONSEQUENCE OF A CONS	F):  26. PLA  OTHER: 4   Nursing Homa E OF M   28c. INJU WOR M   1   YE street, factory, offica	Cause given in  ACE OF DEATH (Chi  5  Rasidenca  RY AT  RES 2  NO	Part I. 24  1  sck only one)  8 Other (S)  28d. DESCRI  28f. LOCATIC City or To	e. WAS AN AUTO PERFORMED VES 2  Decity)  BE HOW INJUR DWN, State)	PPSY ? ? RO Y OCCURE! umber or Flu	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH? 1  YES 2	BY FINE
ELED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	DUE TO (OR AS  DIABETE  DUE TO (OR AS  C.  OUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF A CONS	F):  26. PLA  OTHER: 4   Nursing Homa E OF M   28c. INJU WOR M   1   YE street, factory, offica	Cause given in  ACE OF DEATH (Chi  5  Rasidenca  RY AT  RES 2  NO	Part I. 24  1  sck only one)  8 Other (S)  28d. DESCRI  28f. LOCATIC City or To	e. WAS AN AUTO PERFORMED VES 2  Decity)  BE HOW INJUR DWN, State)	PPSY ? ? RO Y OCCURE! umber or Flu	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH? 1  YES 2	BY FINITION TO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS  DIABETE  DUE TO (OR AS  C.  OUE TO (OR AS  DUE TO (	A CONSEQUENCE OF A CONS	F):  26. PLA  OTHER: 4   Nursing Homa  E OF WOR 1   YE  street, factory, offica  and at the time, data a	Cause given in  ACE OF DEATH (Chi  5  Rasidenca  RY AT  RES 2  NO	Part I. 24  eck only one)  8 Other (S)  28d. DESCRI  to the cause( time, data and	e. WAS AN AUTO PERFORMED VES 2  Decity)  BE HOW INJUR DN (Street and N DWN, State)  s) and manner a	PPSY ? ? PPSY PPSY PPSY PPSY PPSY PPSY P	Onset  On	DA'
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation and Suicide 8 Could not be determined examined.  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER.	DUE TO (OR AS  D. DIABETE  DUE TO (OR AS  C. OUE TO (OR AS  D. DUE	A CONSEQUENCE OF A CONS	F):  L LTUS F):  In the underlying  26. PLA  OTHER: 4   Nursing Home E OF 28c. INJU URY MO 1   YE street, factory, office	cause given in  ACE OF DEATH (Chi  5  Rasidenca  RRY AT  KC?  ES 2 NO  and placa, and dua  ath occured at the	Part I. 24  Bock only one)  B Other (S)  28d. DESCRI  28f. LOCATIC City or R  to the cause( time, data and	e. WAS AN AUTO PERFORMED  YES 2  Decity)  BE HOW INJUR  OWN, Stete)  and manner at place, and due	PPSY ? ? PPSY PPSY PPSY PPSY PPSY PPSY P	Onset  On	and I
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS  D. DIABETE  DUE TO (OR AS  C. OUE TO (OR AS  D. OUE	A CONSEQUENCE OF A CONS	F):  26. PLA  OTHER: 4   Nursing Homa  E OF WOR M   1   YE  street, factory, office  ad at the time, data a m, in my opinion, dei	cause given in  ACE OF DEATH (Chi  5	Part I. 24  eck only one)  8 Other (S)  28d. DESCRI  to the cause(clime, data and	e. WAS AN AUTO PERFORMED  YES 2  Decity)  BE HOW INJUR  OWN, Stete)  and manner at place, and due	Y OCCUREI	Onset  On	and ID A

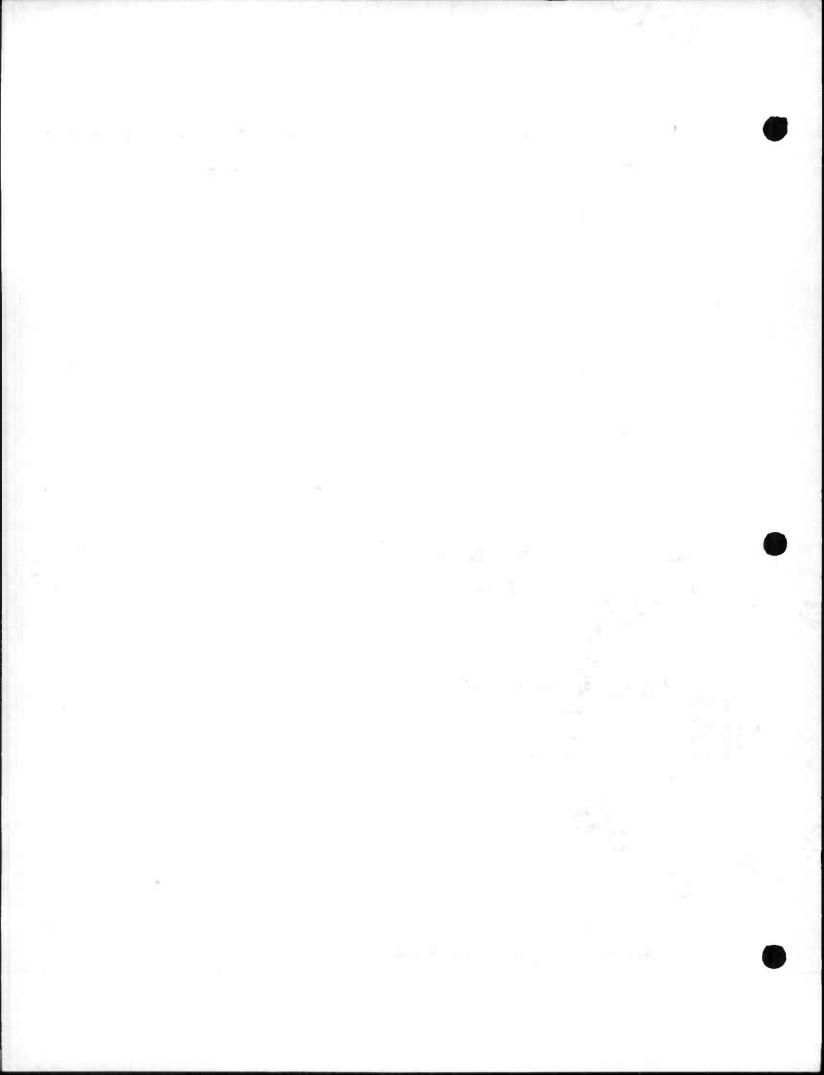
BALTIMORE, MARYLAND 21215-0020

DIVISIÓN OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMP	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	Nours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	W DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospi	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi

93 09200 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

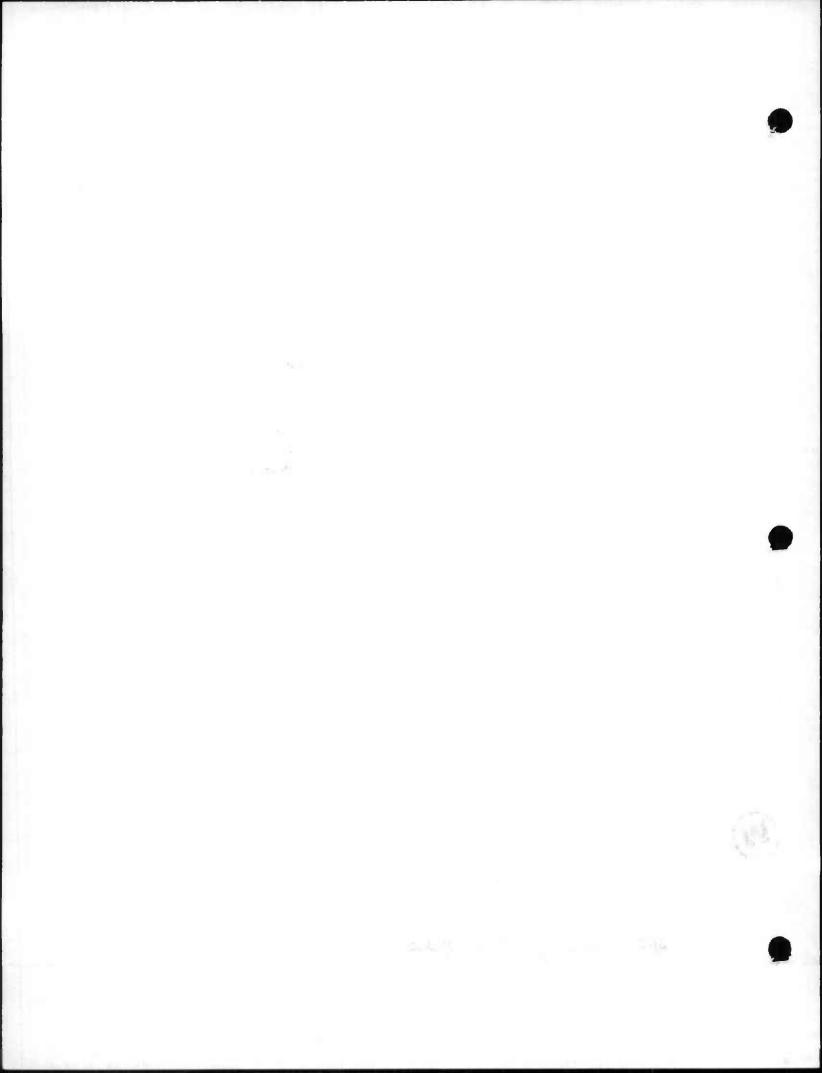
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIEN		09200
3	DECEDENT'S NAME (First, Middle, Last)	Bernard E	ilmer Ki	dwell,	Sr.	2. DATE OF DEATH MONTH D	AV YEA	
	4. SOCIAL SECURITY NUMBER 218-14-1576	1 X M 2 □ F 78	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-14-191	Co	ATHPLACE (State or Foreign wintry) kton, Virgini
CTOR	9a. FACILITY NAME (If not institution, give st Francis Scott K RESIDENCE OF DECEDENT		ŀ		timore C		9c. COUNTY O	F DEATH
FUNERAL DIRECTOR	Maryland  100. STREET AND NUMBER	Baltimor		OWN OR LOCAT		emere		10d. INSIDE CITY LIMITS? 1 \( \text{`YES} \( 2 \text{ \( \overline{A} \)} \), NO
VERA	2525 Lodge Fore			101		1219		ed States
B⊀	11. MARITAL STATUS 1 Never Married 2X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 💢 NO	If yes, sp	ENDENT OF HISPAI ecify Cuben, Mexica 2 X NO Specify	NIC ORIGIN? (Specify Yes, n, Puerto Ricen, etc.) y:		ACE — American Indian, Hack, Whita, etc. pecify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  Coflege (1-4 or 5+)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTR	Y
MPL	11 th Grade 17. FATHER'S NAME (First, Middle, Last)		Carpent	er Fore				el Corp.
00	George Washingt	an Kidwell				ME (First, Middle, Melden Utherine K		
TO BE	19a. INFORMANT'S NAME (Type/Print)	on rocareec	19b. MAILING AD	DRESS (Street a		Route Number, City or Tox		)
F	Sue R. Kidwell		2525 L	odge Fo	rest Dr	ive Edgem		
	20e, METHOD OF DISPOSITION 15 Burial 2 Cremation 3 Remo	oval from State com	PLACE AND DATE OF E etery, cremetory or other ALDENS OF	Faith	Cem. 4/3	3/93 B	ocation - city o	r Town, State 2. Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Fishy		Duda 7922	Wise Au	ineral Home	dalk. Mo	ndalk, Inc. aryland 21222
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DULUCM DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	enter the mo	de of dylng, muc	h aa cerdlac or reep	iratory arreat,	Approximata Interval Between Onset and Death  Bauys  > lyy
PHYSICIAN: MEDICAL CER	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINE AND AND ARE AUTOPSY FINE AND AREA OF PRICE AUTOPSY FINE AND AREA OF PRICE AUTOPSY FINE AND AREA OF PRICE AUTOPSY FINE AUT							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp		Nursing Hom	e 5 🗆 Residence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUPE	
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WO	RK? /ES 2 NO			
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At home, lerm, streetly)	et, fectory, offic		281. LOCATION (Street City or Town, State)	and Number or Ru	ral Route Number,
COMPLETED		CIAN: To the best of my knowl R: Do the besis of examination						se(a) and menner as stated.
TO BE C	296 GNATURE AND TITLE OF CERTIFIER  MANUALLE M	. Mike	Sus	3	29c. LICENSE NUI	MBER	29d. DATE SIGN	NED (Morgh, Day, Year)
		Mckee 1	000 NO. L	NO14E 81	. muer	110 Balt	Sniere,	MD 21205
1	APR 05 1993	32, REGISTRAR'S SIGNA						



VISION OF VITAL RECORDS, P.O. BOX 68760,

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death	-	ĺ
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF H	EALTH AND DEATH	MENTAL HY		50 05201
	1. DECEDENT'S NAME (First, Middle, Last)				eallis.	2. DATE OF DE	ATH B	YEAR 3. TIME OF DEATH  2 5:30 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. 1 ☐ M 2 🕅 F 93	/RS. IF U	HE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, 10-14-	TH I	B. BIRTHPLACE (State or Foreign Country) Maryland
)R	90. FACILITY NAME (If not institution, give street Good Samaritan Hos		10000	altimo	R LOCATION OF D			TY OF OEATH
CI	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY							
DIRECTOR	Maryland		Baltir		ION			10d. INSIDE CITY LIMITS? 1 (X) YES 2 \( \square\) NO
RAL	5107 Hillburn Ave.			101	ZIP CODE	-		EN OF WHAT COUNTRY?
FUNERAL		12. WAS DECEDENT EVER IN U.S.,	ARMED	13. WAS DEC	21206 ENDENT OF HISPA	NIC ORIGIN? (Spe	U.S.	4. RACE — American Indian
В	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 TYES 2 ( IF YES, GIVE WAR OR DATES	∑]NO	If yes, spe 1 TYES	ecify Cuban, Maxic	in, Puerto Rican,	etc.)	Specify: White
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	ompleted)	DECEDENT'S USUA (Give kind of work do life. Do NOT use retire	one during mo.	N st of working	16b. KIND	OF BUSINESS/INDU	STRY
PLE	Elementary/Secondary (0-12) 5 YYS.	College (1-4 or 5 +)	omemaker	ru.)				
ON	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle,	Maiden Sumame)	
BE (	Clarence Buker				Margar		Unknow	
5	190. INFORMANT'S NAME (Type/Print) Katherine A. Ortt						or Town, State, Zip C	
	20g, METHOD OF DISPOSITION	20b. PLAC	CEAND DATE OF DIS				e, Md. 2	
	1 X Burial 2 Cremation 3 Ramovi 4 Donation 5 Other (Specify)	al from Stata cemetery	crematory of other pla	metery	4-5-		Balto.,	
1	21. SIGNATURE OF FUNERAL SERVICE LICEN  Roy H. Qa	Roy H. Cather			J. RUCK,		Harford Rd	.,Balto.,Md.21214
	23. PART I. Enter the diseasee, or cor ahock, or heert fellure. Lie	mplications that caused the st only one cause on each it	deeth. Do not en					
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death
ľ	resulting in death) a	Sepsis Due to (OM AS A CONS	SEOUENCE OF):					1 wk.
NO	Sequentially list conditions, b.	DUE TO (OR AS A CONS	us VICE	1				
ATI	If any, leading to Immediate cause. Enter UNDERLYING	Preumon						
IFIG	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS						
CERTIFICATION	resulting in deeth) LAST							
	PART II. Other aignificent conditions		t resulting in the	underlying	ceuse given in		MAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	COPD.	CHF					YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME						_		1   YES 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		<del></del>	26 PI	ACE OF DEATH (Ch	ant anti and		
SIC		IOSPITAL:	3 DOA 4 D	IER:	5 - Residence		(fb/)	
F	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	JRY AT		NOW INJURY OCCU	RED
BY	1 M Netural 5 Pending 2 Accident Investigation	26. DI ACE OF INITION	M		ES 2 NO			
TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	nome, mrm, street,	ractory, offica		281. LOCATION ( City or Town	(Street and Number or , State)	Rural Route Number,
COMPLETED		N: To the beat of my knowledge,						
E C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			IIGNED (Month, Day, Year)
TO B		an H.is.					<b>•</b>	4-2-93
F	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED PAUSE OF DEATH (IT	TEM 27) (Type, Print)	Kaver	Blad	Ballin		2/239.
	31. DATE FILED (Month, Day, Year)  APR 05 1993	22. REGISTRAR'S SIGNATURE	0.000					



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	PHYSICIAN:
	ATTENDING
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		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Avadentias) Elizabeth Kriss 2. Date of Death Mar 31,93 3. Time of Death Month Day (First Day 1) 1. Day (P) 3 5 1/5 4. SOCIAL SECURITY NUMBER 213-44-9695 5. SEX 8. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 1. DAY'S HOURS MAN. 1. DAY'S HOURS MAN. 1. DAY'S HOURS MAN. 1. DAY'S 1910 8. BIRTHPLACE (State or Foreign Bouling) Balto, MD
2, 3 should	OR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  Towson, MD  9c. COUNTY OF DEATH  Balto. Co.
prysician. burial-transit permit. Pages 1, 3	DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  Baltimore  10d. INSIDE CITY LIMITS?  **Yes 2 \sum no
п. ansit регт	VERAL	100. STREET AND NUMBER 1339 Sherwood Avenue 100. ZIP CODE 21239 109. CITIZEN OF WHAT COUNTRY? USA
the sa	BY FUNE	11. MARITAL STATUS  1 Never Married 2 Married 2 Married 3 Midowed 4 Divorced  12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, apocify Cuban, Maxican, Puerto Rican, etc.)  14. RACE — American Indian, Black, Whita, etc.  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, apocify Cuban, Maxican, Puerto Rican, etc.)  16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, apocify Cuban, Maxican, Puerto Rican, etc.)
lor u	IPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Homemaker  16b. KIND OF BUSINESS/INDUSTRY  OWN home
fetained by the hospital 5 should be detached for notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest)  Joseph Graff  18. MOTHER'S NAME (First, Middle, Melden Surname)  Catherine Elizabeth Schroll
ge 5 should be notified at	TO B	June Dunn  19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Gode)  551 Brook Road, Towson, MD 21286
rector, page		20c METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of completer), Caematory or other place)  20c. LOCATION — City or Town, State  4/3/93  Balto a, MD
r beam, rage o may he funeral director, pa al. examiner must b		21. SIGNATURE OF FUNERAL ERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Charlton Funeral Home 2007 Eastern Ave, Balto., MD 21231
executor union 24 mous area teats, rage or may use in and completely filled in by the funeral director, page to burial, cremation, or removal. imatic event, the medical examiner must be in matic avent, the medical examiner must be in		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEDUENCE OF):  Approximate interval Betw Onset and Do Survivors  Due TO (OR AS A CONSEDUENCE OF):
ending physicia Hyglene prior or other trat	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initiated events resulting in death) LAST
A and	MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1 YES NO  24b. WERE AUTOPSY FINDER  AMALABLE PRIOR TO COMPLETION OF CAUS OF SEATH?  1 YES NO
ate has be tate Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 3   Residence 6   Other (Specific)
SE D	ву Рну	27. MANNER OF DEATH  26a. DATE OF INJURY (Month, Day, Year)  27. Manner of Death  26a. DATE OF INJURY (Month, Day, Year)  27. Manner of Death  28b. Time OF INJURY WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED
ECTOR: After rs after death n 28 is ma	ETED E	3 Suicide s Could not be determined 28e. PLACE OF INJURY — All home, farm, street, factory, offica building, atc. (Specify) 28e. PLACE OF INJURY — All home, farm, street, factory, offica City or Town, State)
FUNERAL ON A FENDING PER FUNE After the within 72 hours after death w RTANT. If item 28 is mark	COMPL	29a. CERTIFIER (Check only of a)  EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  EXAMINER: On the best of axamination and/or trivestigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
TO THE FUNERA De filed within 7 IMPORTANT:	TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
18	1	1505 OSLAPDR SUITE SOY TOWSON Md 71704

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and the second second

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPING DRATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1 - STATE REGISTRAR		OINIE OI I	C	ERTIF	ICATE O	F DEATH	) ME		B. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)						2.1	DATE OF DEA	ATH		3.	TIME OF DEATH	
BRENDA		LOUISE	K	RIEG			Č	ONTH 3	O DAY	1993	3	12:37 P	) <sub>M</sub>
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEA	R IF UNDER 24 HR		ATE OF BIRT	TH			ACE (State or Foreign	
218-66-4718	8	1 🗌 M 2 📉 F	3	7 YRS.	MONTHS DAY	S HOURS MIN	F F 1	Month, Day, Y B. 27,	1056	Co	untry)	LAND	
9e. FACILITY NAME (If not in		reet and number)			9b. CITY, TOW	N OR LOCATION OF		D. 27,		COUNTY O			$\dashv$
MEMORIA						ERLAND	DEATH			LLEG			
RESIDENCE OF DEC		FIIAL			COMD	LINDAND			A		MIN	1	
10e. STATE	10b. COUNTY			10c. CITY	Y, TOWN OR LO	CATION					10	d. INSIDE CITY	$\neg$
WV	BEI	RKELEY		GERRA	ARDSTOV	JN					1	LIMITS? YES 2 XNO	
10e. STREET AND NUMBER						101, ZIP CODE			10g.	CITIZEN O	_	T COUNTRY?	
RT. 51, H	BOX 549	9				25420			1		US	Δ	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS I	DECENDENT OF HIS	PANIC OI	RIGIN? (Spec	Ify Yes or No	- 14. B		American Indian,	
1 Never Married 2		FORCES? 1	YES 2	Mo		ES 2 NO Sp		erto Rican, e	tc.)	В	ack, W	hite, etc.	
3 🕅 Widowed 4 🗌 Divo	rced				1	120 140 000	sony.			34	ecity:	WHITE	
	EDENT'S EDUC y highest grade				USUAL OCCUP	ATION most of working		16b. KIND (	OF BUSINESS	/INDUSTRY	,		
Elementary/Secondary (0		College (1-4 or 5		ile. Do NOT us	e retired.)	most or working							
12		3		HON	MEMAKER	}			HON	Æ			
17. FATHER'S NAME (First, M.	iddle, Last)					16. MOTHER'S	NAME (F	irst, Middle, A	Aaiden Surnar	ne)			
HARRY WII	LLIAM V	VHITE				MARION	ST	RALEY					
19e. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRESS (Stre	et and Number or Ru			or Town, State	, Zip Code)		-	
MRS. DOTTI	IE L. H	KRIEG-MOI				X 70, GI							
20a. METHOD OF DISPOSITI			20b. PLAC	E AND DATE O	F DISPOSITION				Oc. LOCATIO		Town.	State	_
1 Buriel 24 Acrematio		eval from State	cemetery, c	rematory or of	her plece) RG CREM			101	SMITHS				
21. SIGNATURE OF FUNERA		ENSEE	7	THODOL		ANO ADDRESS OF			SMIII	DONG	, P.	υ.	
D 1 4	1.1	$\sim$	12		BROW	IN FUNERA	L H	OME,	327 W.	. KIN	G S	т.	
23. PART I. Entar the di	Mes	///	Ma	WH	POBC	X 821, M	IART:	INSBU	RG, W	7 254	01		
IMMEDIATE CAUSE (Fin disease or condition resulting in death)	<b>+</b>	DUE TO	TIPLE (OR AS A CONS	EQUENCE OF	TURIE	S				-		Interval Betwee	
Sequentielly list conditi if any, leading to immed cause. Enter UNDERLYI CAUSE (Disease or Inju thet initiated events resulting in death) LAS	dista NG ry		(OR AS A CONS										
PART II. Other significa	nt condition	s contributing to	deeth but not	resulting l	n the underly	ring ceuse given	in Part	PI	RS AN AUTOR ERFORMED? (ES 2 NO	.	CO OF	RE AUTOPSY FINDING INLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				PLACE OF OEATH	Check on	nly one)					
1 XYES 2 NO		1   Inpatient 2	ER/Outpatient	3 DOA	OTHER: 4 - Nursing H	lome 5 - Residenc	e 8 🗆	Other (Specif	'y)				
27. MANNER OF DEATH		26e. DATE OF (Month, D		28b. TIME	OF 28c.	INJURY AT WORK?	Y		HOW INJURY		TAS	ת א כיייי	
	Pending Investigation		-1993	10:		YES 2 NO	DF	RIVER	IN	AUTO	力学	PACT ОВ	3JI
Sulaida	Could not be	26e. PLACE O	F INJURY — At I	home, ferm, s	treet, factory, o	ffice	281.	LOCATION (S	Street and Nu	mber or Run	al Route	Number,	
	determined	bonong,	etc. (Specify)	ROADW	ΙΔΥ		W.	City or Town,		3 / MO	RG	AN CO W	1,1
29e. CERTIFIER	JEVING BUVER	YAN: To the bear				ni-en r			====				-
						late and place, end o						Traffic Control	
_	-	A	Zumerrom end/o	- investigation	n, in my opinior	n, death occured at		cate and pla	ice, end due	to the caus	e(s) en	g menner as stated.	
360 SIGHATURE AND TITLE	40	ally	In f			O.C.N				0 3 - 3		nth, Day, Year) 1993	
MARIO -	175	LUE, J				treet,	Bal	Ltimo	re,	Mary	la	nd 212	0:
31. DATE FILED (Month, Day	5" 1993	32. FJEGISTRA	B'S SIGNATURE	Pandell									

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. or Health and Merital Hydrene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MARY		IT OF HEALTH AND	MENTAL HYGIEN		0 0 1 2 0 .
1. DECEDENT'S NAME (First, Midd KATHLEEN	E. KOWALE	WSKI		2. DATE OF DEATH MONTH April 3,	1993 YEA	3. TIME OF DEATH 12:05 P M
4. SOCIAL SECURITY NUMBER 215-42-7732  98. FACILITY NAME (If not institution	1 □ M 2 🔀 F	49 YRS. MONTH	ER 1 YEAR JF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) JULY 2,1 EATH	943 6. B	IRTHPLACE (State or Foreign pupity) Maryland OF DEATH
St. Joseph	Hospital		Towson			timore
	Baltimore	Balt:			T.,	10d. INSIDE CITY LIMITS?  1 YES 2 NO  OF WHAT COUNTRY?
10e. STREET AND NUMBER  8554 Gradien  11. MARITAL STATUS	Dr.	IN U.S. ARMED	21236	NIC ORIGIN? (Specify Ye	U.	S . A .
3 Widowed 4 Divorced	EDDONOG A TIME	2 NO	Il yes, specify Cuban, Mexico 1 YES 2 NO Specif	en, Puerto Rican, atc.)		Black, White, etc. Specify: hite
15. DECEDEN (Specify only high Elementary/Secondary (0-12)  1.2  17. FATHER'S NAME (First, Middle, The August 2014)	T'S EDUCATION est grade completed)  College (1-4 or 5 +)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired Secretar)	e during most of working I.)	16b. KIND OF BU	Distr	
	Last)	Decle val	18. MOTHER'S NA	ME (First, Middle, Melden rgaret He	Surname)	
19a. INFORMANT'S NAME (Type/Pr Valentine Ko	,		ss (Street and Number or Rural adien Dr. Ba			9)
20e. METHOD OF DISPOSITION 1 Description 2 Cremation 3 4 Donation 5 Other (Special Control of Contr	Removal from State	t. Stanisla	Name of cometery, cromatory or us Cemetery	Ва	ltimor	e, Maryland
21, SIGNATURE OF FUNERAL SEF	Jawason 1	Inc.	Reorge A. We			. 21231
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS		Failure	,		Interval Between
25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 AND  27. MANNER OF DEATH	onditions contributing to desthe	but not resulting in the Kypkes		Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?	OICAL HOSPITAL:	ОТН	26. PLACE OF DEATH (C	heck only one)		
1 TYES 2 NO	1 Inputient 2 ER/Ou 26s, DATE OF INJURY	tpatient 3 DOA 4 1	lursing Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW	IN HIEV Access	SD.
. Contains a land	ing (Month, Day, Year)	M	WORK?			
9 Outolds —	d not be mined 26s. PLACE OF INJUR building, etc. (Sp	IY — At home, farm, street, scify)	ectory, office	28i. LOCATION (Street City or Town, State		ural Houte Number,
and and	IG PHYSICIAN: To the best of my kno EXAMINER: On the basis of examinati					use(a) and manner as stated.
	CERTIFIER		29c. LICENSE NU	IMBER	29d. DATE SIG	GNED (Month, Day, Year)
March  30. NAME AND ADDRESS OF PER	C. Kowaleur	lei	15210	122	> 4	-4-93
M. C Kou	ISON WHO COMPLETED CAUSE OF D VALUE WSKI	86041+A	RFORD R	& BALTE	.MD 3	11234
31. DATE-SILED (Month, Day, Year) ADD 05 1993	Julia Deviden-A	andell.				



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	24	THE STATE OF	101	94
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	aw.	as I	Sept	53
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	1 - STATE REGISTRAR	STATE OF M				T OF H			MENTA	L HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, I								2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	ARTHUR WILL]	· · · · · · · · · · · · · · · · ·	6. AGE (In yrs. les	t historias)	AE LIMITE	R 1 YEAR	IF UNDER	na tamé	4	OF BIRTH			8:47P
	216/05/8606	1∑ M 2 □ F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	2/16/07	,	Countr	YLAND
	Sa. FACILITY NAME (If not institution,			9b. CIT	Y, TOWN OR LOCATION OF DEATH 9c. COUNTY (								
e e	VA MEDICAL CENT	OWARD			FOR	т но	OWAF	RD.		BALT	CTMO	RE	
당	RESIDENCE OF DECEDEN		I see CIT	V TOWN	OR LOCAT	TON .						10d, INSIDE CITY	
DIRECTOR		NE ARUNDE	Τ.	loc. Gai		SEVE		PAF	RK				LIMITS?
	10e. STREET AND NUMBER		_			. ZIP COD				10g. CITIZ	EN OF V	MAT COUNTRY?	
FUNERAL	326 NORTH DRIVE					2114	6			USA			
5	11. MARITAL STATUS  12. WAS DECEDENT EYER IN U FORCES? 1 XYES			U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Spi 1 yes, specify Cuban, Mexican, Puerto Rican,							or No-	14. RACE	- American Indian, t, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES				, deal,		Speci	fy:
	15. DECEDENT'S	18a. DE	18a. DECEDENT'S USUAL OCCUPATION 15b. KIND OF BUSINESS/INDUS									ITE	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)			(Give kind of work done during most of working life. Do NOT use retired.)									
MP	12 0			OFFICE MANAGER						AUTOM	OBII	E S	ALES
	17. FATHER'S NAME (First, Middle, Las LOUIS A. KRA						18. MOTI			Middle, Maiden SCHMTI			
BE		19a. INFORMANT'S NAME (Type/Print)									/	0-4-1	
2	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  SHARON WELSH  113 WOODS ROAD—QUEENSTOWN, MARYLAN.								D 21658				
	20a, METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Sta										wn, State		
	4 Donation 5 Other/(Specify) BALTIMORE CEMETERY 4/6 BALT								LTIM	IMORE, MD.			
- 3	21. SIGNATURE OF PUNDRAL SERVICE	E LICENSES	1							FUNI	ERAT.	HON	Æ 21061
	Lan	1 d- No	ufme	m									NIE, MD.
	23. PART I. Enter the diseases, shock, or heart fall	or complications that ure. List only one caus	caused the de	ath. Do	not enter	the mo	de of dy	ng, suci	h aa can	diac or resp	iratory arre	eat,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition C. H. F.										Onset and Deat		
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):											
2	RENAL FAILURE									j			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
S	CAUSE (Disease Dr injury	e.	OR AS A CONSE	NIEWOE O									- 250
	that initiated events resulting in death) LAST	502 10 (	On AS A CONSEC	JUENCE U	r):								
	DART II OIL - I III - I	d.										_	1
CAL	PART II. Other algnificant cond A-FIB	Itions contributing to	death but not r	esulting	in the u	nderlying	cause (	given in	Part I.	24a, WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	SENILITY		-						—	1 TYES 2	X) NO		OF DEATH?
Σ							-		-				1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICA	NL				28. PL	ACE OF D	EATH (Ch	eck only o	ne)			N/A
PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		8 🗆 Re	sidence	6 🗆 Othi	er (Specify)			
돌	27. MANNER OF DEATH	28a. DATE OF I (Month, Da		28b. TIM	E OF	28c. INJI	URY AT		28d. DE	SCRIBE HOW I	NJURY OCC	URED	
B	1 Natural 5 Pending 2 Accident Investigat				М	1 🗆 Y	'ES 2 [	NO					
	3 Suicide 8 Could no 4 Homicide datarmine	FINJURY — At ho etc. (Specify)	me, ferm,	street, fac	tory, office		- 1	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER . XCERTIEVING 0	NUVOICIAN. To the best of		125-1100				200010	77 AND 10				
MP		HYSICIAN: To the best of r MINER: On the basis of ex											) and manner as stated.
В В	29b. SIGNATURE AND TITLE OF CERT												(Month, Day, Year)
0		X	Bon			29c. LICENSE NUMBER  D 30528			D 4	141	92		
유	30. NAME AND ADDRESS OF PERSON	No. of Contrast,										1-11	1 /
	BALA DUGGIARALA			POI	NT R	OAD,	FOR'	Г НО	WARD	, MD.	21052		
	31. DATE FILED (Month, Day, Year)  APR - 5 199.		R'S SIGNATURE	a. 1800.									

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APR 05 1993

31. DATE FILED (Month, Day, Year)

be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		be notified at once.
s after death. Page 6 ma	by the funeral director, g	emoval.	dicai examiner must
4 hour	filled in	In, or 1	e me
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	as been signed by the attending physician and completely t	hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
N: The	icate h	State D	item
YSICIA	s certifi	th the	10 'p
NG PH	ter this	ath wil	тагке
N.	R. A	er de	.99
ATT	8	aff	28
8	DIRE	hours	Item Item

93 09206 ASP 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN YEAR TRVIN LOPEZ 04 01 1993 9:10 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign N.Y. DAYS HOURS (Month, Day, Year) 9-16-1969 142-66-9177 1 XM 2 | F YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HAMPSHIRE LAKE FUNERAL DIRECTOR CHARLES RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY N.J. 0cean Lakewood 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 174 Governor Rd. 08701 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 [X] YES 2 [ NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Marrie BY 3 Widowed 4 Divorced Gulf War White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Yrs. Unemployed 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Raul Lopez Herodias Santiago BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Herodias Santiago 174 Governor Rd., Lakewood, N.J. 08701 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE 1 N Burial 2 Cremation 3 Re 4 Donation 8 Other (Specify) cost. Mary chemetery 4-6-93 Lakewood, N.J. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Roy H. Cather Baltimore, Md. 21214 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Leonard J. Ruck, Inc., 5305 Harford Rd., Approximate shock, or heart fellure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition\_ rowning resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 1 TYES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Nent 2 ER/Outpatient 3 DDA 6 Other (Specify) 4 Nursing Nome 5 Residence LAKE 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending subject drowned 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number 3 Sulcide 6 Could not be determined COMPLETED 4 Nomicide Lake CHARLES CO. M. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 K MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) but ms

30. NAME AND ADDRESS OF PERSON YNO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland

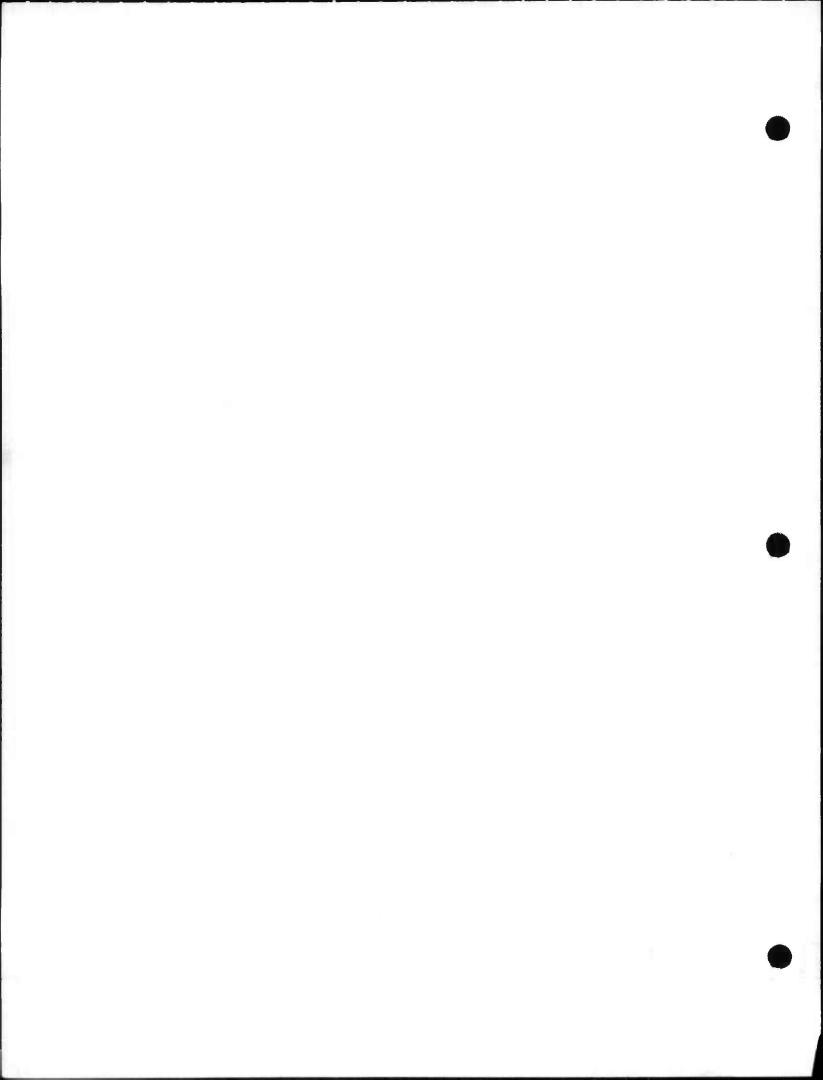
32. REGISTRAR'S SIGNATURE

ina Davidson-Randalle

2120

 $\triangleright 04 - 02 - 1993$ 

O.C.M.E



1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CHRISTIAN MONTH US 31 1993 LOTTERER 10:17 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 01 1 W 2 - F 03-09 BALTO use as the burial-transit permit. Pages 1, 2, 3 should TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOSP DIRECTOR KOSEDALE CO. BALTIMORE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY PARKVILLE 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE WHAT COUNTRY? 729 212 3 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 AO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 W Mar IF YES, GIVE WAR OR DATES B≺ 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) P Elementary/Secondary (0-12) flege (1-4 or 5 +) MAKER detached 17. FATHER'S NAME (First, Middle, Last 挴 director, page 5 should be BE notified 19a. INFORMANT'S NAME (Type/Pri 9 Ami ZECORD S ABOVE 8 20a. METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION (No. 20c. LOCATION - City or Town, State must DATE -3 4 Donation - 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EmorIE? the funeral or removal. or other traumatic event, the medical 23. PAROT. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, speck, or heart thickne. List only one cause on each line. filled in by Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death Hydrene prior to burial, cremation, disease or condition resulting in death) Right Lower Lobe Pneumonia executed within BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): Lymphocytic
DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING certificate be Leukemia CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): P.O. that initiated events resulting in death) LAST mjury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS DIVISION OF VITAL RECOR AVAILABLE PRIOR TO Nem 23 shows any COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO has been of P PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The IN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) FUNERAL OIRECTOR: After this certificate within 72 hours after death with the State HOSPITAL: OTHER 1 TES 2 NO 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 💢 Natural 5 Pending Investigatio t YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) .00 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be TO THE HOSPITAL OR ATTENC TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: It Item 28 is 4 Homicide 29e. CERTIFIER
(Chack ank)

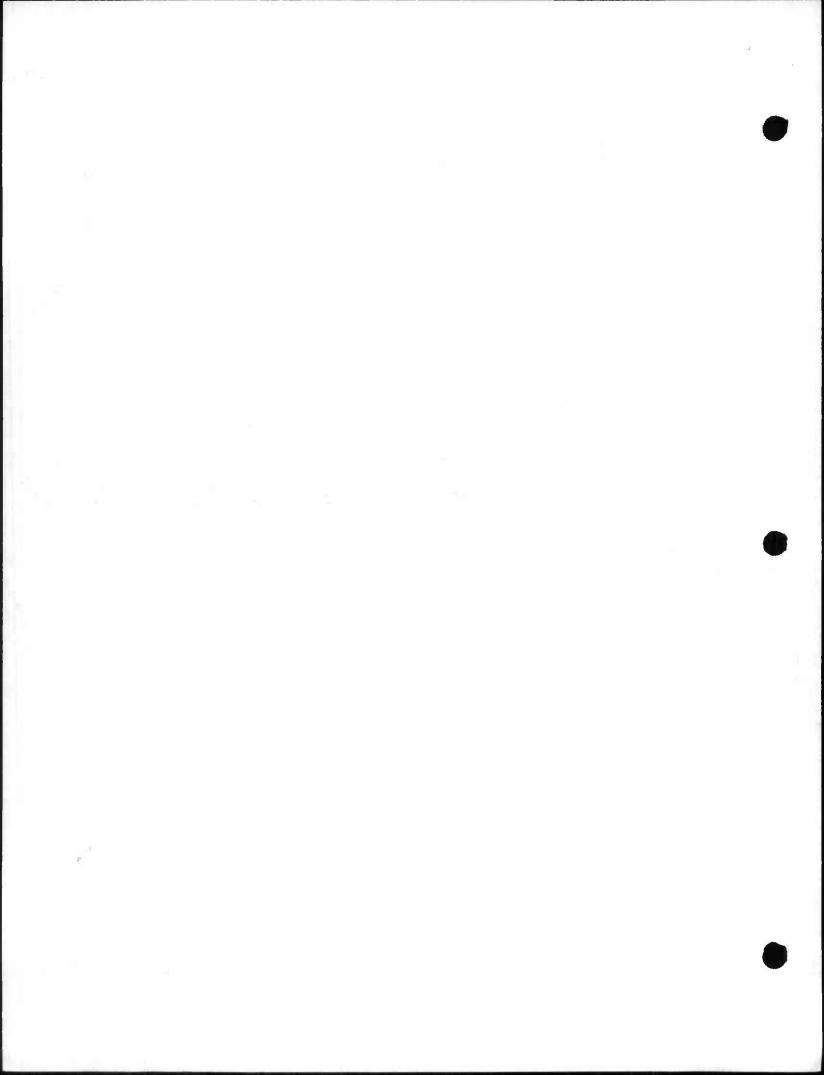
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 3/3/ 93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9000 Franklin Sq. Dr. Balto., MD. 21237 Dr. Malik M.D. 31. DATE FICED (Morith, Day, Year) 32. BEGISTRAR'S SIGNATURE 05 1993 - Davidson Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1 -



REG. NO.

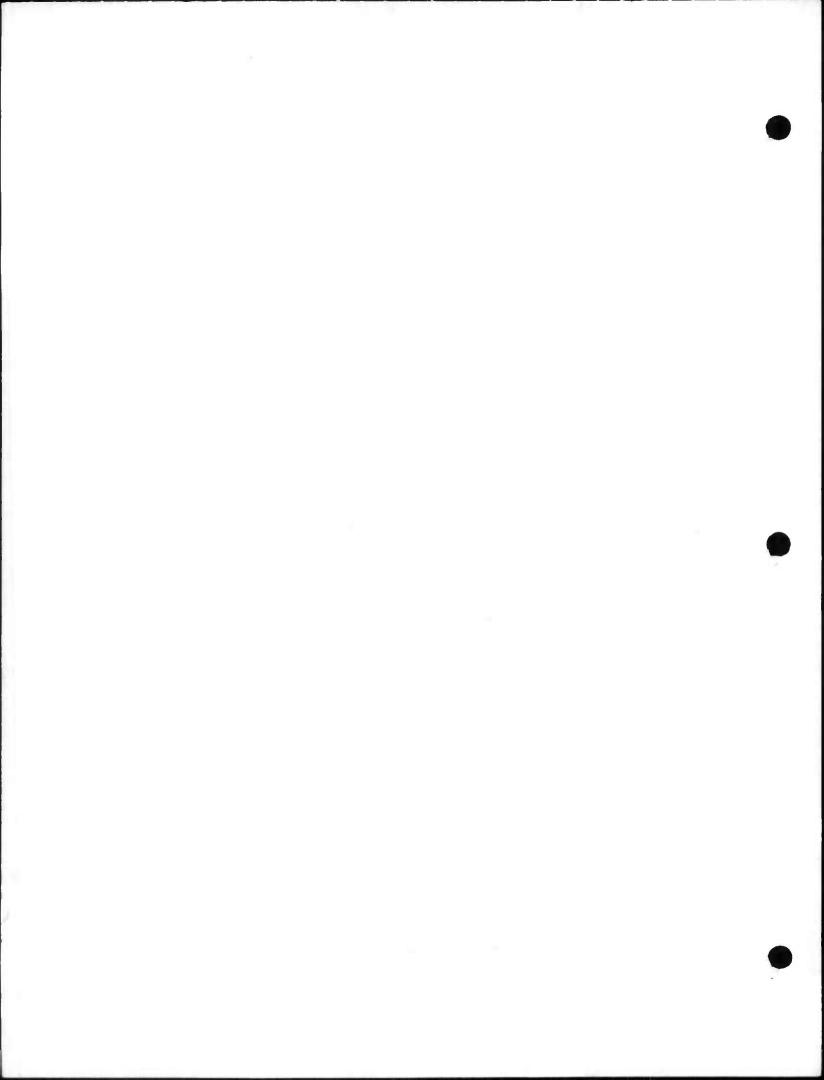
2. DATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH ESSIE 61TEHFIELD 93 4:10 A H 64 02 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 X F 78 162 16 8709 04-11-14 Pa use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR Baltimore County General Hospital Randallstown Balto. 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Carroll Sykesville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1555 Buckhorn Road 21784 A ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \( \subseteq \text{YES} \) 2 \( \subseteq \text{NO} \) IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) H . S . ğ College (1-4 or 5+) Waitress the funeral director, page 5 should be detached Food notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Elms Margaret Stokes 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret Tolson 1555 Buckhorn Road Sykesville, MD. P 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, Stata must Woodlawn Cemetery Woodlawn 4/5 Baltimore, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Haight Funeral HOme 195 Sykesville, Md Harry 21784 O.BOX medicai 23. PART I. Enter the diseases, or complycetions that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo Approximate shock or heert fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onsat and Death the disease or condition SMALL CELL CARCINOMA OF THE LUNG HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): CONCECTIVE HEART FAILURE traumatic MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CEREBRO VASCULAR ACCIDENT CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 23 shows any COMPLETION OF CAUSE 1 YES 2 NO has been Dept. of h 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? r this certificate his with the State D 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 A Inpatient 2 ER/Outpatient 3 DOA me 5 - Rasidenca 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCUREO is' marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mark BY 2 Accident 26a. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the course of the time. 2 MEDICAL EXAMINER: On the besia of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE FEE Phy sivan. suchavas. D42962 D 04/02/93 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kandallstoner Hospital 1 him re County MID Cenual A DEGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be returned to ratending physician and content in the law in the late Dent. of Health and Mental Hygiene prior to build, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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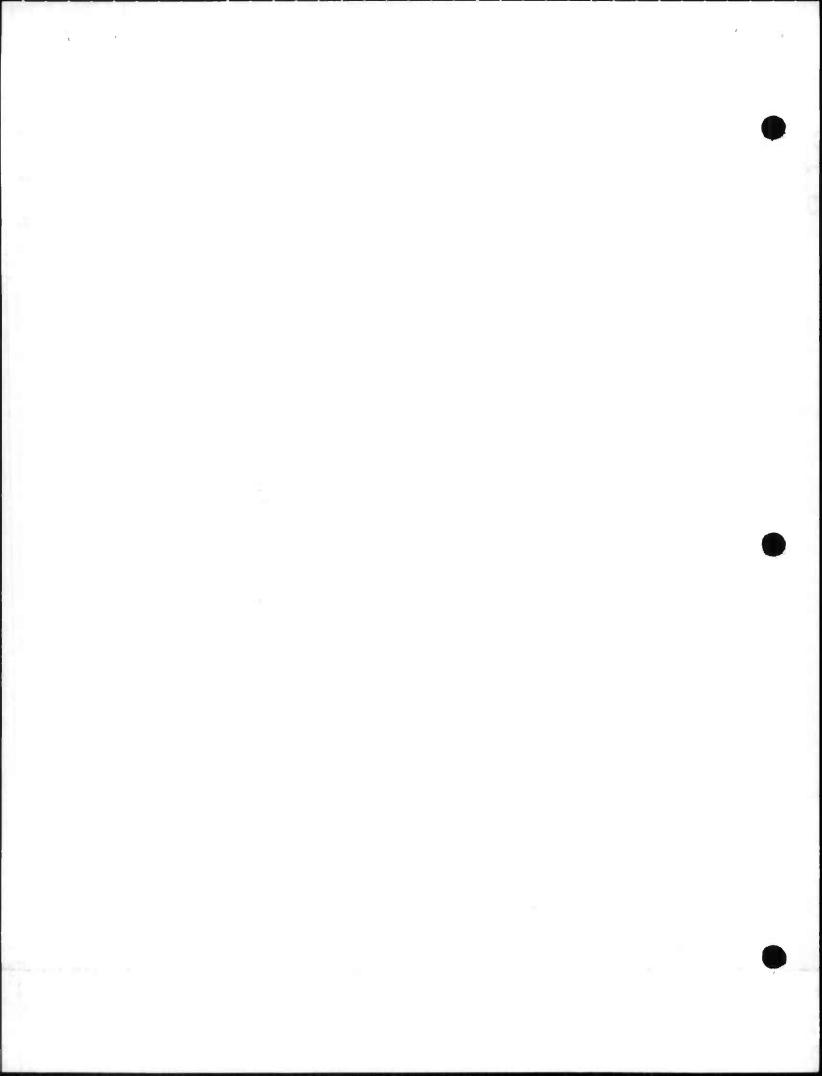
	1 - STATE REGISTRAR	STATE OF MA			ICATE			MENT	AL HYGIE REG. N			07207		
	1. DECEDENT'S NAME (First, Middle, Last)	TEAIZE	IA KENI					2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH		
ĺ	regizha		oine t					0		31	93	2:55 PM		
	4. SOCIAL SECURITY NUMBER	1	S. AGE (In yrs. last		MONTHS I		UNDER 24 HRS.		E OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign		
	NONE	1 🗆 M 2 💢 F				10		_				MARYLAND		
œ	9e. FACILITY NAME (If not institution, give street end number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							EATH		
DIRECTOR		UNIVERSITY HOSPITAL				BALTIMORE CITY NONE								
E	10e. STATE 10b. COUNT	TY		10c. CIT	DC. CITY, TOWN OR LOCATION 104 INSIDE							10d. INSIDE CITY		
	MARYLAND NONE					BALT	IMORE	E CI	TY			LIMITS?		
A A	10e. STREET AND NUMBER				10f. ZIP	CODE			10g. CIT	IZEN OF W	/HAT COUNTRY?			
EB	1718 NORMAL AV	/ENUE				55	212]	l. 3		LINIT	men.	STATES		
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARI				13. WA	S DECEND	ENT OF HISPA	NIC ORIG	IN? (Specify			- American Indian,		
BY	1 Never Married 2 Married IF YES, GIVE WAR OR DATES			0			NO Speci	fy:				Specify:		
	15. DECEDENT'S EDU	I CATION	1		1					AH		RICÁN AMERICA		
COMPLETED	(Specify only highest grad	(Specify only highest grade completed) ((			USUAL OCC work done dur re retired.)	UPATION ing most of	working	- 1	5b. KIND OF E	USINESS/INI	DUSTRY			
2	Elementary/Secondary (0-12) N/A	College (1-4 or 5+) N/A												
8	17. FATNER'S NAME (First, Middle, Lest)	N/A		NO	NE	10.	MOTNER'S NA	AME (First	Adjectes Admire		NONE			
	TERRANCE KENDI	ELL MONRO	DE					ICA		BINE	гт			
BE	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (S	Street and N	umber or Rural							
임	LA VERN CURBEA	AN		1718			Ave					13		
	20a. METHOD OF DISPOSITION 1   ☐ Burlel 2 ☐ Cremation 3 ☐ Ren	and the Other	20b.PLACEA	NDDATE	OF DISPOSITI	ON (Name o	1 12 11	D/	TE 20c. (	OCATION -	City or To	wn, State		
	4 Donation 5 Other (Specify)	TOVAL FROM STATE	ARBU'	$\Gamma$ US	MEMO	RIAI	4/3/9 PARI	93	В	altin	ore	, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		0	22. NA	ME AND A	DDRESS OF FA	ACILITY						
	* alven &	Scrue	100	100			B. S					HOME 0,MD.21213		
2	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Respiratory Failure (RESPIRATORY FAILURE)  DUE to (or as a consequence of):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Surgically irreducible conditions, Due to (or as a consequence of):  c. IN UDIVING all intra abdominal contents, Due to (or as a consequence of):  d. Sepsis													
PRINCIAN. MEDICAL	Grade TI I	htraven		lar	or hemorrhage				PERFORMED?  1 □ YES 2 ⋈ NO 0			WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ž										_		M/A .		
١	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE	OF OEATN (C/	heck only	one)					
2	1 TYES 2 NO 27. MANNER OF DEATN	1 Impatient 2 II E			4 Nursing		Residence							
- 4	1 Natural 5 Pending	(Month, Day,	Year)	28b. TIM INJ	URY	WORK?		28d. DI	EŞCRIBE HOW	INJURY OC	CURED			
5	2 Accident Investigation 3 Suicide 6 Could and be	26e, PLACE OF I	NJURY Al borr	ne ferm		1 YES	2 NO	201.10	OATION (C)					
3	4 Nomicide 6 Could not be	building, etc	: (Specify)	,	areat, rectory	, omce		261. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)						
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE											Lend manner as stated		
- 11	29b. SIGNATURE AND TITLE OF CERTIFIE								- ,,					
	Frances	Greer	11 11	0.		290	LICENSE NU	MBCK		29d. DAT	1 - 1	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATN (ITEM	27) (Type	Print)					1		173		
	UNIVERSITY O	of MARYL	AND V		FI	RANC	ES GR	EEN	LINU	MD.	MED!	CAL SYSTE		
	31. DATE FILED (Month, Day, Year)	Grena Day	SIGNATURE	Less					1					



31. Date FILED (MONTE STEE YEAR) APR 05 1993

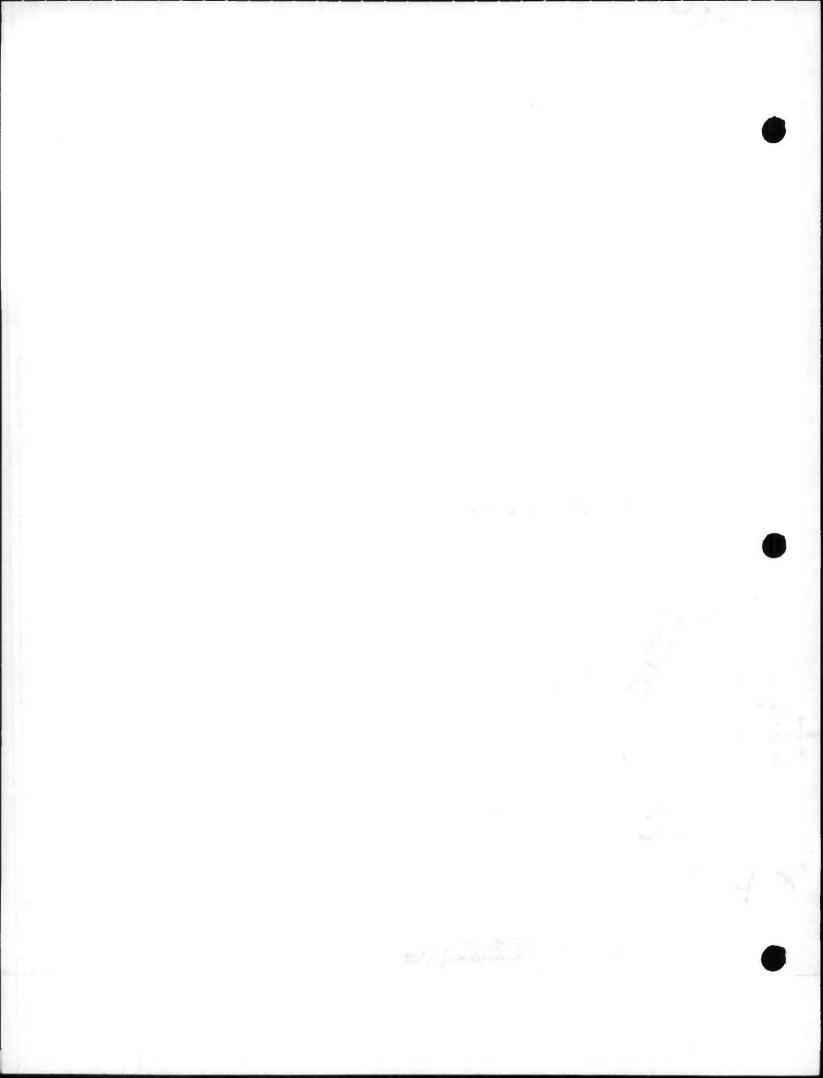
								0	2	09210	
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF				MENTAL HYGIEN REG. NO	E	J	0 3 2 1 0	
	1. DECEDENT'S NAME (First, Middle, Last)		-				2. DATE OF DEATH		3.	TIME OF DEATH	
	Reginald Di Plarris										
	- 2.1		GE (In yrs. lest birthdey)			IF UNDER 24 HRS.	7. DATE OF BIRTH	BIRTHPLA	ACE (State or Foreign		
	220-64-9416	1 🐹 M 2 🗌 F	38 YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year)		Country)	Md	
	9a. FACILITY NAME (If not institution, give stree	et and number)		96. CITY	, TOWN O	R LOCATION OF		9c. COUNT	Y OF DEAT	н	
OR	Mercy Hospita	P		Bo	2140						
5	RESIDENCE OF DECEDENT  100. STATE 100. COUNTY				0110						
DIRECTOR	10a. STATE 10b. COUNTY			ry, town o		ON			10-	d. INSIDE CITY LIMITS?	
	100	-		alti		-				YES 2 NO	
FUNERAL	100. STREET AND NUMBER 7/6 N. Chay					ZIP CODE		10g. CITIZE	ZEN OF WHAT COUNTRY?		
NE	The state of the s		-			21201		U.S	A		
FU	11. MARITAL STATUS 1 1 Nover Married 2 Married	FORCES? 1 YE	13.	WAS DECE	A. RACE — Black, W	American Indian, hite, etc.					
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES /		1 YES	2 NO Spec	Specify:	Black			
	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S	CCUPATIO	N .	16b. KIND OF BU	SINESS/INDUS				
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give lind of work done during most of working life. Do NOT use retired.)										
P	1(th									•	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Surname)				
BE	John Morris				Mani	in Grand					
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
F	John Morris 310 Edgewood St Balton And 21229										
	20a, METHOD OF DISPOSITION 1 € Burlel 2 □ Cremation 3 □ Remova		20b. PLACE AND DATE	OF DISPOS	ITION/Nan		PATE 20c. LO	CATION — CH	y or Town,	State /	
- 4	4 Donation 5 Other (Specify)		cemetery, crematory or	ner place)	Sta	r Clay	75/93 (0	itonsu	ille	Mid	
	21. SIGNATURE OF PUNERAL SERVICE LICEN	SEE		22.	HAME AND	ADDRESS OF F	ACILITY TO T	_			
	Vorta 6h	ron		- 1	1	7200	alaborah	120			
	23. PART I. Enter the diseases, or con	nplications that caus	sed tha death. Do	not entar	tha mod	le of dylng, su	ch as cardiac or respi	ratory arres	it,	Approximate	
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final  On										
- 1											
	a. A 10 5 N Ly No No. 1 Ny  DUE TO (OR AS A CONSCIUNCE OF):										
z	Alps /										
티	Sequentially list conditions, if any, leading to immediate		S A CONSEQUENCE C	A .							
CERTIFICATION	CAUSE (Disease or injury		n, rend	tailn	1						
Ħ١	that initisted events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE O	NF):							
5月	d	Hen	te renal	14.	nore						
	PART II. Other significant conditions of	contributing to death	but not resulting	in the un	derlying	cause given in				RE AUTOPSY FINDINGS	
2	history of Can	eglo bacter	- Backer.	emin			PERFOR		CO	MILABLE PRIOR TO MPLETION OF CAUSE	
밀		//					'	Mino	1	DEATH?  YES 2 NO	
-					-		_		1	J 123 2   100	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL				26. PL/	CE OF DEATH (C	heck only one)				
Sic		IOSPITAL:	utpatient 3 DOA	OTHER		5 🗆 Residence	8 Other (Specify)				
ξĮ	27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b. Til	AE OF	28c. INJU	IRY AT	28d. DESCRIBE HOW I	NJURY OCCUI	RED		
BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year	7	JURY M	1   YI	ES 2 ND					
	3 Suicide 8 Could not be	28a. PLACE OF INJU building, atc. (S	RY At home, farm,	atreet, fact	ory, office		281. LOCATION (Street and Number or Flural Route Number,				
	4 Homicide determined		10.7				City or Town, State)				
OMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my kn	owledge, death occur	red at the ti	lme, date a	and place, and du	e to the cause(s) and mar	ner as stated.			
	one) 2 MEDICAL EXAMINER:									d manner as stated.	
90	SIGNATURE AND TITLE OF CERTIFIER	0 1				29c. LICENSE NU				rith, Day, Year)	
4	1 Suran h	Lent 1	W			3966		D 41	1, 102	,,,	
24	III. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF	DEATH STEM OF CO.			2106	,	[ [	. (1)		

Med. rol



BALTIMORE, MARYLAND 21215-0020	r death. Page 6 may be retained by the hospital or attending physician.	
m	after	
	Suno	
	24 h	-
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	FITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
IVISIO	R ATTEND	-
0	ALD	1
	5	1

	T. DECEDENT'S NAME (First, Middle, Last)  Prancis X. McGrath  2 Date of Death  3. Time of Death  2 Date of Death  3. Time of Death  2 Date of Death  3. Time of Death										
	4. SOCIAL SECURITY NUMBER 215-16-0812	1 M 2 - F	AGE (In yrs. les		UNDER 1 YEAR NTHS DAYS		7. DATE OF BIRTH (Month Der Wheel 7-1-192	8. B	ATYland		
CTOR	90. FACILITY NAME (If not institution, give St. Joseph Ho:				Tows	On C	EATH	Balti	more.		
DIRE	Md. 10a. STATE 10b. COUNT	·		10c. CITY, π Bal		re City			10d. INSIDE CITY LIMITS? 1 X YES 2 □ NO		
FUNERAL	2630 East Bal					101. ZIP CODE 21224		10g. CITIZEN DF WHAT COUNTRY? U.S.A.			
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR NAVY-	YES 2 N	ID.	If yes,	ECENDENT OF HISPAI apocify Cuban, Maxica ES 2 X ND Specif	in, Puerto Rican, etc.)				
once. COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12 yrs		(G.	cedent's usual five kind of work Do NOT use related	done during a tired.)	most of working	166. KIND OF BU		RY .		
d at once.	17. FATHER'S NAME (First, Middle, Last) Albert McGrath  18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Grace Kelly										
be notified TO BE	19a. INFORMANT'S NAME (Type/Print) Margaret S. N			263	0 E.	Baltimo	Route Number, City or Tow re St., B	alto.,	Md.21224		
or must b	209. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Rev 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		Sacre	matery or other led He	art d	of Jesuc	4-3-93	Balto	.,Md.21222		
i examiner	> E dison my	Paremi Edis	on M.		l Mo	and address of FA Dran-Ash D E. Bal	ton Fune timore S	ral Ho t.,Bal	2122 me, Inc. to.,Md.		
traumatic event, the medic	23. PART I. Enter the diseases, or ehock, or heert feilure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse	oused the de on each line TEPS!	5	enter the n	node of dying, suc	h as cardlec or reep	Iratory arrest,	Approximate interval Between Onset and Death		
or other	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):										
hows any I	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  CIRCHOSIS OF LIVER  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO										
red, or Item 23 sho PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	PLACE OF DEATN (Ch					
9 0	1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 EF  28a. DATE OF INJ (Month, Day,	IURY	26b. TIME OF	28c. I	NJURY AT WORK?  YES 2 ND	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURE	D		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF IN building, etc.	IJURY — At ho . (Specify)	me, farm, stree	t, factory, of	fice	281. LOCATION (Street City or Town, State)		irel Route Number,		
2 =   5		ER: On the basis of exam							ise(a) and menner ae stated.		
IMPORTANT: IF 1	296. SIGNATURE AND TITLE OF CERTIFIE	my	Oliver	241		29c. LICENSE NUI	MBER 1263		NED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON W FRANCIS KHA  31. DATE FRED Month, Day, Year)	50 ST.		PH	HOSF	PITAL					
	APR 05 1993	Julia Davido	on Band	ell.					DHMN-16 Rev 1//		



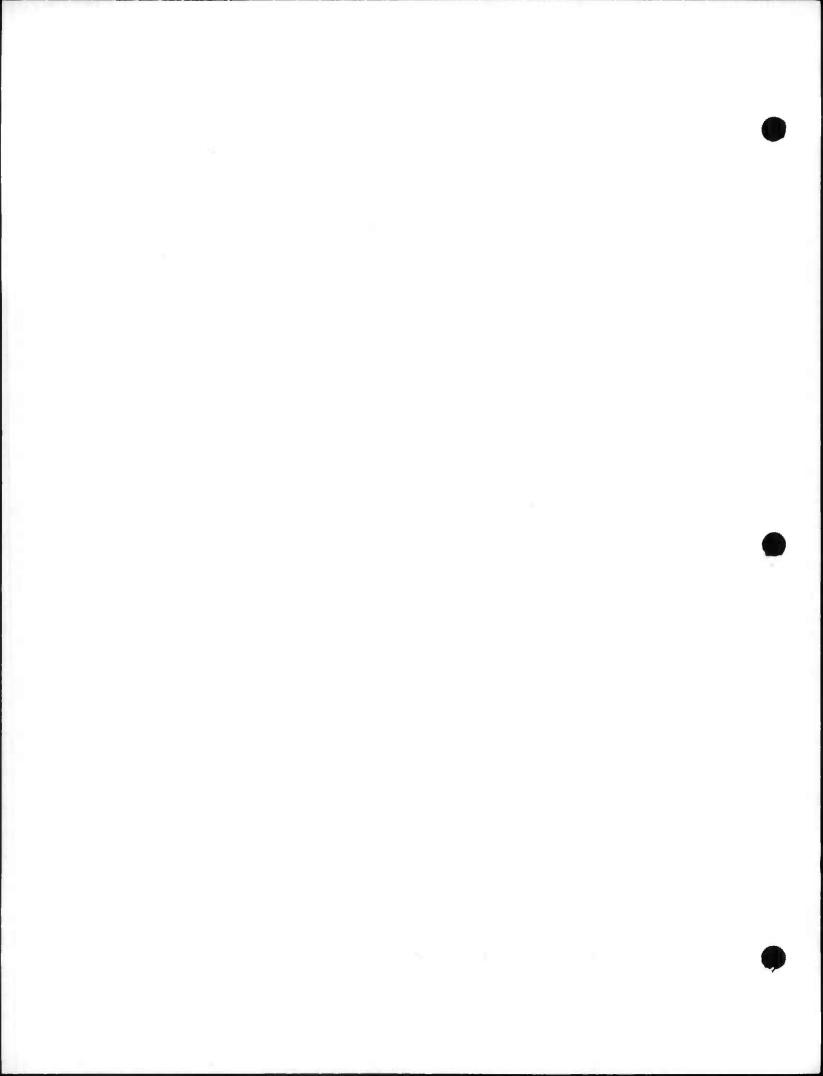
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	ID THE CONFIGURATION THE THIS CARTIFICATE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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liw po	omple	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	ever
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RIMENT OF HEALTH	AND MENTAL HYGIE						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
1	George Allen Ma	xwell			APRIL 5	.1993	1:10 A.M. M				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR IF UNDER	24 HRS 7 DATE OF BURTH	A BUE	TTHPLACE (State or Foreign				
	214-20-9449	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YRS.	MONTHS DAYS HOURS	Min. (Month, Day, Year) 6-30-192	7 B	alto.,Md.				
NO.	90. FACILITY NAME (If not Institution, give s Good Samaritan Nu			96. CITY, TOWN OR LOCATION Baltimore	ON OF DEATH	9c. COUNTY OF	F DEATH				
5	RESIDENCE OF DECEDENT  104. STATE  10b. COUNTY										
DIRECTOR	Md. 106. COUNTY		10c. CIT	y, town on Location Baltimore		1					
A.	10e, STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	14 YES 2 □ NO F WHAT COUNTRY?				
FUNERAL	2917 Edison Hg			21213		U.S.A	•				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATE	J.S. ARMED 2 NO ES	13. WAS DECENDENT OF IT YES, SPECIFY CUBER 1 TES 2 NO	F HISPANIC ORIGIN? (Specify 1 n, Mexican, Puerto Rican, etc.) Specify:	Sp.	Black, White, etc. Specify:				
ED	15. DECEDENT'S EDU	W.W.II	Me DECEDENT'S	USUAL OCCUPATION	444	USINESS/INDUSTRY	ite				
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		work done during most of working	g 166. KIND OF E	USINESS/INDUSTRI					
COMPL	10 Yrs		F	lant	Elect	ronics					
ğ	17. FATHER'S NAME (First, Middle, Last)		1,00		IER'S NAME (First, Middle, Maid						
ш	Harry Maxwell			Lev	a Schroeder						
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code)  2917 Edison Hgwy, Balto., Md. 21213										
. 1	20e. METHOD OF DISPOSITION	No.									
	1 Donation 5 Other (Specify)	oval from State Comet	ery, crematory or o	OFDISPOSITION (Name of ther place)	ory 4-6-93	Dalto	Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	D 1	22. NAME AND ADDRES	IS OF FACILITY	Barto.	Mu.				
	+ Edwarm, P	Edison M. 1	Perkins 0083	Bradley-As	s of FACUTY Shton Funeral Dw Spring Rd.	Home, In Dundalk	nc. .Md.21222				
	23. PART I. Enter the diseases, or o	complications that caused t List only one cause on eac	the death. Do				Approximate				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  G G SAR GRAD TO TO TO TO TO TO TO TO TO TO TO TO TO										
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C									
길	cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE O	n			-				
ERT	resulting in desth) LAST	4									
	PART II. Other eignificent condition	s contributing to death but	not resulting	fo the underlying cause o	isen in Part I. 24s WAS A	IN AUTOPSY 2	4b. WERE AUTOPSY FINDINGS				
EDICAL	BS FETC	nose	2.4	celle	TUS PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MED			16	ul as	10.00	2 [] #0	OF DEATHY 1  YES 2  NO				
				1	_		194135 5 44 15				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			(ATH (Check only one)						
YSI	1 TYES 2 (NO)	1 Inpetient 2 I EN/Ourpet	ient 3 🗆 DOA	OTHER: 4.X Mursing Home 5 □ Res	sidence 6 🗆 Other (Specify)						
	27. MANNER OF BEATH  S Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	IURY WORK?	284. DESCRIBE HOW	INJURY OCCURED					
AB 2 Accident Investigation M 1 VES 2 NO 2 Accident Investigation District Investigation M 1 VES 2 NO 2 Accident Investigation M 1 VES 2 NO 2 Accident Investigation District Investigation M 1 VES 2 NO 2 Accident Investigation District Investigation M 1 VES 2 NO 2 Accident Investigation District In											
TEC	4 Homicide determined	truliding, etc. (Sworty	1	MADARDER CENS	City or Yours, Stat	gerenan anaar	DAMEST CONTROL				
COMPLETED		CIAN: To the best of my knowled R: On the best of examination a					e(a) and manner as stated.				
ECC	296. SIGHATURE AND TITLE OF CONTIFIES				NSE NUMBER		ED (Month, Day, Year)				
TO BE	copped	ecy		P	27867	14	595				
F	30. NAME AND ADDRESS OF PERSON WH	O COMBI EYED CAUSE OF DEAT	suffers on Co.	0.1.0							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH-(ITEM 27) (Type, Print)

31. DATE FILED (Morth, Day, Year)
APR 05 1993



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

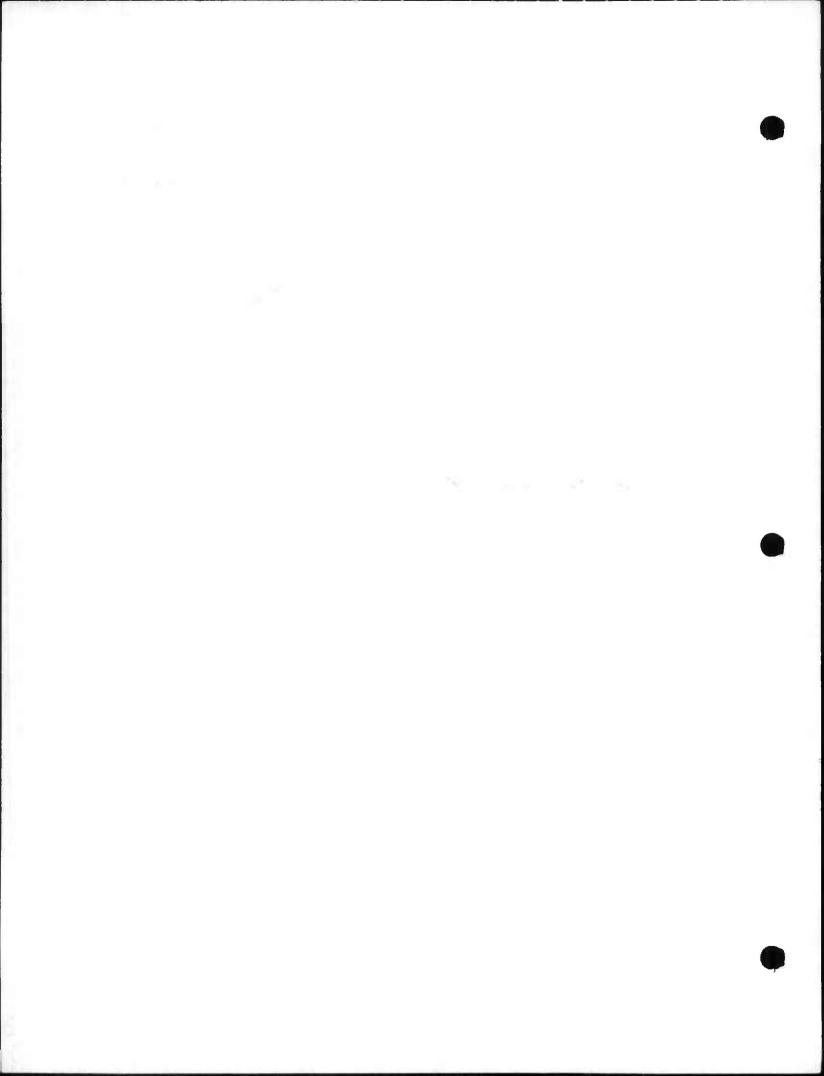
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
Page 6 may be retained b	il director, page 5 should t	the form of a bear and the second second second second of the second second second second second second second
nin 24 hours after death.	tely filled in by the funeral nation, or removal.	the market of
ertificate be executed with	ing physician and complet giene prior to burial, crer	solves described and
requires that the death of	certificate has been signed by the attending physician and completely filled in by the fu h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	of the same fairness on
NG PHYSICIAN: The law	F 5	marked or live 35
HOSPITAL OR ATTENDIF	FUNERAL DIRECTOR: After 1 within 72 hours after death	PANTS of lane no in marked

31. DATE FILED (Month, Day, Year)

APR = 5 1993

32. REGISTRAR'S SIGNATURE

		FOR	STATE OF MAR	YLAND /	DEPAR	TMENT OF	HEALTH AND	MENTA	I HYGIFN		3 (	19213
		1 - STATE REGISTRAR		CI	ERTIF	CATE C	F DEATH		REG. NO.	•		
		1. DECEDENT'S NAME (First, Middle, Last) E.S.	stell <u>a</u>	(NMN)	)	Mas	on	2. DATI	OF DEATH A	/2/193	3.	6:50am
	,			GE (In yrs. les	st birthday)	IF UNDER 1 YEA		7. DATE	OF BIRTH	0.	BIRTHPLA Country)	ACE (State or Foreign
목			1 🗌 M 2 💢 F	76	YRS.				14/17			ginia
2. 3 should	OR	99. FACILITY NAME (If not institution, give stre Maryland Ge	eneral Hos	pital		9b. CITY, TOW	N OR LOCATION OF Baltimor		ty	9c. COUNTY	OF DEAT	н
- SS	딥	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c CIT	Y. TOWN OR LO	CATION	_			140	d. INSIDE CITY
mit. Page	DIRECTOR	Maryland 10e. STREET AND NUMBER			100.01	i, rown on Ec	Bal	timo	re		1)	LIMITS? YES 2 NO
n. ansit per	BY FUNERAL	4402 Finney Av	enue				10f. ZIP CODE	21215	5		JSA	T COUNTRY?
by the hospital or attending physician.  be detached for use as the burial-transit permit. Pages 1,  at once.		11. MARITAL STATUS  1	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ES 2 📆	RMED NO	If yes	DECENDENT OF HISP specify Cuban, Mexi (ES 2 TYNO Specific	can, Puerto		or No- 14	Black, W. Specify:	
as th	ED B	15. DECEDENT'S EDUCA	TION	144. 05								Black
retained by the hospital or attending 5 should be detached for use as the notified at once.	PLET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(G	live kind of v . Do NOT us	e retired.)	most of working	16	b. KING OF BUS			
hospin ached		8th			Hous	sekeer			Domes		berv	ice
be detach	_	17. FATHER'S NAME (First, Middle, Last)  George Hale					18. MOTHER'S I				1 .	
5 should I	BE					ADDRESS (Stre	et and Number or Run		ephin		oole	
e fereta e 5 st	2	Rose A. Mackali	1				k Court		nksbu	,	,	1048
leath. Page 6 may be retained funeral director, page 5 should xaminer must be notified	3	20a. METHOD OF DISPOSITION 1	ral from State	20b. PLACE	ANDDATEC	OF DISPOSITION		DA	TE 20c. LO	cation — cm	y or Town,	State
Page al dire	95	21. SIGNATURE OF SUMERAL SERVICE LICE	SE W.	111		22, NAMI	AND ADDRESS OF	FACILITY				
ter death. Pag the funeral dir oval.		George E. I				Crem 299	ation S Frederi	ocie ck H	ety of Road	Md. Balto	, In	c. MD 21228
within 24 hours at pletely filled in by cremation, or rem rent, the medic		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Carcinoma of the lung										
and com burial.	N	Sequentially list conditions, b.		neumon								
a cian	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSE	OUENCE OF	7):						
ficate be physician ne prior t	FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSE	OUENCE OF							
이 현호 느	E	resulting in death) LAST										
	Ö	PART il. Other algnificant conditions	contributing to deal	th but not a	requiting I	n the under	dag sauge glues i	n Book I		ALIZZADAY		
that led by th and	MEDICAL					Title underl	my cause given i		24a. WAS AN PERFOR	MED?	CO	TRE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
requires been sign of Heal											10	YES 2 NO
has b Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (	Chock only o	gel .			- 11
SICIAN: The certificate h the State I , or Item	SIC		HOSPITAL:	Outpatient 3	□ DOA	OTHER:	ome 5 - Residence					
PHYSICIA this certif with the fed, or	PHY	27. MANNER OF DEATH	28s. DATE OF INJU (Month, Day, Ye	RY	28b. TIM		INJURY AT WORK?	-	SCRIBE HOW I	NJURY OCCUP	IED	
NG PHYS fter this or sath with marked	BY	1 Netural 5 Pending 2 Accident Investigation				M 1 (	YES 2 NO					
L OR ATTENDING P DIRECTOR: After thours after death thours after death them 28 is mark	TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (	URY — At ho Specify)	ome, farm, s	street, fectory, c	ffice		CATION (Street a or Town, State)	and Number or	Runal Route	Number,
L OR / DIRE hours	PLE	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICI	AN: To the best of my k	nowledge, de	eth occurre	d at the time, o	ata and place, and d	ue to the ca	use(s) and mar	mer as stated.		
HOSPITAL FUNERAL WITHIN 72	COMPL	2 MEDICAL EXAMINER									ause(8) an	d manner as stated.
TO THE FUNERA TO THE FUNERA De filed within 7 IMPORTANT: I	88	26 SIGNATURE AND TITLE OF CERTIFIER	eirch	MA			29c. LICENSE N	UMBER		29d. DATE S	IGNED (Mo	onth, (pay, Year) 9 93
5 =	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF							The	~ , ~	
	ľ	Kevein Kazakev	icn, M.D.	С	/0 Ma	ryland	Genera:	L Hos	pital			

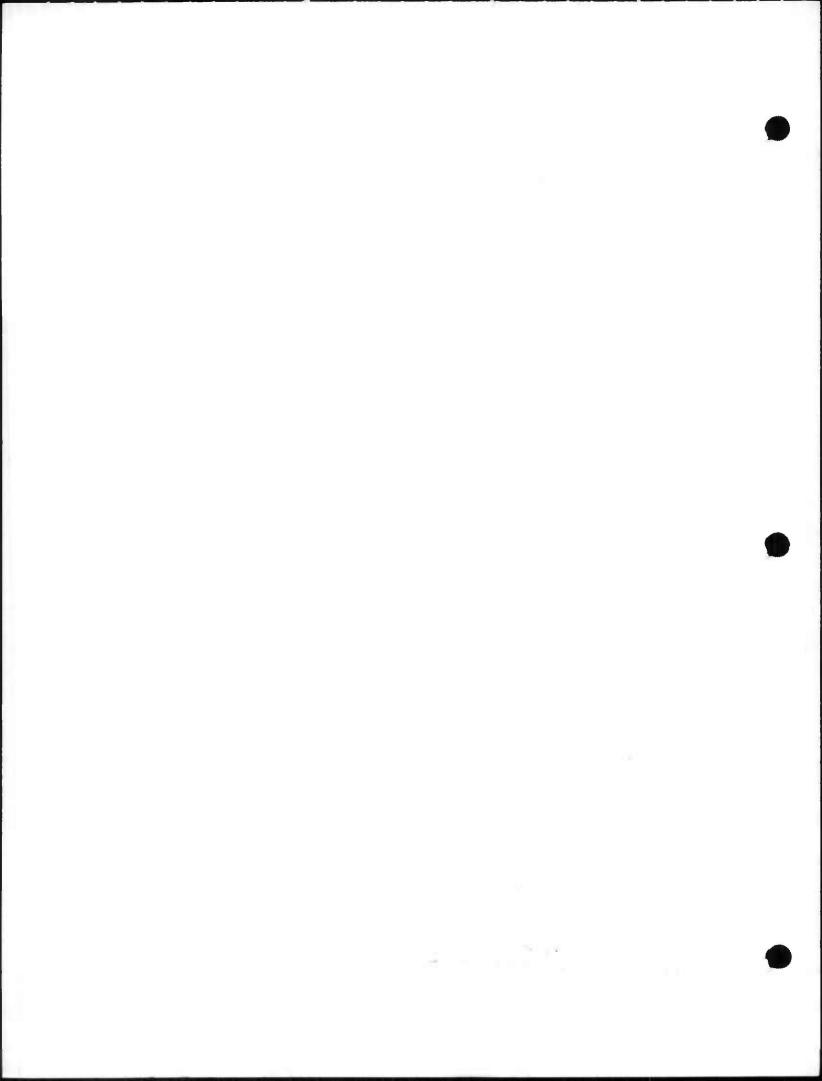


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	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMEN	T OF H	DEATH	AND I	MENTAI	HYGIEN REG. NO.	-	, 0		
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH									3. TIME OF DEATH				
									C.03,		e pierupi	M LACE (State or Foreign		
		1 💢 M 2 🗌 F	more on though			DAY8	HOURS	MIN.	(Month	onth, Day, 18ar) Cou		Country)	Norway	
nc	9a. FACILITY NAME (If not institution, give streets) 3739 McTavish Av					Y, TOWN C			ATH			TY OF DEA		
ō	RESIDENCE OF DECEDENT		Baltimore City											
DIRECTOR	10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION Baltimore								Od. INSIDE CITY LIMITS?  X YES 2 NO	
FUNERAL	3739 McTavish Av		101. ZIP CODE 21229 10g. CITIZEN USA							AT COUNTRY?				
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea if yea, specify Cuban, Maxican, Puarto Rican, etc.)  1 □ YES 2 ☒ NO Specify:						or No. 14. RACE — American Indian, Black, White, etc. Species: White			
G	15. DECEDENT'S EDUCATION 18e. DECE (Specify only highest grade completed) (Give				NT'S USUAL OCCUPATION 155 KIND OF BURINESS INDUSTRY									
COMPLETED		2) College (1-4 or 5+)				of work done during most of working ruse retried.)  Chancellor S					Shipping			
BE COI	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	'S NAME (First, Middle, Maiden Surname)					
10 B	19a. INFORMANT'S NAME (Type/Print)	3								er, City or Town	n, Stete, Zip (	Code)		
	William S. Mostac	<u>a</u>	20b. PLACE		_			enue		imore		MD 21229 N — City or Town, Stata		
	1 \( \Delta \) Buriel 2 \( \Delta \) Cremetion 3 \( \Delta \) Remove 4 \( \Delta \) Donation 5 \( \Delta \) Other (Specify) \( \Delta \)	ni from State	Loud	melory or or or or or or	ther place	Ceme	terv	4/	15/93	20c. LOC	Balti	more.	, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ACC						D AOORE	SS OF FAC	CILITY AN	brose	Fune	ral F	Home :	
1328 Sulphur Spring Road, Arbutus, Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximately 1.									Approximata					
9	IMMEDIATE CAUSE (Finel disease or condition Onset and Death													
į	DUE TO (OR AS A CONSÉQUENCE ÓF):													
NO.	Sequentially list conditions, if any, leading to immediate  b. OUE TO (OR AS A CONSEQUENCE OF):													
S	CAUSE (Disease or injury								_					
ERTIFICATION	that initiated events resulting in death) LAST  oue to (or as a consequence of):													
7 0	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDINGS													
MEDICAL									_	PERFORI		C	VAILABLE PRIOR TO OMPLETION OF CAUSE F CEATH?	
N: ME									-			1	☐ YES 2 ☐ NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:													
IXSI		1 □ Inpatient 2 □ ER/Outpatient 3 □ DOA 4 □ Nursing Home 5 ₺ Rasidence 8 □ Other (Specify)												
BY Pt	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation				28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO				28d. OEŞCRIBE HOW INJURY OCCUREO					
	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — Al home, farm, street, factory, offica building, atc. (Specify) 28s. PLACE OF INJURY — Al home, farm, street, factory, offica City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number or								te Number,					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.													
BE CC	296. SIGNATURE AND TITLE OF CENTIFICATION (MACHINE, Date 1984)													
P 30. NAME AND ADDRESS OF PERSON WHO COMPLETIBLE OF DEATH (ITEM 22) (Non. Print)							15/	93						

Julia Bundray Andelle

DHMH-16 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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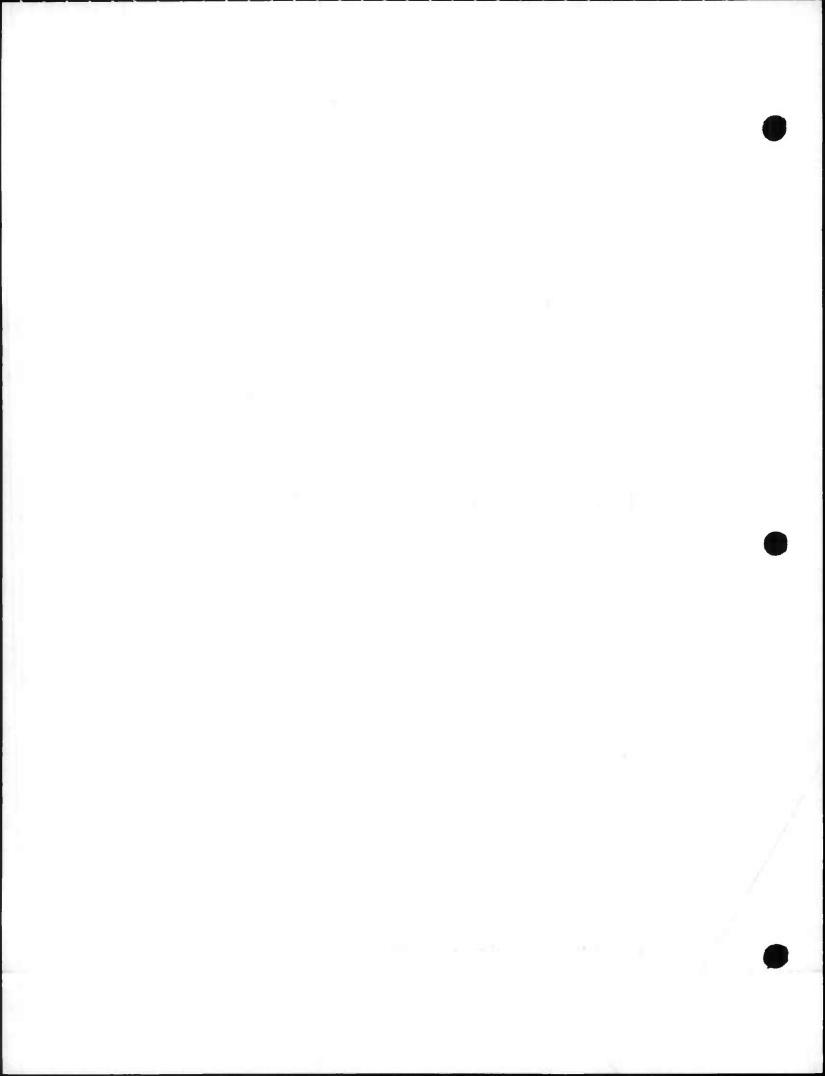
STATE
REGISTRAR Florence Mae McCray CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 93 YEAR Levence VAY 13: 20 PM Mae 4 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 1 🗌 M 2 😾 F DAYS HOURS 07/26/1904 YRS 235-36-2476 West Virginia permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street 96. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Calvert Manor Nursing Home Rising Sun Cecil 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil Rising Sun 1 TYES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 1881 Telegraph Rd. 21911 U.S.A. nours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-tran WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
 Was anactiv Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, P.

1 YES 2 NO Specify: 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES 3 ₩ Widowed 4 Divorced Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (So) Elementary/Secondary (0-12) College (1-4 or 5+) 2 Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 75 Willyette Young Grant Ross BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 115 Mitchell Rosemary L. Dixon St., Elkton, 21921 99 20e. METHOD OF DISPOSITION
1 Durlal 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Green Mount Crematory or other place)

Green Mount Crematory 4/5 Baltimore, event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC. uncais cane 6009 Harford Rd., Baltimore, MD and completely filled in by the or removal. 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellule Liet only one cause on each line. Approximate Interval Between Onset and Death **IMMEDIATE CAUSE (Final** cremation, disease or condition resulting in death) eNAL DUE TO (OR AS A CONSEQUENCE OF) prior to burial, traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) physiclan cause. Enter UNDERLYING CAUSE (Disease or injury or other Hygiene DUE TO (OR AS A CONSEQUENCE OF): the attending pl that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS of Health and N AWAIL ARE F PRIOR TO shows any COMPLETION OF CAUSE 1 | YES 2 NO 1 YES 2 NO peed has be. Dept. c PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State certificate HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 the state 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED With is marked. 1 Natural 5 Pending Investigation 1 YES 2 NO ВУ death 2 Accident OR ATTENDING 28e. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datermined COMPLETED DIRECTOR: J 28 4 Homicide If Item 29a. CERTIFIER
(Chack only

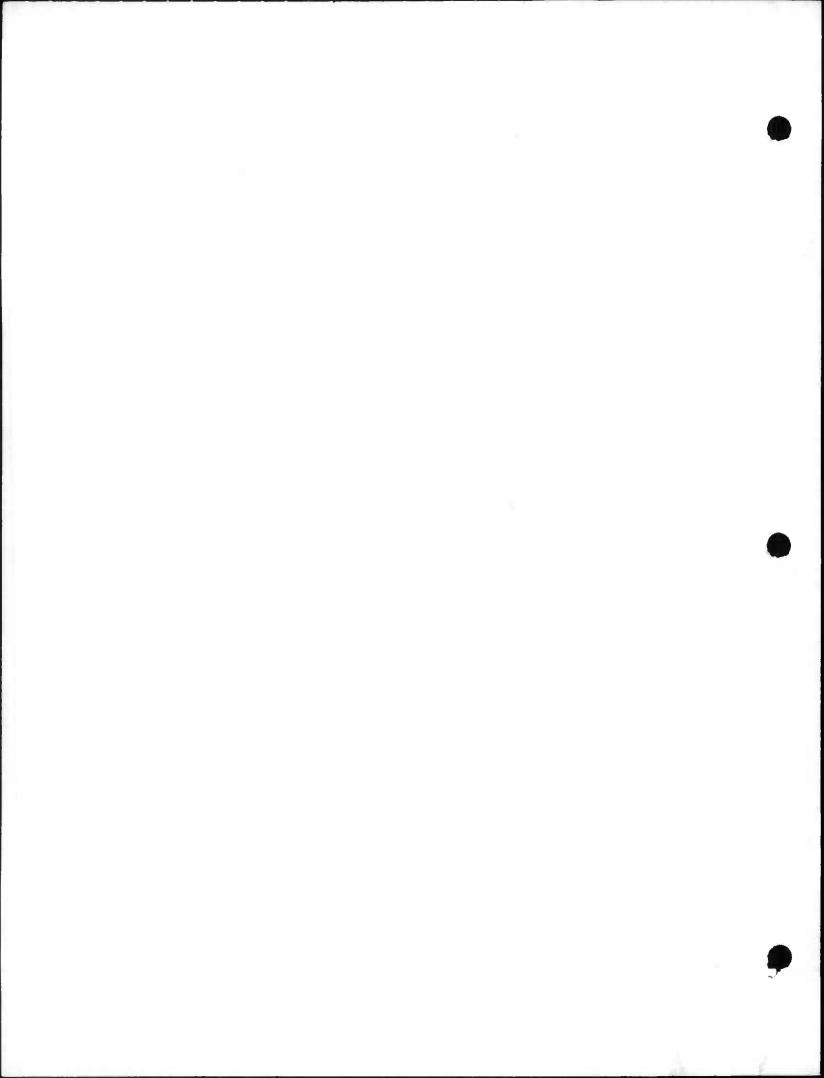
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL ( HOSPITAL. TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilms, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29d. DATE SIGNED (Month, Day, Year) BE 33510 -93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) inothy O Donnell M) 19702 31. DATE FILED (MO) 32. REGISTRAN'S SIGNATI 05

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



0, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	4, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other

	1 - FOR STATE REGISTRAR	ATE OF MARYLAN	D / DEPARTMENT	OF HEALTH AND							
	1. DECEDENT'S NAME (First, Middle, Last)										
	William Grafton N	William Grafton Musgrove					2. DATE OF DEATH NONTH APRIL 1, 1993 4 P.				
	4. SOCIAL SECURITY NUMBER 5. SE		rs. last birthday) IF UNDER		7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign						
	218 36 8124 XX	DAYS HOURS MIN.	(Month, Day, Year) Country) 11/4/07 Md								
œ		TOWN OR LOCATION OF D									
5	13354 Triadelphia Road Ellicott City Howard										
DIRECTOR	Md. Howard	10c. CITY, TOWN C	er Location llicott Ci	ity	10d. INSIDE C LIMITS? 1 — YES 2						
AL	10e, STREET AND NUMBER			10f. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?						
FUNERAL	13354 Triadelr	ohia Road		21042		U.S.	Α.				
5	H	S. ARMED 13.	WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify )	es or No 1	. RACE - A	mericen Indien,				
ΒYΙ	1 Never Married 2 Merried IF		f yes, specify Cuban, Mexic Tes 2 NO Speci			Black, White, etc.  Specify: White					
1	15. DECEDENT'S EDUCATION	1									
COMPLETED	(Specify only highest grade complete	red)	e. DECEDENT'S USUAL OF (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF B	USINESS/INDU	STRY	=			
12	Elementary/Secondary (0-12) College	ge (1-4 or 5+)	Farmer		Agrica	11+1100					
No.	17. FATHER'S NAME (First, Middle, Last)	Tarmer					:				
Ш	Harry Thomas M	lusgrove			AME (First, Middle, Maide Addie Ci	,					
00	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS	(Street and Number or Rural			orde)					
2	Elsie Musgrove	2		riadelphia				tv			
	20e. METHOD OF DISPOSITION	20h PI	ACE AND DATE OF DISPOS	ITION /Name of	0.175 000.1	OCATION OF					
	1 Donation 5 Other (Specify)	m State cemeter	y, crematory or other place)	e Mem. Par	k 4/5 E	lkrido	e. M	d			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 /	22.	NAME AND ADDRESS OF FA	ICILITY						
	+ Harry YD. 9	thinkt		P.O.BOx 19	Haight	Funer	al H	ome			
	23. PART I. Enter the diseases, or complic	cetions that caused th	e death. Do not enter	the mode of dving, aud	th as cardiac or res	piratory arras	Ma.	Approximete			
	snock, of heert fellure. List only one ceuse on each line.										
	immediate cause (Finel disease or condition CALLES (CALA)										
	resulting in death)  a. NEL FALURE  DUE TO (OR AS A CONSEQUENCE DF):										
z	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):  BLADER  UNDERLYING  C. BLADER  CANCER  OTHER AD  HYDRONERHADS IS  DUE TO (OR AS A CONSEQUENCE OF):  C. BLADER  CANCER  CANCER  CANCER  CANCER										
ET.	Sequentielly list conditions, If any, leeding to Immediate  DUE TO (OR AS A CONSEQUENCE OF):										
2	cause. Enter UNDERLYING CAUSE (Disease or injury	BLA	DAR C	ANCER							
Ë	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE OF):								
CERTIFICATION	d.										
AL (	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPS										
5		1 YES 2 NO COMPLETION OF DEATH?			ABLE PRIOR TO PLETION OF CAUSE						
Ä					YES 2 T NO						
PHYSICIAN: MEDIC											
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  EXAMINER?  LOSPITAL.										
Š	nosi	PITAL: patient 2 ER/Outpatie	nt 3 DOA 4 Num	: Ing Home 5 PResidence	6 Other (Specify)						
E		8e. DATE OF INJURY (Month, Day, Year)	28b. T/ME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUI	RED				
BY	1 Natural 5 Pending 2 Accident Investigation	1 YES 2 NO									
		ory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
	TOTAL GENERAL										
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.										
8		pinion, death occured at the	time, data end place, o	euse(s) end	menner as stated.						
BE	296. SIGNATURE AND TITLE OF CERTIFIES		29c. LICENSE NUI	WBER	29d, DATE SIGNED (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO COMP		1 25947 4				3				
	EVERYN JACKSON, mm 5540 TEN DAKS ROAD CLARKS NILF, mm 21-29										
	LEWIST MAN LIFE LONG OF	V. Man L 5	41 / PAN	INTES WINDOWS	CAJOOK	SYILAK	49.00	- //m 3/3			
1		REGISTRAR'S SIGNATUR		10010		7	1000	14-19			



TO THE THENDING PRINCIPLY IN IN IN IN IN IN IN IN IN IN IN IN IN	letach	be filed within 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND	/ DEPAR	TMENT OF	HEALTH AND	MENTA	L HYGIEN		3 07217	
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	_	3. TIME OF DEATH	
	Rachel Graham	Norton					Apr	il 4°	199	3 4:05 A N	
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)	
	212-01-7228	1 🗆 M 2 📈 F	80	YRS.	MONTHS DAYS	HOURS MIN.	Dec	n, Day, Year)	1912 (	West Virginia	
~	9a. FACILITY NAME (If not institution, give s					OR LOCATION OF D	DEATH		9c. COUNTY OF DEATH		
힏	604 Cockeysmill		R	eisterst	own	Baltimore					
EC.	10s. STATE 10b. COUNT			10c. CIT	, TOWN OR LOC	ATION				10d. INSIDE CITY	
5	Maryland Bal	timore			Reis.	terstown				LIMITS?	
A	10e. STREET AND NUMBER					Of. ZIP CODE	-		10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL DIRECTOR	604 Cockeysmill	Road				21136			1	USA	
2	11. MARITAL STATUS  1 Never Married 2 Married	The best of the state of the st				CENDENT OF HISPA	NIC ORIGI	1? (Specify Yes	or No- 14	t. RACE — American Indian, Black, White, atc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA				S 2 NO Speci		ricani, attal		Specify:	
	15. DECEDENT'S EDU	CATION	18a I	DECEDENT'S	USUAL OCCUPAT	ION	T see	VIND OF BU	SINESS/INDUS	White	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of ville. Do NOT us	rork done during n e retired.)	ost of working	100	. KIND OF BU	SINE SS/INDUS	in in in in in in in in in in in in in i	
P.	H.S.			Secre	tary			u.5	S. Gove	ernment	
ő	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First,				
BE (	Frederick Grah	am				Saral	h Kno	tts			
2	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural					
	David F. Graham					1 Ave.	-				
	20s. METHOD OF DISPOSITION  1	oval from Stats	20b.PLAC cemetery.c	rematory or gt	her place)	lame of			The same	y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Anac	omy be		Ma.		Bac	timore	e, Maryland	
	· P B	P	10				1			rstown Road	
-	22 PADT I Enter the diseases Dr.	~ 1 ou	مند		Eline	Funeral	Home	Reis	tersto	own, Md.21136	
	23. PART i. Enter the diseases, Dr eshock, or heart fellure.	List only one caus	e on each ili	ieath, Do n ie.	ot antar the m	oda of dying, suc	ch ss cen	slac or respi	iretory arrest	t, Approximate Interval Between	
	IMMEDIATE CAUSE (Finel disesse or condition	. Chron	. 01		-	21-	^	1155.	-	Onset and Death	
	resulting in daeth)	a. DUE TO (	OR AS A CONS	EQUENCE OF	):	01:422	17	112500	) Z.		
z					,-					į	
CERTIFICATION	Sequentially list conditions, if any, lesding to immediate	DUE TO (C	OR AS A CONS	EQUENCE OF	):		-				
2	CAUSE (Disease or injury	c									
	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONS	EQUENCE OF	):						
E		d									
	PART II. Other significant condition	s contributing to d	eath but not	resulting is	the underlying	g ceuse given in	Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS	
8	METASTATIC	W TEAST C	CUCE	Λ.				1 YES 2	1	COMPLETION OF CAUSE OF DEATH?	
M							_			1   YES 2   NO	
ÿ											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEATH (C)					
HYS	1 TYES 2 M NO  27. MANNER OF DEATH	1 Inpetient 2 I		3 DOA 28b. TIME		DURY AT	_				
-	1 Netural 5 Pending	(Month, Day,		INJ	JRY W	YES 2 NO	200. DES	CHIBE HOW II	NJURY OCCUR	IED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF	INJURY — At I	ome, term, s	treet, factory, offi		28t, LOC	ATION (Street a	and Number or i	Rural Route Number,	
Ä	4 Homicide determined	building, at	c. (Specify)				City	or Town, State)		, and the state of	
٦٦	29a. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the best of m	y knowledge, o	leath occurre	d at the time, dat	and place, and due	to the cau	se(s) and man	mor so stated		
COMPLETED										suse(s) and manner se stated.	
Ö	29b. SIGHATURE AND TITLE OF GERTIFIED					29c. LICENSE NU				IGNED (Month, Day, Year)	
D BE	In H tau	27.				D183				mil 4, 1993	
2	30. NAME AND ADDRESS OF PERSON WHO										
	John Fetting, M	.D. Johs	s HOP.	cius 7	Dacolog	1645761	B	AUTO!	72 21	287	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE								
	APR 05 1993	hela Lavida	- Renda	<u></u>							
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I or attending physician,	or use as the burial-transit permit. Pages 1, 2, 3 should		
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am cerum	ttending	tal Hygier	, or oth
at the or	by the a	and Men	y injury
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AL LEWISH	CTOR. At	after de	28 is marked, or Item 23 shows any

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /		TMENT				MENT	AL HYGIEN REG. NO.	E (	93	09218
1	1. DECEPENT'S NAME (First, Middle, Lest)  ARLINE	E	PER	tre	Ξ				2. DAT	e OF DEATH	4 9	YEAR	3. TIME OF DEATH  3. N A M
	4. SOCIAL SECURITY NUMBER	5. SEX 1  M 2  F	8. AGE (In yrs. les 88	t birthday) YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mor Sep	E OF BIRTH	1904		PLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give s CHURCH HOSPITA		RATION			BALTIMORE CITY  9c. COUNT					ITY OF DI	EATH	
DIRECTOR	Massachusetts Bristol				10c. CITY, TOWN OR LOCATION North Attleboro						10d.		
FUNERAL	100. STREET AND NUMBER 48 River Street	,				101	ZIP COD	760			10g. CITIZ		1 U YES 2 MO PHAT COUNTRY? SA
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3CX Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 A	MED	1	If yes, sp		n, Mexice	n, Puerlo	IN? (Specify Yea Rican, etc.)	or No—	14. RACE Black Specif	- American Indian, , White, alc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(G	ive kind of a Do NOT us	work done of retired.)	during mo	st of working	ng	16	E KIND OF BUS		USTRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest)  John Hartí	ord					18. MOT		ME (First, Jenn	Middle, Maiden y Mat	sumame) thews		
TO B	190. INFORMANT'S NAME (Type/Print) Beverly A. England	l Daugh	ter 190	. MAILING	ADDRESS	(Street a	nd Number	or Rural A	Pa	nber, City or Town	n, Stare, Zip P, Ma	code)	nd 21220
	20a. METHOD OF DISPOSITION 1 Grant Survey Communication Co	1	20b. PLACE	AND DATE	OF DISPOS	mete	me of	-	4/6	793 B	cation — caltim	Ore,	Maryland
	21. SIGNATURE OF FUNERAC SERVICE US	CHISTE	Sept.		E	ruz		ski I	une	ral Ho			07.007
	23 FART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ren	al Fo	ilv	ive	the mo	da of dy	ng, such	aa ca	Balt.	ratory arre	eat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
MEDICAL	PART II. Other eignificant condition	in the un	derlying	) cause (	jiven in i	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 1710			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t:	ACE OF D			er (Specify)			
	27. MANNER OF DEATH  2 Netural 5 Pending Investigation	26a. DATE OF (Month, De		26b. TIM	-	26c. INJU	_			SCRIBE HOW IN	JURY OCC	URED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28s. PLACE Of building,	FINJURY — At horetc. (Specify)	me, farm, :	street, facto	ory, office			281. LO	CATION (Street a r or Town, State)	nd Number (	or Rural A	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												and menner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	no					29c. LICE	NSE NUM	BER Z		29d. DATE	SIGNED	(Month, Day, Year)
0	38. NAME AND AUDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITES	SRZ	Print)	M		BAL	50	mo	7	12	37
	31. DATE FILED (Month, Day, 16ar) APR 05 1993	3. BEGIS DA	Signature Many	loge.		/							

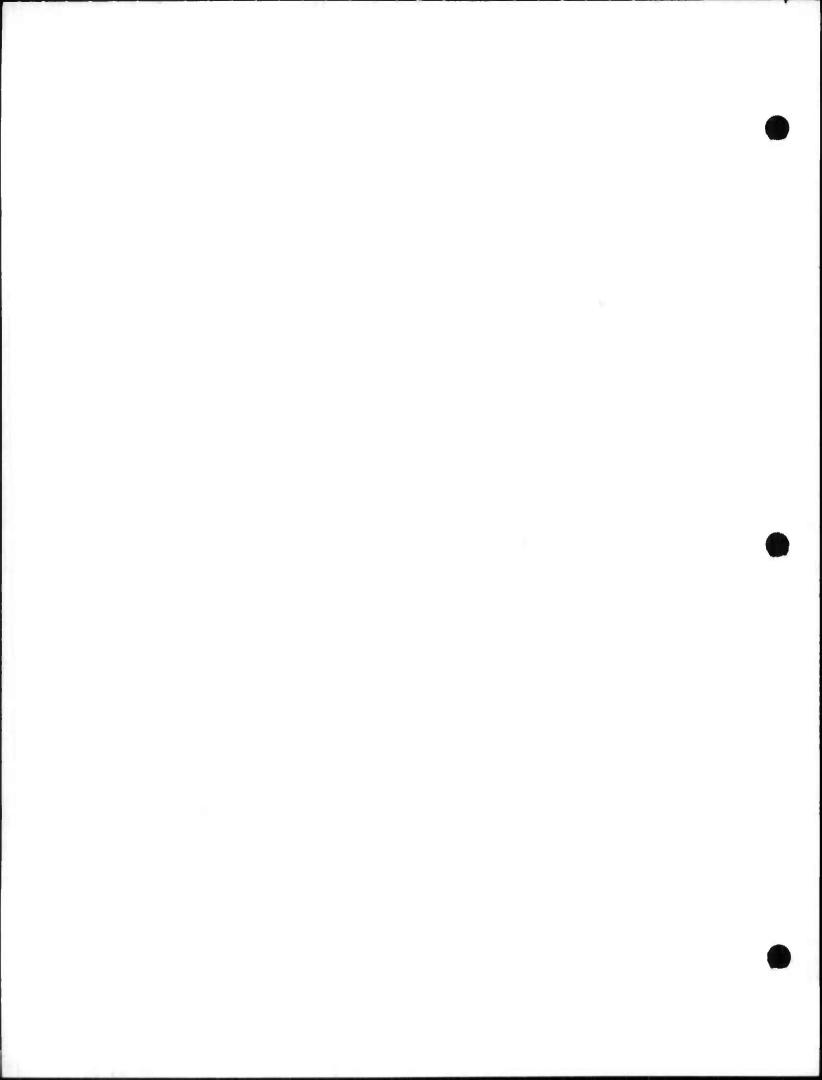
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THE HOSPIT CONTINUED THYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  OTHE FUNER CONTINUED THE WIRE THIS CENTIFICATE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be felted within 7 and 10 the filled by the filled within 7 and 10 the filled by the filled by the filled within 7 and 10 the filled by the fil	IMPONIANT IN THE CONTROL OF HEAT AS SHOWS ANY INJURY, OF OTHER MANIMENT OF THE MEDICAL EXAMINET THE DE HOUTING AT ONCE.
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	FOR 1 - STATE	STATE OF MARYLA				MENTAL HYGIEN	IE ,	0 0 2 1 1	0
	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)  Thomas	Т.		Darelean			AY YE	3. TIME OF DEATH	
			n yrs. last birthday)	Parker	W 144000 00 1440	04 0			Р.м
	218 :2 3987	1 🕵 M 2 🗆 F	7 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Morth, Day, Year)	25	SIRTHPLACE (State or Foreign	gn
m	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN O	R LOCATION OF DE	ATN	9c. COUNTY	OF DEATH	
DIRECTOR	4014 Alto Road			Balti	more C	ity			
E C	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCATI	ON			10d. INSIDE CITY	
	M¢		B	ALTO.				t X YES 2 NO	,
FUNERAL	100. STREET AND NUMBER 4014 AL	To Rd	1	101.	ZIP CODE	,	10g. CITIZEN	OF WHAT COUNTRY?	
S		12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No.— 14.	RACE — American Indian,	
B	1 Never Married 2 McMarried 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, spe t PES		n, Puarto Rican, etc.)		Black, White, etc.  Specify: BLAC	K
TED	15. DECEDENT'S EDUCA' (Specify only highest grade co	rion Impleted)	(Give kind of w	USUAL OCCUPATION	N t of working	16b. KIND OF BU	SINESS/INDUST	RY	
COMPLET	Elementary/Secondary (0-12) Secondary ARY	College (1-4 or 5+)	MANA	retired.)	•	J15.	A BA	NKS	
S S	17. FATHER'S NAME (First, Middle, Last)	-1-			18. MOTNER'S NAI	ME (First, Middle, Maiden	Sumame)	1	
BE	STONEWALL	J. PA	PKOY		ALVE	Pto N	ASO	N	
2	19a. INFORMANT'S NAME (Type/Print)	2. 2 1	19b. MAILING	ADDRESS (Street an	d Number or Rural F	Toute Number, City or Tow	n, State, Zip Coo	(0)	
	DOLORES !	PARKET	4014	ALT	0 Rd	BALTO.	mei .	21216	
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Remove  4 Donation 5 Other (Specify)		PLACE AND DATE C itery, crematory or ot	her place)	FORES	0ATE 20c. LO	CATION — City		10
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AND	ADDRESS OF FAC	CILITY	11/2	1/1/11	1
	Joseph 15	· Lock	Ja.	Locs	Es JM	nexal Home	1304	in Central	14
	23. PART I. Enter the diseases, or cor shock, or heart fallure. Lie	nplications that caused	the death. Do n	ot enter tha mod	le of dylng, suct	ss cardiac or reap	ratory arrest,	Approximata Interval Batw	
	IMMEDIATE CAUSE (Fins)	11		d	٨	0 T		Onset and Da	
	resulting in death)	Hyperte	CONSEQUENCE OF	Card	liovasc	ular L	isease		
_		OUE ID (OH AS A	CONSEQUENCE OF	):					
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):				<u> </u>	
<u>8</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury								
	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF	):					
5	d								
A	PART II. Other significant conditions	contributing to death but	t not resulting in	n tha underlying	cause given in i	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDI	NGS
MEDICAL						PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	SE
Z E								1 YES 2 NO	
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PLA	CE OF DEATH (Che	ick only one)			
Z	1 N YES 2 NO t	☐ Inpetient 2 ☐ ER/Outpe		4 - Nursing Home					
4	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WOR	K?	Subject		Down Step	16
	2 Accident Investigation 3 Suicide 8 Could not be	04/01/199 28a. PLACE OF INJURY		3 PM t YE	S 2 NO	281. LOCATION (Street a			-
	4 Homicide 8 Could not be detarmined	building, etc. (Specif	Home			City or Town, State)			
4	29a. CERTIFIER 1 CERTIFYING PHYSICIA	IN: To the best of my knowle	dae deeth occurre	d at the time date o	nd place, and due		Alto F	(0,6(0	
COMPLETED	(Check only one)  2     MEDICAL EXAMINER:							see(a) and manner as states	d.
SE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 111			29c. LICENSE NUM			NED (Month, Day, Year)	$\dashv$
2	Dennis	J. Chut	RN		0.0	C.M.E.		4/02/1993	
=	30. NAME AND ADDRESS OF PERSON WHO								$\dashv$
		1	11 Penr	n Stree	t, Balt	timore, N	Maryla	nd 21201	.

232 REGISTRANS SIGNAPORALES.

APR U5 1993



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

617 a Ste 31. DATE FILED (Month, Day, Year) APR 05 1993

Stemmers

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1 2 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

										C	3	09220
	FOR STATE REGISTRAR	STATE OF M	IARYLAND /	DEPAR	TMEN	T OF H	EALTH A	ND M	IENTAL HYGIEN REG. NO	E		
- 1	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF DEATH		00.	3. TIME OF DEATH
- 1	John Christi	ian Pap	pas						Warch 31	, 19	9 SEAR	M
	4. SOCIAL SECURITY NUMBER 5.	. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE	R 1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	218 78 0770	M 2 □ F	34	YRS.	MONTHS	DAYS	HOURS	MIN.	March 10,	195	9 Count	Maryland
~	9s. FACILITY NAME (If not institution, give etreel	and the state of t						OF DEA	ATH .		NTY OF C	
0	1638 "B" Ricker	Rd.			Esse	X				arcı	more	
EG G	10e. STATE 10b. COUNTY						ION					to a major airy
DIRECTOR	Maryland Bal											10d. INSIDE CITY LIMITS? 1 YES 2 NO
A	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	1638 "B" Ricke	enbacker	Rd.			_ [	212	21			US	A
3	11. MARITAL STATUS 12	2. WAS DECEDENT	EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT OF	HISPANI	C ORIGIN? (Specify Yes	or No —	14. RAC	E — American Indian,
à	1 Never Married 2 Married 3 Widowed 4 Divorced		FYES, GIVE WAR OR DATES  If yes, apocity Cuber  1 YES 2 NO						, Puerto Rican, etc.)		Spec	k, White, etc.
	15. DECEDENT'S EDUCAT		16a. DE	CEDENT'S	USUAL C	OCCUPATIO	)N		16b. KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade con Elementary/Secondary (9-12)	College (1-4 or 5+)		Do NOT US	work done se retired.) bore	1	st of working		S	hipy	ard	
N N	17. FATHER'S NAME (First, Middle, Last)										W	
BE CC	Anthony John	Pappas,	Sr.					ose	F. Heil	Surneme)		
TO B	190. INFORMANT'S NAME (Type/Print) Anthony J. Pappas	s, Sr. F	ather	MAILING 18	Ner	s (Street •	nd Number or Rd. I	Balt	oute Number, City or Town	7. Stete, Zij	Code)	
	20e. METHOD OF DISPOSITION		20b. PLACE	ND DATE (	DE DISPO	SITION (A)	me of		DATE 200 100	CATION	Olby on To	own, State
	1 Buriel 2 M Cremation 3 Remova 4 Donation 8 Other (Specify)	I from State	cen@1700	mort o	OTPECO	Crem	atory		4/2/93 E	alti	more	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE 2		_	22	NAME AN	D ADDRESS	OF FACI	LITY			
	N 13	98	X						uneral Ho	me P	A	
_		5	-/-			1407	Easte	ern	Ave. Bal	timo	re.	MD 21221
	23. PARTI. Enter the diseeses, or con- ehock, or heart fallure. List	pilcations thet	caused the de	ath. Do r	ot ente	r the mo	de of dying	g, such	aa cardlec or respi	ratory ar	reat,	Approximata
	IMMEDIATE CAUSE (Final		,			٨						Onaet and Death
	disease or condition resulting in death)	Ele	atroli	,te		ime	pala	Inc	0 0			
		DUE TO (	OR AS A CONSEC	DENCE OF	F):	/		- V ( C				
z I	Consentation lies are distance.	R	chad	4	9/1	400	>					
틸	Sequentially list conditions, if any, leading to immediate	DUÉ TO	OR AS A CONSEQ	IVENCE OF	7:		111					
<u>ই</u> ∥	CAUSE (Disease or Injury		Dr.al	sel	29	me	CCH	74				
<u> </u>	that initiated events resulting in death) LAST	DUE TO	Of AS A CONSEC	UENCE OF	9:							
CERTIFICATION	La.		My	ple	40	n8	704					
- 11	PART II. Other algnificent conditions c	ontributing to	death but not n	esulting i	n the u	nderlying	cause give	en In P	art I. 24e. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
<u>ა</u>									PERFOR		- "	AMAILABLE PRIOR TO COMPLETION OF CAUSE
									1   YES 2	□ NO		OF DEATH?
≊												1 YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					A	105.05					
<u> </u>	EXAMINER?	OSPITAL:			OTHE		ACE OF DEAT	IH (Chec	k only one)		_	
\$≥	1 YES 2 NO 1	Inpatient 2 -			_				☐ Other (Specify)			
	1 Natural 5 Pending	28e. DATE OF I (Month, Da		28b. TIMI INJ	E OF URY		RK?		28d. DEŞCRIBE HOW II	JURY OC	CURED	
ል ▮	2 Accident Investigation				M		ES 2 N	-				
	3 Suicide 8 Could not be determined	28e. PLACE OF building, e	INJURY — At hor etc. (Specify)	me, ferm, s	street, fac	tory, office		:	281. LOCATION (Street a City or Town, Stete)	nd Number	r or Rural I	Route Number,
<u>.</u>				_								
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL											
ξ I	one) 2 MEDICAL EXAMINER: C	In the beele of exa	emination end/or in	nvestigatio	n, in my	opinion, d	eth occured	at the ti	me, date end place, en	d due to th	he cause(e	e) end manner ee stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1	90			Т	29c. LICENS	SE NUMB	ER	29d. DAT	E SIGNED	(Month, Day, Year)
<b>∞</b> ∥		(1)	0		0.0	. 1	H35	593			4/1	
임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUS	DE DEATH (ITEM		Driet)	- 1	1100				7/ 1/	, , , ,

ers Run Road Baltimore Md. 21221

ŧ . - --A STATE OF THE STA . .  DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN

COMPLE

BE

5

BALTIMORE. MARYLAND 21215-0020

BOX 68760. DIVISION OF VITAL RECORDS, P.O.

use as the burial-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician. detached for once. funeral director, page 5 should be notified Pe must examiner filled in by the found in or removal. medical completely fille rial, cremation, the state THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. attending physician and con mal Hygiene prior to burial, traumatic other 0 the atten I has been signed by the attent of Health and Mental in 23 shows any injury, o Hem n the State of 6 this of DIRECTOR: TO THE FUNERAL (
be filed within 72 h

IMPORTANT: If II 28

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-698 4/9/93 t.t

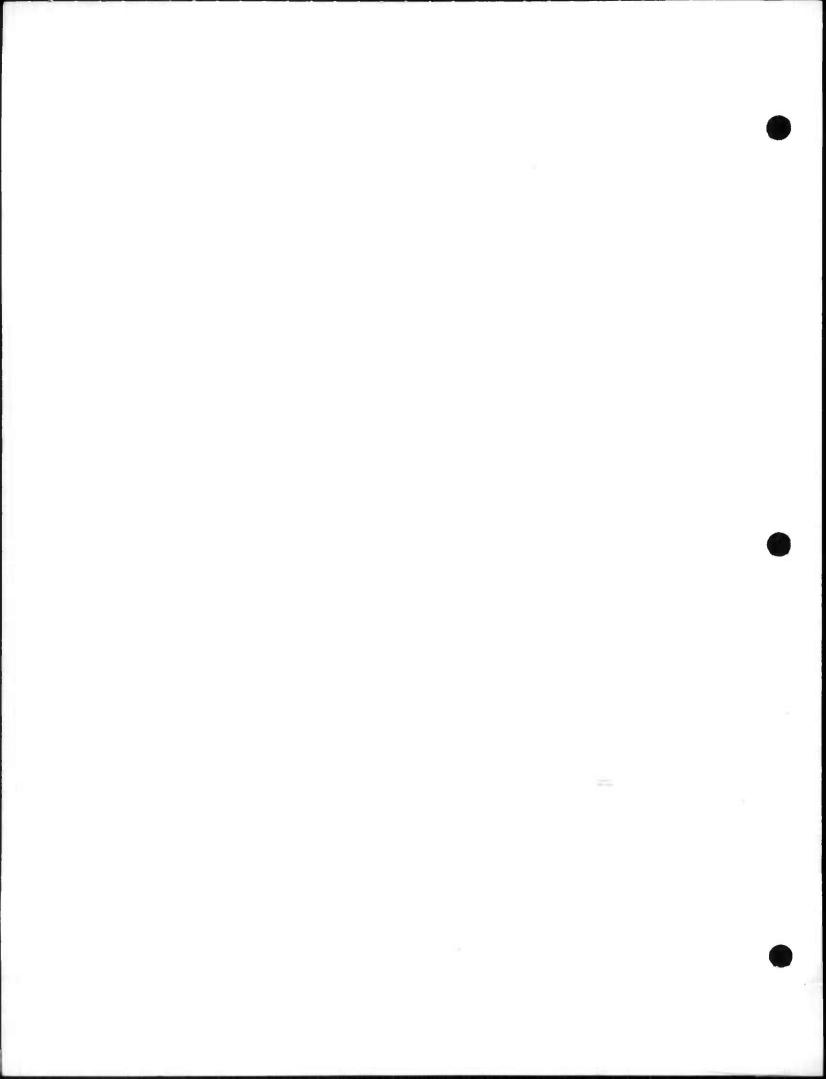
93 09221 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 01 1993 0 4 Rick Steven Porter 8:40 P.M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 213-92-4359 1 M M 2 | F DAYS HOURS MIN 28 7-26-65 MD 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2401 Edmondson Avenue Baltimore City RESIDENCE OF DECEDENT 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BAlto 1 YES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Edmonson 21223 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO 14. RACE — American Indian, Black, White, etc. 1 Never Married If yes, specify Cuban, Mexican, Puerto Ri
1 YES 2 NO Specify: 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) . Athrine 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) AthriNe HATGTAVE Ednowson Alto 2122 20e. METHOD OF DISPOSITION
1 □ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 4-7-3 20c. LOCATION — City or Town, State MD 4 Donation 5 Other (Specify) Centery 22. NAME AND ADDRESS OF FACILITY / 206 21. SIGNATURE OF FUNERAL SERVICE LICENSEE W. North Brown 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) ACUTE NARCOTIC INTOXICATION DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE ES 2 - NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: TYPES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA e NResidence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 286. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 XNO 2 Accident Found: 4-1-93 :30 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2 4 0 1 Edmondson Ave. 3 Suicide 8 X Could not be 4 Homicide FOUND: RESIDENCE 29e. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. 2 💢 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TYTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Chuck my C M.E04/02/1993 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30, NAME AND ADDRESS OF PERSON

Penn Street

PRESIDENT SIGNATURE OF

Baltimore

Maryland



			CERTII	FICATE O	F DEATH	REG. NO	IE ).	
	1. DECEDENT'S NAME (First, Middle, Lest) WHALIE			F	PAYLOR	2. DATE OF DEATH	₩ 9 <sup>*</sup> .	3. TIME OF DEATH 9:11
	4. SOCIAL SECURITY NUMBER 217-07=4346	1)XXM 2 □ F	AGE (In yrs. lest birthday, 90 YRS.	MONTHS DAYS		7. DATE OF BIRTN (Month, Day, Year) 3-15-19		BIRTNPLACE (State or Foreign Country)  N. C.
E E	9a. FACILITY NAME (If not institution, give ST. AGNES HOSPI				MORE CI		9c. COUNTY	OF DEATH
2	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN						1	
DIRECTOR		iltimore (	N - '	lethor		/land 212	227	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
3AL	10a. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNER	4509 Spring A				21227			S.A.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (	YES 2 XNO	If yes,	ECENDENT OF NISPAN specify Cuben, Mexica ES 2 NO Specify		n or No 14.	RACE — American Indian, Black, White, atc.  Specify: Black
ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(Give kind o	'S USUAL OCCUPAT		18b. KIND OF BU	SINESS/INDUS	тяу
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)	iito. Do NOT			II 1 d		
once.	2 Yrs.  17. FATHER'S NAME (First, Middle, Last)		Sell	-Employ		Haull		ntractor
111 m	Sam Paylor				Mary F	annie Ba	rnett	
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Delores N	lickens			t and Number or Rural F	Route Number, City or Tox	n, State, Zip Co	
st pe	20a. METNOD OF DISPOSITION  N☐ Burial 2 ☐ Cremation 3 ☐ Rar	nousi from State	20b. PLACE AND DATE	E OF DISPOSITION (				or Town, State
r must	4 Donation 5 Other (Specify)		cemetery, cremetory or Meadowr	idge Me	em. Park		ward	Co.Md.
examiner	21. SIGNATURE OF FUNERAL SERVICE L	1			and address of fa 1 (Gwynn	MULTE	er Fun Wy Ba	eral Home 1to.Md.21
e medical	23. PART I. Enter the diseases, or shock, or heart fallura	. List pnly one cause of	on each lina.	not entar (na n	lode of dying, suc	n as cardiac or reap	iratory arrest	, Approximata interval Betv
rvent, th	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Arterios DUE TO (OR	AS A CONSEQUENCE		ovascul	ar Disea	se	
y, or other traumatic event, the CERTIFICATION	disease or condition	DUE TO (OR  DUE TO (OR  c.		OF):	ovascul	ar Disea	se	
any Injury, or other traumatic	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR b. DUE TO (OR c. OUE TO (OR d	AS A CONSEQUENCE ( AS A CONSEQUENCE ( AS A CONSEQUENCE (  AS A CONSEQUENCE (	OF): OF):	ing cause given in	Part I. 24s. WAS AN	AUTOPSY IMED?	Onset and D  Onset and D  24b. WERE AUTOPSY FIND  AWAILABLE PRIOR TO  COMPLETION OF CAU
MEDICAL CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR b. DUE TO (OR c. OUE TO (OR d	AS A CONSEQUENCE ( AS A CONSEQUENCE ( AS A CONSEQUENCE (  AS A CONSEQUENCE (	OF): OF):	ing cause given in	Part I. 24a. WAS AN PERFOI	AUTOPSY IMED?	Onset and D Onset and D  24b. WERE AUTOPSY FIND AMALABLE PRIOR TO
Item 23 shows any Injury, or other traumatic SICIAN: MEDICAL CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions Chronic Obst.	DUE TO (OR b. DUE TO (OR c. OUE TO (OR d. TUCTIVE F	AS A CONSEQUENCE OF AS A C	OF): OF): OF): OF): OF): OF): OF): OF):	ing cause given in	Part i. 24a. WAS AN PERFOI  1  YES 2  INQ	AUTOPSY NMED?	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH?
or item 23 shows any injury, or other traumatic IYSICIAN: MEDICAL CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition Chronic Obst.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 × YES 2 NO  27. MANNER OF DEATN	DUE TO (OR b. DUE TO (OR c. OUE TO (OR d. TUCTIVE F	AS A CONSEQUENCE OF AS A C	OF):  OF):  In the underlyi  Disea  OTHER: 4   Nursing No	ing cause given in ISC  PLACE OF DEATN (Che	Part i. 24a. WAS AN PERFOI  1  YES 2  INQ	AUTOPSY RMED?  CXNO UIRY	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO
marked, or Item 23 shows any Injury, or other traumatic BY PHYSICIAN: MEDICAL CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition Chronic Obst.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN  X Natural 5 Pending investigation	DUE TO (OR b. DUE TO (OR c. OUE TO (OR d. TUCTIVE F HOSPITAL: 1   Inpatient	AS A CONSEQUENCE OF AS A C	OF):  OF):  In the underly!  Disea  OTHER: 4   Nursing No ME OF   28c. If UURY   1	PLACE OF DEATN (Che	Part I. 24a. WAS AN PERFOI  1 TYES 2  INQ  ick only one)  6 Other (Specify)  28d. DESCRIBE NOW	AUTOPSY HMED?  CYNO  UIRY  NJURY OCCUR	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
marked, or Item 23 shows any Injury, or other traumatic BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions Chronic Obst.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN XXNetural 5 Pending	DUE TO (OR b. DUE TO (OR c. OUE TO (OR d	AS A CONSEQUENCE OF AS A C	OF):  OF):  In the underly!  Disea  OTHER: 4   Nursing No ME OF   28c. If UURY   1	PLACE OF DEATN (Che	Part I. 24a. WAS AN PERFOI 1 YES 1 INQ	AUTOPSY MMED?  CXNO UIRY  NJURY OCCUR	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
If Item 28 is marked, or Item 23 shows any Injury, or other traumatic APLETED BY PHYSICIAN: MEDICAL CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions Chronic Obst.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 No  27. MANNER OF DEATN  YNStural 5 Pending investigation investigation investigation determined  29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	DUE TO (OR b. DUE TO (OR c. OUE TO (OR d. TUCTIVE F HOSPITAL: 1   Inpettent X XER 28e. DATE OF INJ. (Month, Day, Ye 28e. PLACE OF IN. building, etc.	AS A CONSEQUENCE OF AS A C	OF):  OF):	PLACE OF DEATN (Che me 5   Rasidence NJURY AT VORK? YES 2   NO	Part I. 24a. WAS AN PERFOI  1 YES 2  I NO  6 Other (Specify)  28d. DESCRIBE NOW 1  28f. LOCATION (Street City or Town, State)	AUTOPSY MMED?  CYNO UIRY  NJURY OCCUR  and Number or F	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
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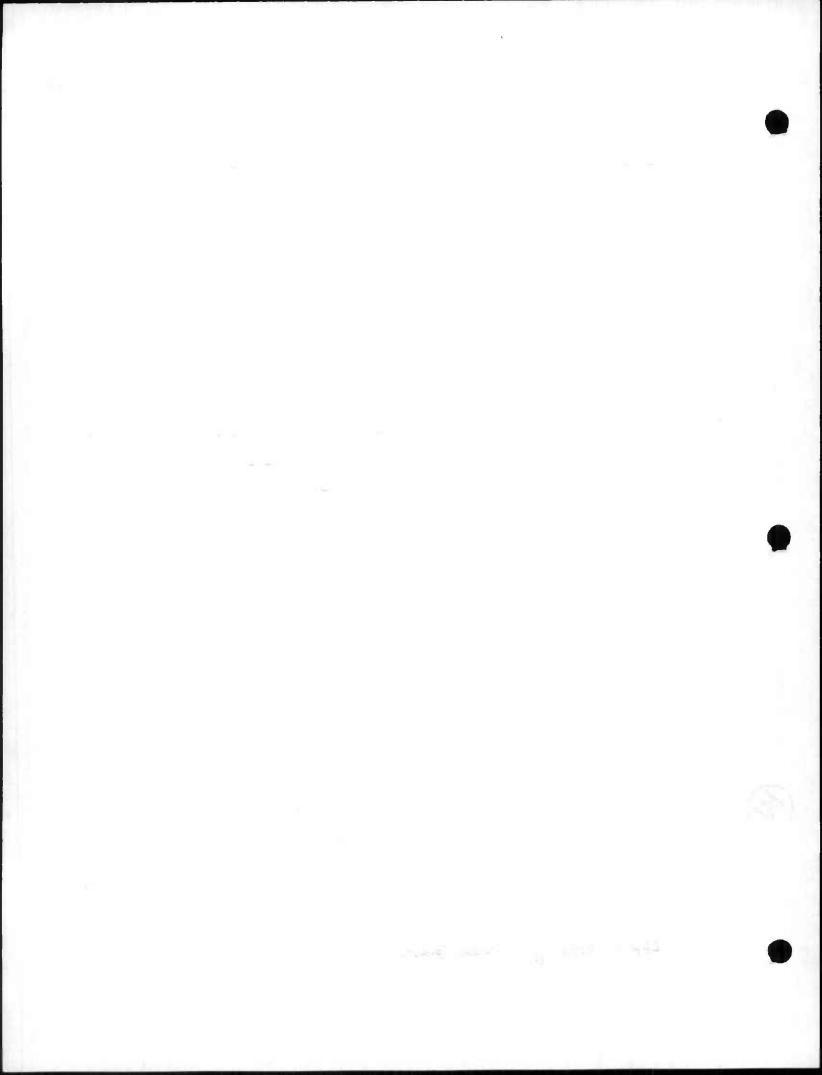
N OF VITAL RECORDS, P.O. BOX 68760,

t the death cert	by the attending	nd Mental Hygie	injury, or other	
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MYSICIAN: The	his certificate ha	with the State De	ked, or item 2	4101071110
	HALLIN AN	Durs alter Usath	em 28 is mar	ETEO DX
TO THE HOSPITAL OF APPEARMENT TO THE law requires that the death certi-	TO THE FUNERAL D	be filed within 72 ht	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other	THE PERSON NAMED IN COLUMN TO THE PE

31. DATE FILED (Morth, Pay, Year)
APR 05 1993

32. REGISTRAR'S SIGNATURE

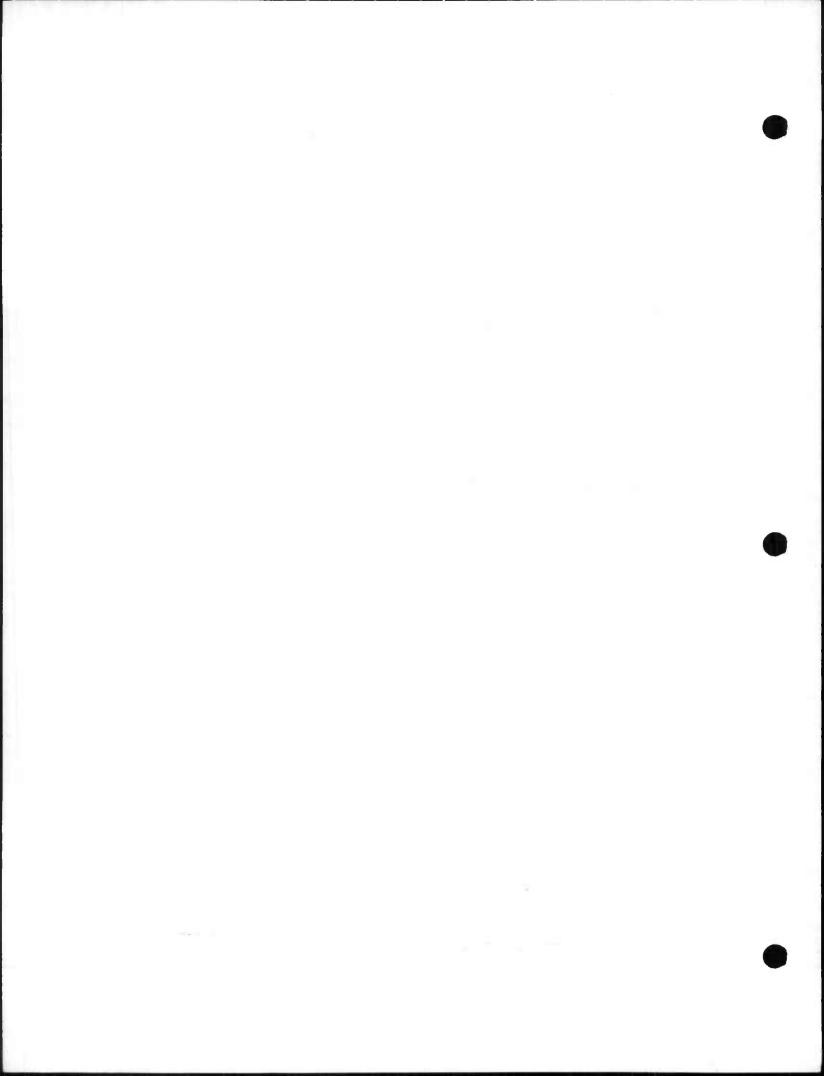
	FOR 1 - STATE REGISTRAR	STATE OF N	/ MARYLAND CE	ERTIF	ICATE	OF	DEA	TH	MEN	REG. NO	IE -	3	0,111
	1. DECEDENT'S NAME (First, Middle, Last)					-			2.6	DATE OF DEATH	,. 		
	10	Lenna	Mae	7	Palme	L.					AY,	YEAR	3. TIME OF OEATN
	4. SOCIAL SECURITY NUMBER								(	04 0	1	73	05 95 AM
	The state of the s	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1			R 24 HRS.	7. 0	ATE OF BIRTH		8. BIRTN	IPLACE (State or Foreign
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	9e. FACILITY NAME (If not institution, give	street and number)			9h CITY	TOWN (	DR LOCAT	ION OF DE		. 0 172			
Œ	Eastpoint Nursi		3				^						
DIRECTOR	RESIDENCE OF DECEDENT	ny nome	т.		100		Dund	alk_			I B	alti	imore
0	10e. STATE 10b. COUNT	Y		40a CIT	Y, TOWN OF				_				
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FUNERAL	6600 Woods Par	kway						2	112	22	- 11	wito	ed States
5	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARI	MED	13 W	MS DEC	ENDENT /			RIGIN? (Specify Yes			
	1 Never Married 2 Merried	FORCES? 1	YES 2 XN	10	n n	yes, sp	ecify Cubi	m, Mexican	n, Pue	rto Rican, etc.)	or No-	14. HAGE Biack	— American Indian, c, White, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR OATES		1	☐ YES	2 NO	Specify:			- 1	Spech	" White
	15. OECEDENT'S EQU	ICATION	100						_				wrute
COMPLETED	(Specify only highest grade	completed)	(Gi	ve kind of v	USUAL OCK	CUPATIC uring mo	ON st of worki	ng	- 1	16b. KIND OF BU	SINESS/IND	USTRY	
٣	Elementary/Secondary (0-12)	College (1-4 or 5 +	) #70.	Do NOT us									
M P	12th Grade			_ Но	memal	rer					Own H	ome.	
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	ME (FI	rst, Middle, Maiden			
	(	Unknown)	Sipes							enown)	-,		
8	19e. INFORMANT'S NAME (Type/Print)	articrown		MAHING	ADDRESS	***							
2	John Palmer									Number, City or Tow			21222
			1 2	49 5	u. 116	rev	ia Ai	enue		P.O. Bo:	x 918	3 Ba	lto. MD
	20e. METHOD OF DISPOSITION 1	oval from State	20b.PLACE A cemetery, crem			ION /Na	me of			DATE 20c. LO	CATION C	City or Ton	wn, State
	4 Donation 5 Other (Specify)		Hillet	op S	OTVic	0 (	ann	4-	2-	1998 T	TUSE OUR	Ma	beel and
	21. SIGNATURE OF SERVICE LE	CENSEE			22. N	AME AN	O ADDRE	SS OF FAC	HILITY	1993 T	TIMES CONT.	WILL	a gravia
- 14	TOTAL !				I	uda	-Ruc	k Fu	ne	ral Hame	06 1	Dund	alk, Inc.
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					1 7	1999	$f(t) \neq s$	a Au	010	un Dune	da Ph	11 - 1.	uland 21222
	23. PART i. Entar tha diseases, or shock, or heart failure	compilcations that	caused the day	ath. Do n	1 7	1999	$f(t) \neq s$	a Au	010	un Dune	da Ph	11 - 1.	Approximata
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1  Netural 5  Pending Investigation 3  Suicide 6  Could not be determined  29e. CERTIFIER (Check only one) 2  MEDICAL EXAMINE	a. DUE TO ( b. DUE TO ( c. DUE TO ( d. B. DUE TO ( d. B. DATE OF I (Month, Da)  28e. PLACE OF building, e	OR AS A CONSEO  OR AS A CONSEO	UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF	or enter the control of the control	arlying  28. PL  28. PL  19 Home  8c. INJU  10 Y  1, y, office	ACE OF O	pliven in P	ON 1886 (Ck only)	Cardiac or reapi	AUTOPSY MEO?  NO NO NUMBER OCCU	24b.  24b.  URED  or Aural Ro  ceuse(e)	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft mermit planes 1, 2, should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	REGISTRAR		ATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Ethel Eran	rces Gassner	Patterson	2. DATE OF DEATH DA	1993	3. TIME OF DEATH				
1	148-30-5422 ¹□м²⅓'F		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09/25/19	Count	HPLACE (State or Foreign try)  ew Jersey				
TOR	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  Greater Laurel/Beltsville Hospital Laurel  Prince George  RESIDENCE OF DECEMENT									
DIRECTOR	Maryland Prince Geor		own or Location Laurel			10d, INSIDE CITY LIMITS? 1 YES 2 (X) NO				
FUNERAL	10c. STREET AND NUMBER 9216 Ispahan Loop		10f. ZIP CODE 2.070	8	10g. CITIZEN OF	WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	or No- 14. RAC	E — American Indian, ck, White, etc.				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUS	INESS/INDUSTRY	White				
COMPLETED	5 +	Art	Teacher	Schoo	ol Syst	em				
BE C	George Gassner Sr			Amelia R.	. Thoma	S				
2	George Gassner III		oness (Street and Number or Rural I spahan Loop	Laurel,	Maryla					
	20a. METHOD OF DISPOSITION  1	20b. PLACE AND DATE OF D cometery, crematory or other Metro Cres	place) matory, Inc.	4/2 Ba	cation - chy or to ltimore	own, State , MD				
	George E. MacNabb		22. NAME AND ADDRESS OF FA Cremation S 299 Frederi	ociety of	f Md, I	nc.				
	23. PART i. Enter the diseases, or complications that c	aused the death. Do not				Approximate				
	shock, Dr heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death)	PULMONARY  RAS A CONSEQUENCE OF:	ARREST			intarval Between Onset and Death				
NOI			RT FAILURE							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	R AS A CONSEQUENCE OF):								
. 11	resulting in death) LAST									
: MEDICAL	PART ii. Other significant conditions contributing to de	ath but not resulting in t	he underlying cause given in	Part i. 24e. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
Ĭ.	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	ack only one)						
PHYSICIAN:		R/Outpatient 3 DOA 4	THER:  Nursing Home 5 - Residence							
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	Year) INJURY	M 1 YES 2 NO	28d, DESCRIBE HOW IN	JURY OCCURED					
8	3 Suicide 6 Could not be 4 Homicide determined	NJURY — Al home, farm, stree :. (Specify)	rt, factory, office	261. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,				
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my MEDICAL EXAMINER: On the basic of examiner.					s) and menner as stated.				
TO BE	296, SIGNATURE AND TITLE OF CERTIFIER  CHUSCHELL DUS MO		0259	1.00	PAPR	(Month, Day, Year)				
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE J., M., BERGER #205, 7720	OF DEATH (ITEM 27) (Type, Pri	E, Belhesda, h							
	J.M.BERGER #205, 7720  31. DATE FILED (MONTH), Day, Your)  APR - 5 1993  Julia Day  The Day	SIGNATURE PANCER								



## BALTIMORE, MARYLAND 21215-0020

1, 2, 3 should

IVISION OF VITAL RECORDS, P.O. BOX 68760,

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APR 05 1993

	Pages		
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DOUITS a	of in by	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	T: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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93 09225 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH ONTH 4 5 7. DATE OF BIRTH (Month Dey, Year) a. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR DECEDENT 10a STATE 10b. COUNTY 10d. INSIDE CHY TES 2 NO 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 11 MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABME FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cubap 2 Married BY IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) notified at once. BE 2 m 3 🗆 23. PART 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one ceuse on sech line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease pr condition DUE TO (OR AS A CONSEQUENCE OF): 10 resulting in dasth) TADEE

DUE TO (OR AS A CONSEQUENCE OF): 14 FA CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disesse Dr Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 - YES 2 - NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be 4 Nomicide 1 
CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and dua to the cause(a) end meriner ee stated. 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occured at the time, date end piece, and due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 15640 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
		1. DECEDENT'S NAME (First, Middle, Last)	Parce	0	1	DATE OF DEATH DAY	3. TIME OF DEATH		
	1		5. SEX   6. AGE (in vii	s. leat birthday) IF UNDER 1 YEAR	S INDER ALIND	04 01	443 0946AM		
3		219-26-3305	1 M 2 D F J	YRS. MONTHS DAYS	HOURS MIN.	Month, Day, Year, 38	BIRTHPLACE (State or Foreign Country)  Morth Carolina		
2, 3 sho	TOR	90. FACILITY NAME (If not institution, give stree	Ch BAUD	96. CITY TOWN O	TO.	(YT) 9c. CO	UNTY OF DEATH		
t. Pages 1	DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS? 1  YES 2  NO		
n. Insit permi	FUNERAL	3703 SEV	EN MILE	100	ZIP CODE	10g. CI	TIZEN OF WHAT COUNTRY? USA		
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should lical examiner must be notifiled at once.	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. Was decedent ever in U.S Forces? 1 ☑ Yes 2 IF Yes, give war or dates	□NO If yes, spi	ENDENT OF HISPANIC celty Cuben, Mexican, I 2 NO Specify:	ORIGIN? (Specify Yes or No— Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black		
21215 For attentor use as	ETED	15. OECEDENT'S EDUCAT (Specify only highest grade co-	TION 16st Tion 1	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.)	N st of working	16b. KIND OF BUSINESS/IN			
Nospita ched	COMPL			Mechanic		Exxon Comp	any		
LAN the hose detach	00	17. FATHER'S NAME (First, Middle, Last)				(First, Middle, Maiden Surname)			
NRYL ned by ould be	BE	James E. Powell  190. INFORMANT'S NAME (Type/Print)		(a) Wall to a constant		ce Thomas			
MAR retained to 5 should notified	2	Robin Powell		19b. MAILING ADDRESS (Street at			- 76		
RE, may be page page		20e. METHOD OF DISPOSITION  1 Buriel -2 Stermation, 3 Remove	20b.PLA	3703 Seven Mi		Baltimore,	1/ID 21208 City or Town, State		
MO ge 6 r		4 Donation 8 Other (Specify)	- Het	ro Crematory		Catonsy	ille Maryland		
BALTIMORE, er death. Page 6 may be the funeral director, page farminer must be		21. SIGNATURE OF FUNERAL SERVICE LICEN	Maulu	22. NAME AN 2501 (Baltim	Gwynns Fa	<sup>m</sup> Mutter Fune 11s Parkway 1and 21216	eral Homes, Inc.		
760, ed within 24 hours ompletely filled in II, cremation, or re- event, the med	7	23. PART I. Enter the diseases, or conshock, or heart feliure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A COP	o' death. Do not enter the modifine.	de of dying, such a  AMA  Clipped	EST	Approximate Interval Between Onset and Daath		
P.O. BO) the certificate be ending physicial Hyglene prior or other traus	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM		/	70/3/11			
RECORI v requires that to been signed by t. of Health and shows any in	MEDICAL	PART II. Other algorificant conditions of	contributing to death but n	ot resulting in the underlying	cause given in Pa	rt I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 No	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATHY 1  YES 2  NO		
구 두 음음 등	PHYSICIAN:		IOSPITAL:	OTHER:	ACE OF OEATH (Check	only one)			
F V	HYS	1 YES 2 NO 1	28e. DATE OF INJURY		5 Residence 8				
ON OF NG PHYS frer this c eath with marked,	ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY WOI	ES 2 NO	6d. OEŞCRIBE HOW INJURY O	COMEO		
TENDI TOR: A after d		2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, ferm, street, fectory, office	26	BI. LOCATION (Street and Number City or Town, Stete)	or Or Rural Route Number,		
in 72 hours	COMPLETED			o, death occurred at the firme, date			ited.		
TO THE HOSE TO THE PURE DE filed within	TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIED	Zunse	MD	29c. IACENSE NUMBE		TE SIGNED (Month, Day, Year)		
M		30 NAME AND ADDRESS OF PERSON WHO O	DIPLETED CAUSE OF GEATH	ITEM 27) (Type, Print)	MITTIK	ESTENSTO	W RD		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within construct after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	0	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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APR 05 1993

	FOR STATE OF MARYLAND 1 - STATE REGISTRAR	/ DEPARTM			MENTAL	HYGIENI		3 07221
	1. DECEDENT'S NAME (First, Middle, Last)  SAO TUN P!  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. le	ast birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF DEATH DA	93	3. TIME OF DEATH O945 A M BIRTHPLACE (State or Foreign
	213 25 3576   1 2 M 2 D F   3 G	YRS. MON	THE DAYS	HOURS MIN.		29-08		Burma
	9a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN C	R LOCATION OF	DEATH		9c. COUNTY	OF DEATH
OH	HOWARD COUNTY CENERAL HOSP	TAL	COLL	MBIA			H04	ARD
EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c. CITY, TO	WN DR LOCAT	IDN				10d. INSIDE CITY
- DIRECTOR	MO HOWARD		LICOT	TCIT	4			1 TES 2 ND
RA	100. STREET AND NUMBER		101	ZIP CODE			750	N DF WHAT COUNTRY?
FUNERAL	10017 WHITWORTH WAY 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A		0	11042		0.40 - H. W.		ment Resident
BY	1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced  1 YES, GIVE WAR DR DATES		If yes, sp	ENDENT DF HISF ecify Cuben, Mexi 2 ND Spe	Ican, Puarto F			. RACE — American Indian, Black, Whita, etc. Specify: UTMESE
6		DECEDENT'S USU			16b.	KIND OF BUS	INESS/INDUS	TRY
Ш	Elamentary/Secondary (0-12) College (1-4 or 5+)	ite. Do NOT use ret	ired.)	at or working	1			
MPI		None	<u> </u>					
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S		Aiddle, Maiden	Surname)	
BE	Unknown				cnown			
0		19b. MAILING ADI	ORESS (Street a	nd Number or Run	al Route Numb	oer, City or Town	n, State, Zip Co	1042
-				th Way		- y		
	1 Rudel 2 Crametics 3 Remove from State Office	carroll			N'	Hamr	stead	Carroll Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		2 HAMEA	PHONES OF	KeFu	neral	Home !	Inc.
	Marry DI. Wetske	<u>-</u> -	4112	01d C	lumb1	a Pike	Ellie	cott City
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. P	LACE OF DEATH	Check only or	ne)		
SIC	EXAMINER?  1 YES 2 NO 1 Inpatient 2 ER/Outpatient		THER:	ne 5 🗆 Rasidens	na 6 🗆 Otha	er (Spacific)		
H	27. MANNER OF DEATH 28a, DATE OF INJURY	26b. TIME O	F 28c. IN.	JURY AT	_	CRIBE HOW I	NJURY OCCU	RED
	Natural 5 Pending (Month, Day, Year)	INJURY		YES 2 NO				
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stree	it, factory, offic	10	28f. LOC City	ATION (Street or Town, State)	and Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or							
	205 SIGNATURE AND TITLE OF CERTIFIER			Tana LICENCE	HIMPER		and DATE (	NOVED At-it O-, Y-1
BE	have. Ruch mp	*		MD	025	5004	D 41	4193
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Pri	nt)		_			200
	LEVAN RUCK HOWA	ARD	Ca.	HOSP.	0	LU M	131H	MD 21044.
	31. DATE FILED (MONTH), Day, May) APR 05 1993 Shuta Davidson - Por	3.00		• • • •				21011

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BALTIMORE, MARYLAND 21215

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r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shi	Aental Hygiene prior to burial, cremation, or removal.
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signed	death with the State Dept. of Health and Mi
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

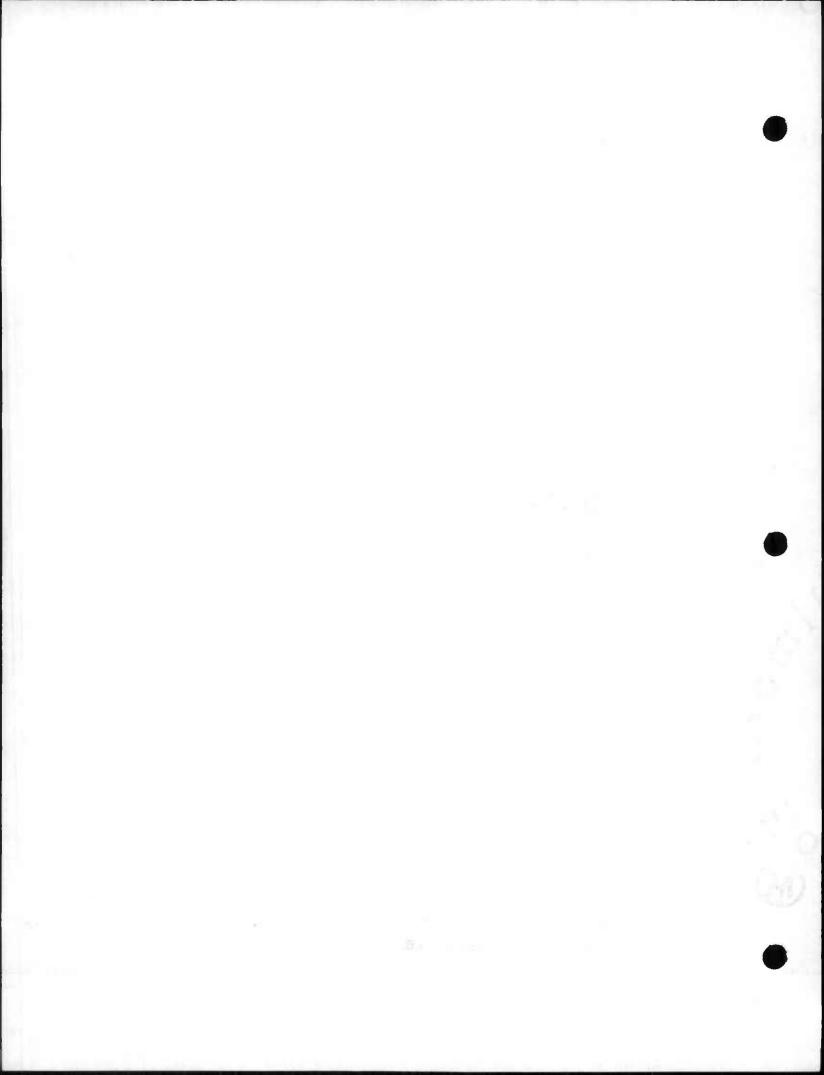
	1 - STATE REGISTRAR	STATE OF MAR		TMENT OF H		MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)	LINDA		RSON		2. DATE OF DEATH		3. TIME OF DEATH
	UNKNOWN		(93-0	60)		3 28		998 7:00 A M
l u	4. SOCIAL SECURITY NUMBER 224 – 13 – 1145	5. SEX 6. A	GE (In yrs. last birthday)  21 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give si	The section of the se	21	OF CITA TOMORIA	OR LOCATION OF D	12-8-61		VA
8	4700 WETHERSVII	LE ROAD	FERKIN		IMORE		9c. COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,						
DIRECTOR	MD IOE. COUNTY			y, town or locat altimor				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	1 💢 YES 2 🗌 NO
FUNERAL	4800 Melbourn	e Rd,		2	1229		US	S A
E S	11, MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVE FORCES? 1 7	ER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ver	or No- 14.	. RACE — American Indian, Black, White, etc.
B√	3 Wildowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 TYES	2 NO Specif	y.		Spord ack
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUS	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT us	se retired.)				
MP	17. FATHER'S NAME (First, Middle, Last)	A degree	Adminis	strator				essing Co.
	Benjamin F. Gi	vens				AME (First, Middle, Meiden Randolph	Surneme)	
) BE	19a. INFORMANT'S NAME (Type/Print)		t9b. MAILING	ADDRESS (Street a		Route Number, City or Tow	n, State, Zip Co	de)
2	Bond Funera	1 Serv. (	Co. 556 H	Halifax	St./Er	nporia, V	A 238	347
	20a. METHOD OF DISPOSITION 1 D Burial 2 Cremation 3 D Ramo	oval from State	20b. PLACE AND DATE OF COMPLETE COMPLICATION COMPLETE COM	OF OISPOSITION (Na	me of			or Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		verrerst		D ADDRESS OF FA		rett,	V A
	- (1) and mo			1,732,70				
	23. PART I. Enter the diseasee, or c	complications that cau	used the death. Do r	of enter the mo	de of dylog suc	has cardiac or reen	OI E.	NORTH AVE.
	shock, or heart fallure. I	List only one cause o	n each line.		ac or aying, ooc	in as cardiac or respi	natory arrest	Interval Between Onset and Death
	disease or condition resulting in death)	STRAI	16 WHAD	w				Onset and Dasti
	Total III acadiy		AS A CONSEQUENCE OF	F):				
No.	Sequentially list conditions,	DUE TO (OR )	AS A CONSEQUENCE OF	n.				
F	if any, leading to immediata cause. Entar UNDERLYING		A CONSEQUENCE OF	· )·				
Ē	CAUSE (Disease or Injury that initiated events	OUE TO (OR A	AS A CONSEQUENCE OF	F):				
CERTIFICATION	resulting in death) LAST	1						
ايدا	PART II. Other eignificant conditions	s contributing to dest	th but not resulting	in the underlying	g cause givan in	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINGINGS
DIC.						17 YES 2		AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Æ								1 X YES 2 □ NO
AN	25. WAS CASE REFERRED TO MEDICAL T			24 DI	ACE OF GEATH (Ch			
PHYSICIAN: MEDICA	EXAMINER?  1 TYPES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:		6 DyOther (Specify)	T	TAL DARK
궂	27. MANNER OF DEATH	26a. OATE OF INJU	RYFOUN 1206. TIM	E OF 28c. INJ		28d. DESCRIBE HOW I		IN PARK
ΒY	1 Natural 5 Pending 2 Accident Investigation	3-28-9		45% 10°		SUBJECT	WAS S	STRANGLED
	3 Suicide 6 Could not be	26e. PLACE OF INJI building, atc. (	URY — At home, term, to Specify) PARK	street, factory, office		26t. LOCATION (Street & City or Town, State)	and Number or I	Rural Route Number,
	20. CENTIFIED							BALTO, MD
COMPLETED	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my king.  CIAN: To the basis of examin.						suse(a) and manner as stated.
E C	29b. UQNATURE AND TITLE OF CENTIFIER	-	1		29c. LICENSE NUI			GNED (Month, Day, Year)
TO BI	Mayare Mr	eyfule			OCM	ſΕ	▶3	28 1993
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF			t. Ralt	imore, M	arula	nd 21201
	31. DAYE FILED (Month, Day, Year)	32. REGISTRAR'S S		Deree	C, Dark	. Inote, M	итула	110 21201
	APR - 5 1993	wie Briden	Brokett?					-

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BALTIMORE, MARYLAND 21215-0020	NATION OF TITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	ES. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to-fine within 72 hours after death with the State Deat, of Health and Mental Hydiene point to burial cremation or removal	
212	tal or at	for use	
AND	e hospi	etached	nce.
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AL F	he law	has be	m 23
\ I	CIAN: TI	artificate the State	or Iter
1 OF	PHYSI	this ce	arked,
SION	ENDING	R: After	E SI
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the intermediate of the filed within 72 hours after death with the State Dent, of Health and Mental Molene only to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Ü	SPITAL (	ERAL C	T. H. H.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

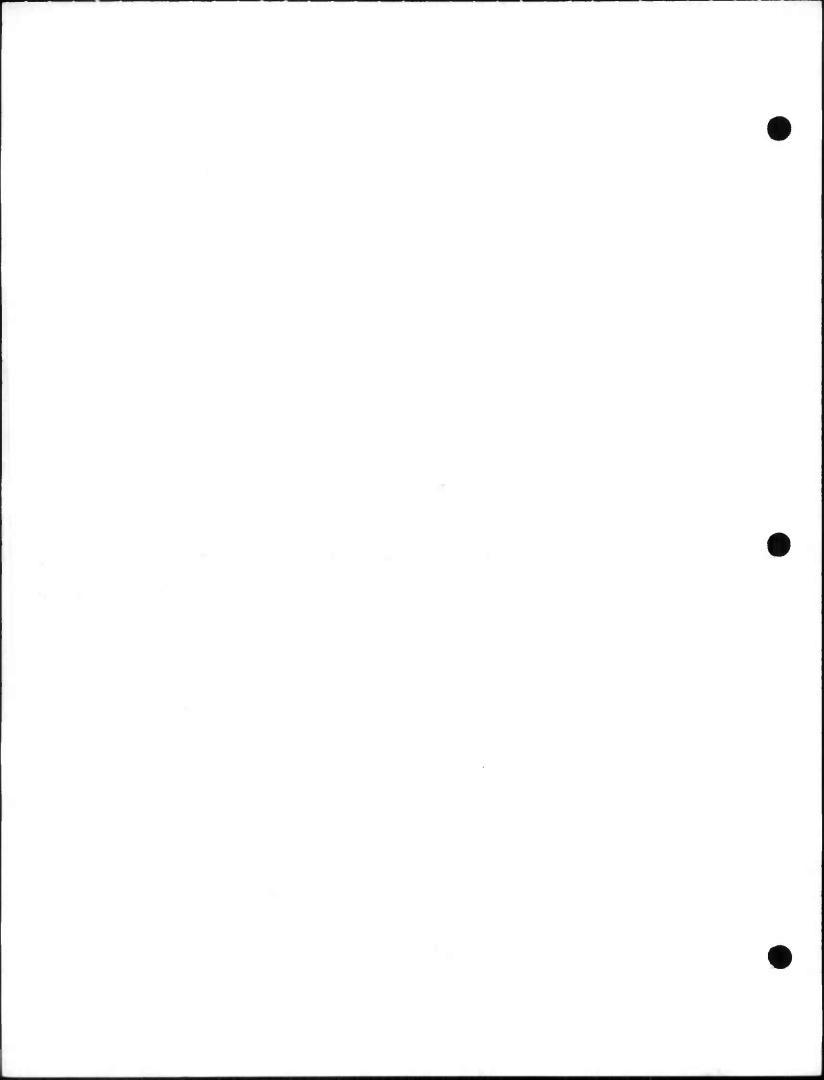
	1. DECEDENT'S NAME (First	, Middle, Last)					*	2. 0	DATE OF DEATH		3. TIME OF DEATH
	Charles	G.	Ripke	n, Sr.	arts -	_ · · · · · · · · · · · · · · · · · · ·			13-31-1		YEAR 0600AM
	4. SOCIAL SECURITY NUM 213-07-47	A Charles	5. 9EX 1XXM 2 ☐ F	8. AGE (In yrs. In.	יו ויפוילי ג'י.	UNDER 1 18	IF UNDER 24 H	(/	ATE OF BIRTH Month, Day, Year) -27-19	0.9	8. BirthPLACE (State or Foreign Country) Maryland
NC.	90. FACILITY NAME (# not in Francis S			. Ctr.			or Location of	OF DEATH			INTY OF DEATH
5	RESIDENCE OF DE										
DIRECTOR	Md .	Bal	timore		133	own on Loca dalk	TION				10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	3605 Soll		oint Ro	ad		10	2122	2			S.A.
84	11, MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		If yes, s		lexican, Pu	RIGIN? (Specify Yes erto Rican, etc.)		14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	(Specify on	EDENT'S EDUC y highest grade	CATION completed) College (1-4 or 5	(G	CEDENT'S USU live kind of work Do NOT use re	done during m	ON ost of working		16b. KIND OF BUS	SINESS/IN	DUSTRY
MPL	10 yrs				Lab Ya	ard			Steel	_	
BE CC	Charles F	. Ripl	ken				Rose	Erb	aker		
2	19a. INFORMANT'S NAME (	11	_						Number, City or Tow		
	Charles G  20a, METHOD OF DISPOSIT XXBurial 2 Crematic			20b. PLACE	AND DATE OF D	ISPOSITION /N	ame of		OATE 20c 10	CATION -	1k, Md, 21222 City or Town, State
	4 □ Donation 5 □ Other	on 3 ⊔ Remo	oval from State	Sacre	ematory or other	art o	f Jesi	us	4-2-93	Ba l	to.,Md.
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE Edis	on M. ]	Perkin	S NAME A	NO ADDRESS C	OF FACILITY	r D		21222
	& duray	M.C	rkim	D00083	3	2134	WIllo	-ASII	con Fur Pring F	nera Rd	l Home, Inc. Dundalk, Md.
	23. PART I. Enter the d shock, or h	iseases, or c	omplications the	t caused the de	ath. Do not	enter tha m	oda of dying,	, such sa	cardiac or respi	Iratory sr	rest, Approximata interval Between
	IMMEDIATE CAUSE (Fit disease or condition resulting in death)	nai	DUE TO	ES PI	CAT	ORI	1 FI	Aic	URE	•	Onset and Death
CERTIFICATION	Sequentielly list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events	diate		(OR AS A CONSE		E	HER	7R7	FAI	icl	PRE
SERTI	resulting in death) LAS	т [,	s								
MEDICAL (	PART II. Other significa	ent condition	e contributing to	death but not	reculting in t	he underlyir	ig ceuse give	n in Part	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 TYES 2	NO	OF DEATH?
AN	25. WAS CASE REFERRED T	D MEDICAL									
PHYSICIAN:	EXAMINER?	V MEDICAL	HOSPITAL:	ER/Outpatient 3		THER:	ne 5 - Reside		Sec. 10 - 30		
	27. MANNER OF DEATH Natural 5	Pending	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIME O	r W	JURY AT DRK? YES 2 NO		DESCRIBE HOW I	NJURY OC	CURED
red BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE C building,	F INJURY — At ho	ome, farm, stree	et, factory, offi	ce		LOCATION (Street of City or Town, State)		r or Rural Route Number,
COMPLETED	onal ·		CIAN: To the best of								ned. he cause(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE						29c. LICENSE	11111111111			TE SIGNED (Month, Day, Year)
0	4.14.	reste	TE M	D		_	V3:	331	.0	_	3/3//93
	30. NAME AND ADDRESS O	10th	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type, Pril	okins	Bayui	iew	Circle	Ba	16000 21224
	APR 05	1993	STA REGIONAL	H'S SIGNATHIRE	M.	Ξ.					
	ni il		U								OHMH-16 Rev 1/89



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e 6 may be retained by the hospital or attending physici	age 5 should be detached for use as the burial-transit permit. Pages 1.		be notified at once.
executed within 24 hours after death, Page 6 may	etely filled in by the funeral director, page 5	emation, or removal.	d, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
it the death certificate be executed wi	has been signed by the attending physician and comple	ind Mental Hygiene prior to burial, cre	Injury, or other traumatic ever
a PHYSICIAN: The law requires that	or this certificate has been signed I	th with the State Dept. of Health and	larked, or item 23 shows any
JO THE SOUTH OF ALLENDING	TO THE BINEE L DIRECTOR: After	be fired wiffin 72 hours after deat	IMPORTANT: If item 28 is m

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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF	HEALTH AND I	MENTAL HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)  WILLIAM J. R	ETTZ				2. DATE OF DEATH DO	AY Y	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	APRIL 1	. 199		
OR	218-01-0758  9a. FACILITY NAME (If not institution, give:	1 XM 2 F 7	3 YRS.	YRS. MONTHS DAYS HOURS MIN.			919	BIRTHPLACE (State or Foreign Country)  MARYLAND	
	736 WARWICK ROAD				N OR LOCATION OF DE UTUS	АТН	BAL	TIMORE	
<u> </u>	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ	100 CIT	Y. TOWN OR LO	CATION				
DIRECTOR		TIMORE	100. 011	ARBUT	US			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	736 WARWICK ROA	D		ı	101. ZIP COOE 21227	7		S.A.	
BY	11. MARITAL STATUS 1 Never Merried 25 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 \( \tilde{\Delta} \) YE IF YES, GIVE WAR OR	S 2 NO	If yes,	DECENDENT OF HISPAN specify Cuban, Mexican (ES 2 2-NO Specify		or No.— 14.	. RACE — American Indian, Black, Whita, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION completed)	16a. DECEDENT'S	work done during	NTION most of working	16b. KIND OF BUS	SINESS/INDUS		
MPL	H/S GRAD  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	MACHIN	NIST			DRE BUSINESS FORMS		
BE CC	JULIUS REITZ				EDITH	ME (First, Middle, Meiden GREENSTREE	ET		
5	190. INFORMANT'S NAME (Type/Print) Gloria M. Reitz				et and Number or Rural Fi Road, Ar	butus, MD	n. State, Zip Co. 21229		
	20e. METHOD OF DISPOSITION  1 © Burlet 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of pamelogy, crematory or other place)  Meadowridge Memorial Park 4/05 Elkridge.								
	4 Donation 5 Other (Specify) Meadowridge Memorial Park 4/05 Elkridge, MD  22. NAME AND ADDRESS OF FACILITY							MD	
	Jewis !	Smith	2	4107	WILKENS A	L HOME, II	TTMORE	MD. 21229	
	23. PART I. Entar the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CARD	esch line.	not enter that	mode of dying, such	as cardiac or respi	ST	Approximats interval Between Onset and Pesth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
- H	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS								
PHYSICIAN: MEDICAL			Dat not recording t	in the underly	ing cause given in	Part i. 24a. WAS AN PERFOR 1   YES 2		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO	
N N	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (Cho	ck anh ann			
SIC	EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER:	10	8 Other (Specify)			
Ě	27. MANNER OF BEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c.	NJURY AT	28d. DESCRIBE HOW II	NJURY OCCUR	ED	
84	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		WORK? YES 2 NO				
HI.	3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						Rurel Route Number,		
COMPLETED	29e. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: Or the basis of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  MEDICAL EXAMINER: Or the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.								
BE CO	29b. SIGNATURE AND TITLE OF CENTIFIE	/	MIN MANUEL MANUE	m, in my opinion	29c. LICENSE NUM			GNEO (Month, Day, Year)	
TO 8	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF C	EATH (ITEM 27) (Type.	Print)	D 287	58	1/3	/1883	
	/	BERGER-UNIVE	RSITY HOS		22 S. GREE	NE ST-BALT	TIMORE	, MD.21201	
	APR 05 1993	ika Davidson-Ru	dell.						



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O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after clearly with the State Deut of Health and Mempa Huniere information or removal	Ě	
TH OF	10 H	IMPO	

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
- 1	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH		3. TIME OF DEATH						
	RUTH A. ROEDER	04 O	2 93							
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. OATE OF BIRTH	8. B	IRTHPLACE (State or Foreign						
	169-26-3571 1 M 2 XF 59 YRS. MONTHS DAY'S HOURS MIN.  90. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF	169-26-3571 1 M 2 XF 59 YRS. WONTHS DAYS HOURS MIN. 06 19 33 PENT								
Œ	021 W DEWITTED DOOR		9c. COUNTY C							
DIRECTOR	RESIDENCE OF DECEDENT SEVERNA PA	ARK	ANN	E ARUNDEL						
Ä	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?						
	MARYLAND ANNE ARUNDEL SEVERNA I	SEVERNA PARK								
A	10s. STREET AND NUMBER 101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?						
빌	831 W. BENFIELD ROAD 21146		υ.	S.A.						
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISP/ FORCES? 1 YES 2 NO If yes, specify Cuben, Mexic	NIC ORIGIN? (Specify Yes	or No. 14. F	IACE American Indian, Black, White, etc.						
ВУ	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexic 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specific Cuban, Mexic 1 YES 2 NO			Specify:						
				WHITE						
삗	15, DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Given kind of work done during most of working	166. KIND OF BU	SINESS/INDUSTF	RY .						
ן ב	Elementery/Secondary (0-12) College (1-4 or 5+) SELF EMPLOYED HATROPESSER									
COMPLETED	1171 THE DELIC		TY SAL	ON						
	700	AME (First, Middle, Meiden IER E. LEV	NIS							
BE										
임		OND CITYON	n, State, Zip Gode	21146						
- 1	DONALD L. ROEDER    831 W. BENFIELD		CATION - City of							
	1 \( \tilde{\Omega} \) Surial 2 \( \tilde{\Omega} \) Commission 3 \( \tilde{\Omega} \) Instance 3 \( \tilde{\Omega} \) Consider 5 \( \tilde{\Omega} \) Conside	1- 2-	DLAWN							
- 1	21. SIGNATURE OF FOREIGN. SERVICE LICENSEE	ACILITY								
	Lau L. Loufman RAYMOND C.									
	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, au	WY.S.W.GI	LEN BU							
	ehock, or heart fellure. List only one ceuse on each line.	cir ae cardiec or respi	ratory erreat,	Approximate Interval Between						
	immediate cause (Final disease or condition resulting in death)  a. Due to one as a consequence between the consequence betwee									
ł	DUE TO (OR AS A CONSEQUENCE OF):	17/10								
_	Sequentially list conditions,									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate our TO (OR AS A CONSEQUENCE OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or injury									
	thet initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
5	d									
AL.	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given it			24b. WERE AUTOPSY FINDINGS						
		PERFOR	Y	AMAILABLE PRIOR TO COMPLETION OF CAUSE						
MEDIC			A	OF DEATH?						
			ı							
CIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF GEATH (C	heck only one)								
S I	TOTHER:	8 Other (Specify)								
PHY	27. MANNER OF DEATH 280. DATE OF INJURY 280. TIME OF 280. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE							
BY	1 Natural 5 Pending M 1 YES 2 NO									
ED	3 Suicide 8 Could not be building, atc. (Specify)	281. LOCATION (Street & City or Town, Stets)	and Number or Ru	ral Route Number,						
	• Tromicios determined									
릴	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and du									
COMPLET	one) 2 MEOICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the	e time, date end place, en	d due to the ceu	se(e) end menner ee stated.						
BE	29b. SIGNATURE AND TITLE OF CERTIFIER . 29c. LICENSE NU	MBER	29d. DATE S	NED (Month, Day, War)						
0	1 4 Min Ce / ) / ( L V )   532	2/5	× 4/7	-193						
	TERENCE MC MULLEN M.D. 7706 QUARTERFIELD	DD_CIEN	DIIDMT	MD 21061						
		KD-GTEN	DOKINI	E, MU. ZIVOI						
Ì	31. DATE FILED (Month, Day, Year)  APR = 2 1993									
	N									

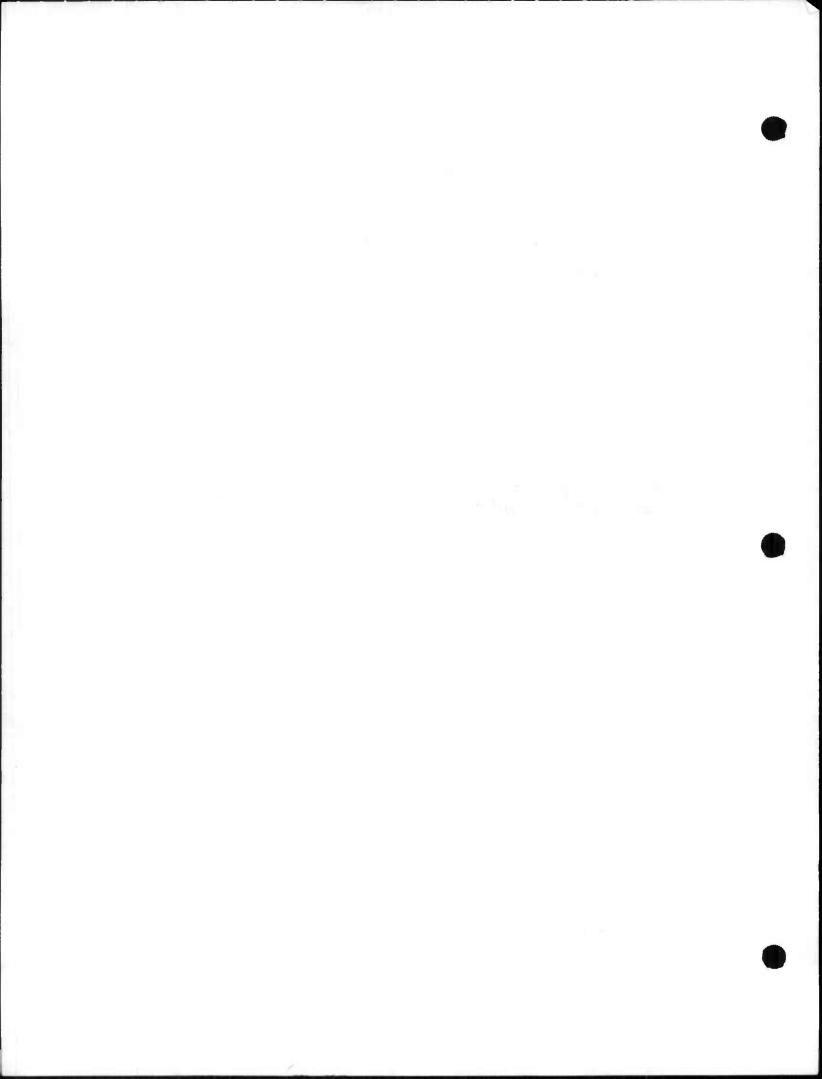
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	1	FOR STATE REGISTRAR	STATE OF	MARYL			F HEALTH AND	MENT	AL HYGIEN	E			
	i	1. DECEDENT'S NAME (First, Middle, L Thelma M. Rich						MO	TE OF DEATH DA		YEAR	3. TIME OF D	P. M
		4. SOCIAL SECURITY NUMBER 187-18-6218	5. SEX	8. AGE (8	in yrs. last birthday) YRS.	IF UNDER 1 YE		7. DAT	TE OF BIRTH (onth, Day, Year)		Country	PLACE (State of	or Foreign
ECTOR		9a. FACILITY NAME (If not institution, g Meridian Crontw RESIDENCE OF DECEDENT	ell			1000	on Location of Carkville	DEATH		9c. COUNT	Y OF D		
DIREC		10a. STATE 10b. CO		Count		y, town on Lo Park	ocation cville					10d. INSIDE ( LIMITS? 1 YES 2	
FUNERAL DIRE		8710 Emge Road					101. ZIP CODE 21234			U.S		HAT COUNTR	Y7
6	1	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 ND	If yes	DECENDENT OF HISPA is, specify Cuban, Maxie YES 2 [X] NO Spec	en, Puerl	GIN? (Specify Yes to Rican, etc.)			- American i , White, etc.	ndlan,
LETED		15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12th Grade	EDUCATION rade completed) College (1-4 or !	i+)	Iffe. Do NOT us	work done during se retired.)	PATION 7 most of working	1	6b. KIND OF BUS	INESS/INDUS	STRY		
at once.		17. FATHER'S NAME (First, Middle, Last)		Repla	Home Ma	ker	16. MOTHER'S N		Home t, Middle, Maiden :	Surname)			
TO B		194. INFORMANT'S NAME (Type/Print) Thelma Juanita	Drass		19b, MAILING		eel and Number or Rura  X 1931, N	/ Flourte Nu	imber, City or Town			vania	17349
r must be	L	20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 F  4 Donation 5 Other (Specify)		20b. ceme L.C	PLACE AND DATE ( etery, grematory or o Dudon Pa	of disposition the place of the Cem	etery	4/	ATE 20c. LOC	CATION — CIT	y or To		
or removal.  medical examiner must be		21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY   John C. Miller, Inc.   6415 Belair Road, Baltimore, Maryland 21206   23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,   Approximate											
renation.		23. PART I. Eiter the diseeses, shock, or haart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	re. List only one ce	use on ea	ich ilne.	not enter the	mode of dying, su	ch as ca	rdiec or respir	ratory arres	t,	Approx	
or other traumatic		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  b. DUE TO (DR AS A CONSEQUENCE DF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d											
hows any MEDICA		PART II. Other significant condi	Neum			in the underl	ying ceuse given is	Part I.	24a. WAS AN / PERFORI 1 YES 2	MED?		WERE AUTOPS AVAILABLE PRI COMPLETION ( OF DEATH?	OR TO OF CAUSE
SICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND	HOSPITAL:	☐ ER/Outpa	itient   3   DOA	OTHER:	PLACE DF DEATH (C						
marked, or BY PHY		1 Natural 5 Pending 2 Accident Investigation		F INJURY Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?		EŞCRIBE HDW IN	JURY OCCUI	REO		
item 28 is		3 Suicide 8 Could not determined	building	, etc. (Specif				Cit	CATION (Street er ty or Town, State)		Rural Re	oute Number,	
2 = 5	-	one) 2 MEDICAL EXAM	IYSICIAN: To the bast of								euse(s)	and manner a	a stated,
IMPORTANT: TO BE COI		96. SIGNATURE AND TITLE DE CERTI  MONTH (1)  10. NAME AND ADDRESS OF PERSON	Kunle	JSE OF DEA	TH (ITEM 27) (Torse	Print)	29c. LICENSE NU	MBER (OO	12		IGNED	(Month, Day, Ye	ar)
		Marion Kowalews		8604	Harford		Baltimor	e, M	aryland	2123	4		
	L	APR 05 1993	guild the state of	والمالحة									

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		HEGISTHAR		CERTIF	ICALE	OF DEATH	REG.	NO.				
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT		3. TIME OF DEATN			
		MARION			SELBY	V	0.3 2	9 199	3 7:43 PM			
-		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1							
						DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea		BIRTNPLACE (State or Foreign Country)			
목			Λ	60 YRS.								
shor	_	9e. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, T	OWN OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH			
eo o i	1 5	5309 TIPPETT A	AVENUE		BAI	LTIMORE			na			
	15											
9068	DIRECTOR	10a. STATE 10b. COUNT	1	10c. CIT	Y, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS?			
ھے۔ نے	ā	Maryland	na	Ва	ltimor	re			1 YES 2 NO			
E	1	10e. STREET AND NUMBER				10f. ZIP CODE	*	10g. CITIZE	N OF WHAT COUNTRY?			
Si.	FUNERAL	5309 Tippett A	70DUO									
jan. -tran	Z	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	HILE ADMED	40.110							
11215-0020 or attending physician. r use as the burial-transit permit. Pages 1, 2, 3 should	표	1 Never Married 2 Married	FORCES? 1 YES	2 NO	II y	AS DECENDENT OF HISPA yes, specify Cuban, Mexico	NIC ORIGIN? (Specify an, Puerto Rican, etc.	Yes or No- 1	4. RACE — American Indien, Black, White, etc.			
-00- ling p	8	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 [	YES 2 NO Specif	y:		Specify:			
5- as t	ED 1								Black			
use use	12	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of	work done dur	UPATION ring most of working	16b. KIND OF	BUSINESS/INDU	STRY			
(A <sup>29</sup> 5	"	Elementary/Secondary (0-12)	College (1-4 or 8 +)	life. Do NOT u	se retired.)							
ched ched	A P											
YLAND 21215 by the hospital or attend be detached for use as at once.	COMPLET	17. FATNER'S NAME (First, Middle, Last)		-		18. MOTNER'S NA	ME (First, Middle, Ma	den Surname)				
¥ 50 E	BE (											
MARYLAND retained by the hospit 5 should be detached notified at once.		19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	Street and Number or Rural	Bouts Number City or	Town State 7/o C	orda)			
M/ reta 5 sh	일					SHOOL ENG TYWINDS OF TIGHTS	rode Humber, City of	lown, State, Zip C	000)			
(L) (2)		20e, METHOD OF DISPOSITION										
BALTIMORE, er death. Page 6 may b the funeral director, page val.		1 Burial 2 Cremation 3 Rem	oval from State cam	. PLACE AND DATE letery, crematory or o		ON (Name of	OATE 20c	LOCATION — CI	ty or Town, State			
MO ge 6 girect		4 Donation 5 Other (Specify) 1	state remov	7al								
death. Pag tuneral dire.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Ronald W	ade, Dir	22. NA	ME AND ADDRESS OF FA	CILITY Sta	te Anat	omy Board			
BALT after death. y the funeral moval.		1 M No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
B. safter of the removal.	-	111/11/19/	MILLE									
		23. PART I. Enter the diseases, or o shock, or heart fellure.	complications that caused List only one cause on a	I the death, Do i	not enter th	ne mode of dying, auc	h sa cardiac or n	apiratory arres				
	1 1	shock, or heart fellure. List only one ceuse on eech line.  IMMEDIATE CAUSE (Finel										
		disease or condition										
ted within completely ial, cremati	1 1	resulting in death)  aArteriosclerotic Cardiovascular Disease  OUE TO (OR AS A CONSEQUENCE OF):										
P 0 0 - 0	_											
O. BOX 68 ertificate be execut ing physician and c rgiene prior to buri other traumatic	CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
BOX cate be en frysician a prior to	FI	if any, leading to immediate cause. Enter UNDERLYING										
the property of the property of the property of the property of the prior by, or other traury, or other traury	일	CAUSE (Disease or Injury 6										
o.O. In certifica	= 1	that initiated events	oue to (or as a consequence of):  suiting in death) LAST									
U = 5 5	15	d										
0 0 0 5		PART II. Other significent condition	e contribution to double b		1.45							
ORD s that the ned by the ith and M any inju	DICAL	TAIT II. Otto aigniticent condition	s contributing to deeth b	ut not resulting	in the unde	erlying couse given in	Part I. 24a. WAS	AN AUTOPSY FORMEO?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
COlines that signed fealth a	181						1 🗆 YE	2 (XNO	COMPLETION OF CAUSE OF DEATH?			
	W								1 YES 2 NO			
	Σ   Σ						- Inc	Willy	, _ , LS 2 _ NO			
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				00 BL 405 OF BEATLE		/				
DIVISION OF VITA OR ATTENDING PHYSICIAN: The ORECTOR: After this certificate h. rours after death with the State I tem 28 is marked, or item	힐	EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF DEATH (Ch	eck only one)					
ICIAN ICIAN the S	YS	1 X XES 2 NO	1 Inpatient 2 I ER/Outp	etient 3 🗆 DOA		g Home 5XX Residence	8 - Other (Specify)					
OF PHYSIC This cer with th	РНУ	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28	Bc. INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCU	RED			
NG PHYS frer this ceath with marked,	BY 1	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		1 YES 2 NO						
NOING NOING Is man		3 Suicide S Could not be	28e. PLACE OF INJURY	— At home, ferm,	street, factory	, office	261. LOCATION (Str	eet and Number or	Rural Route Number,			
DIVISION  OR ATTENDING F  DIRECTOR: After Directors after death Hours after death		4 Homicide determined	building, etc. (Spec	ify)			City or Town, St	ate)				
DIV OR AT DIREC hours	5	200 CERTIFIED										
2 k 0	COMPLET		CIAN: To the best of my knowl									
SPIT VERA	6	one) 2 MEOICAL EXAMINE	R: On the basis of examination	and/or investigation	n, in my opin	nion, death occured at the	time, date end place	, and due to the	cause(s) and manner as stated.			
TA With		29 SIGNATURE AND TITLE/OF CERTIFIER	Tr.			29c. LICENSE NUI	4950	204 DATE 6	IGNEO (Month, Day, Year)			
TO THE HOSPITAL (TO THE FUNERAL (TO THE FUNERAL DE filed within 72 h	BE	Mos - Do	16.11									
2 6 3 ₹	ဥ	Marine In	TOUR STORY			O.C.M	. E.	03	/30/1993			
		30. NAME AND ADDRESS OF BERBON WHO										
		DR. MARGARITA K	ORELL M.D.	111 P	enn S	Street, B	altimor	e, Mar	yland 21201			
		APR 5 1993	, 32 REGISTRAR'S SIGN	ATURE								
		MINU 1333		ALLE .					i			



IO INE NOSTIAL UM AI ENDINOS PRESIDAN. THE MAN REQUIRES THAT THE GREAT CENTROLE WITH TAY FOURS ARE DEATH. PAGE DITHAY DE PRIZINGO BY THE NOSPITAL OF ATTENDING PRESIDENCE.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	DORTANT if item 28 is marked or item 22 chaus one inter traumatic event the medical araminar must be notified of once
2	5	be fi	N

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.							
1000	1. DECEDENT'S NAME (First, Middle, Last)	ANDELLA		2. DATE OF DEATH MONTH DAY	VEAR 1993 8:05 P. M						
	4. SOCIAL SECURITY NUMBER  163-16-567/ 1 M 2 - F		F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIFTH (Morth, Day, Year)	8. BIRTHPLACE (State or Foreign Country)						
TOR	98. FACILITY NAME (If not institution, give street and number)  PRESIDENCE OF DECEDENT  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH										
DIRECTOR	10a. STATE 10b. COUNTY BALLIN		Cockeys	Vicze	10d. INSIDE CITY LIMITS? 1  YES 2 NO						
FUNERAL	19 Pickburd	Court	101. ZIP CODE 2/0.	101	U.S.A.						
BY	1 Never Married 2 Married FORCES?	ENT EVER IN U.S. ARMED  1 YES 2 NO WAR OR DATES	13. WAS DECENDENT OF HISPAL If yea, specify Cuben, Mexico 1 YES 2 NO Specifi	in, Puerto Rican, etc.)	io— 14. RACE — American Indian, Black, White, etc. Specify: White						
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or Graduate)	(5+) We. Do NOT use r	* done during most of working retired.) Radio	16b. KIND OF BUSINES	Self						
MP	17. FATHER'S NAME (First, Middle, Last)	d Traver 2			Agency/Employed						
BE CC	Louis Mark Sa	rdella	Maria		Gallotti						
_	Louis M. Sardella	518 K	insale Road	Route Number, City or Town, Sta Pimonium, N	ine, Zip Code) Id. 21093						
	20a. METHOD OF DISPOSITION  1 M Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of commettery frequency or other place)  20c. LOCATION — City or Town, State  4 Donation 5 Other (Specify)  21. SIGNATURE OP FUNERAL BETWICE UCENSEE  22. NAME AND ADDRESS OF FACILITY										
	21. SIGNATURE OPFINERAL SERVICE LICENSEE	Baumino			Funeral Home alto Md. 21224						
	23 PART   Enter the diseases, or combilections to shock, or head failure, 45t only one	caused the death. Do not	enter the mode of dying, suc	h as cardiac or respirato	ry arrest, Approximate						
	IMMEDIATE CAUSE (Final ACUTE RESPIRATORY FAILUTE  Onset and Death  Onset and Death										
NO	OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  S. MULTIPLE PULMONANT INFANCTS  Sequentially list conditions,										
CATI	If any, leading to immediate cause. Enter UNDERLYING  PULMONANY BINBOLISM										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
2	PART II. Other significant conditions contributing	o death but not regulated in	the underlying series along to	Part I. 24s. WAS AN AUTO							
DICAL	CHOLANGIOCAR	CINOMA - BI	LE DUCT	PERFORMED  1 YES 2	? AMILABLE PRIOR TO						
PHYSICIAN: ME	CORONARY ANTERY	INSU FFICIEN	(7)	_	1 TYES 2 NO						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	16	26. PLACE OF DEATH (CH	eck only one)							
IXSI	1 YES 2 NO 1 Inpetient 2	☐ ER/Outpatient 3 ☐ DOA 4	☐ Nursing Home 5 ☐ Residence								
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	RY OCCURED									
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)										
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of										
BE C	29b. SISNATURE AND TITLE OF CENTIFIER	٨	29c. LICENSE NU		1. DATE SIGNED (Month, Day, Year)						
TO B	Joseph D. Notorar	gelo M.	2013	16	4-2-1993						
		ANGELO 1	Y.D.								
	31. DATE FILEO (Month, Day, Your)  APR US 1993	RAB'S SIGNATURE									

ccic = 5.5.7

## r be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,  BALTIMORE  BIVISION OF VITAL RECORDS, P.O. BOX 68760,  BUTTON OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must b
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						1.		3 09235				
	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF HEAD		MENTAL HYGIEI						
	1. DECEDENT'S NAME (First, Middle, Last)		0211111	OATE OF BE	-2111	2. DATE OF DEATH		3. TIME OF DEATH				
	JESSE	Α.		SIMPSON	I	03 31	199	3 12:40 P				
	4. SOCIAL SECURITY NUMBER 2/8-0/9427	1 № M 2 🗆 F	In yrs. lest birthday) 8 9 YRS.	IF UNDER 1 YEAR IF I	INDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year)	- 03	BIRTHPLACE (State or Foreign Country)				
1 ~	9a. FACILITY NAME (If not institution, give st	04500 10-21		96. CITY, TOWN OR LO			9c. COUNTY	OF DEATH				
DIRECTOR	1020 RUTLAND A	VE.		BALTIMOR	RE CI	TY.						
5	10a. STATE 10b. COUNTY	<del></del>	10c, CITY	, TOWN OR LOCATION				10d. INSIDE CITY				
5	Mg		B	PLTO	•			LIMITS?				
1A	10a. STREET AND NUMBER	, ,	0	10f. ZIP			10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	1020 KU/1	ANd	4VF		1200		U.	S. A.				
	1 Nover Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yea, specify	Cuban, Maxic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No— 14.	RACE — American Indian, Black, White, alc.				
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗆 YES 2	NO Speci	ify:		BLACK				
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		USUAL OCCUPATION rork done during most of v	vorking	18b. KIND OF BU	SINESS/INDUST	TRY				
- H	Elementary/Secondary (0-12)	College (1-4 or 5+)	CIXILI			4.5.	ARM	Y				
COMPL	17. FATHER'S NAME (First, Middle, Last)	)	- 12		MOTHER'S N	AME (First, Middle, Maider						
ш					= mx	م ل عا	LN51	24/				
10 8	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street and Nu	mber or Rural	Route Number, City or Tox	vn, State, Zip Co	de)				
F	LELING DRY	Ke	1026	RUTLA	No	AYE BI	2 LThu	Med 21205				
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo		PLACE AND DATE O	F DISPOSITION (Name of		DATE 20c. L	CATION - CITY	or Town, State				
	4 Donation 5 Other (Specify)		FRAUI	us me	m Pg	14/5 H	Rbull	15 men KK				
	21. SIGNATURE OF FUNERAL SERVICE LICE	Locke Jr.		Locks 3	DRESS OF FA	val 1/om el	3047	Central as				
	23. PART I. Enter the diseases, or co	omplications that ceused	the death. Do n	ot enter the mode of	dying, suc	ch as cardiec or reas	Iratory arrest	Approximate				
	IMMEDIATE CAUSE (Finel	lat only one ceuse on e	ech line.					Interval Between Onset and Death				
	disease or condition reaulting in death)	Arteriosc	lerotic	: Cardiov	ascu.	lar Disea	ase					
		DUE TO (OR AS A	CONSEQUENCE OF	):								
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	):			<u>.                                    </u>					
\¥	If any, leading to immediate cause. Enter UNDERLYING			,.								
Ē	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF	):								
E	resulting in death) LAST											
- 1	PART II. Other algoliticent conditions	contributing to death be	ut not resulting in	the underlying cau	se alven in	Part I. 24a. WAS AF	AUTORCY	24b, WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICAL	Diabetes Melli			, and an arrange of	oo given iii	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE				
요						1 TYES		OF DEATH?				
2						- NO	RUIRY	1 NES 2 NO				
N N	25. WAS CASE REFERRED TO MEDICAL			28. PLACE (	OF DEATH (C)	neck only one)	*					
Sign	EXAMINER?  1 TYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	etient 3 🗆 DOA	OTHER: 4 Nursing Home 5	Mesidence	8 Other (Specify)						
E	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJURY A	AT .	28d. DESCRIBE HOW	NJURY OCCUR	ED				
à l	1 X Natural 5 Pending 2 Accident Investigation			M 1 TES	2 NO							
COMPLETED												
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my knowl	edge, death occurre	d at the time, data and p	lace, and due	to the cause(s) and ma	nner as atated.					
O	299. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
BE C	296. SIGNATURE AND TITLE OF GERTINGRE 29d. DATE SIGNED (Month, Day, Year)											
TO B	man. 9	oll A	4/		.C.M	.E.	▶ 03/	31/1993				
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	502 W Com		Ralt	imore Ma	rulan	d 21201				

32. REGISTRAR'S SIGNATURE

BAL	laat
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N OF VITAL RECORDS, P.O. BOX 13146,	bers of streaming buyon (AN). The few consists that the death certificate he eventied within
DIVISION	PENDAND
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	DOTA

ed for use as the burial-transit permit. Pages 1, 2, 3 should tal or attending physician. TIMORE, MARKLEND 21203-3146

D. Page 6 may be retained of the local or attending physic TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a stren death. Page 6 may be retained by The THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh and be under the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buind, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ith. Page 6 may be retain

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)
APR - 5 1993

32 REGISTRAR'S SIGNATURE

Julia Davidson Andelle

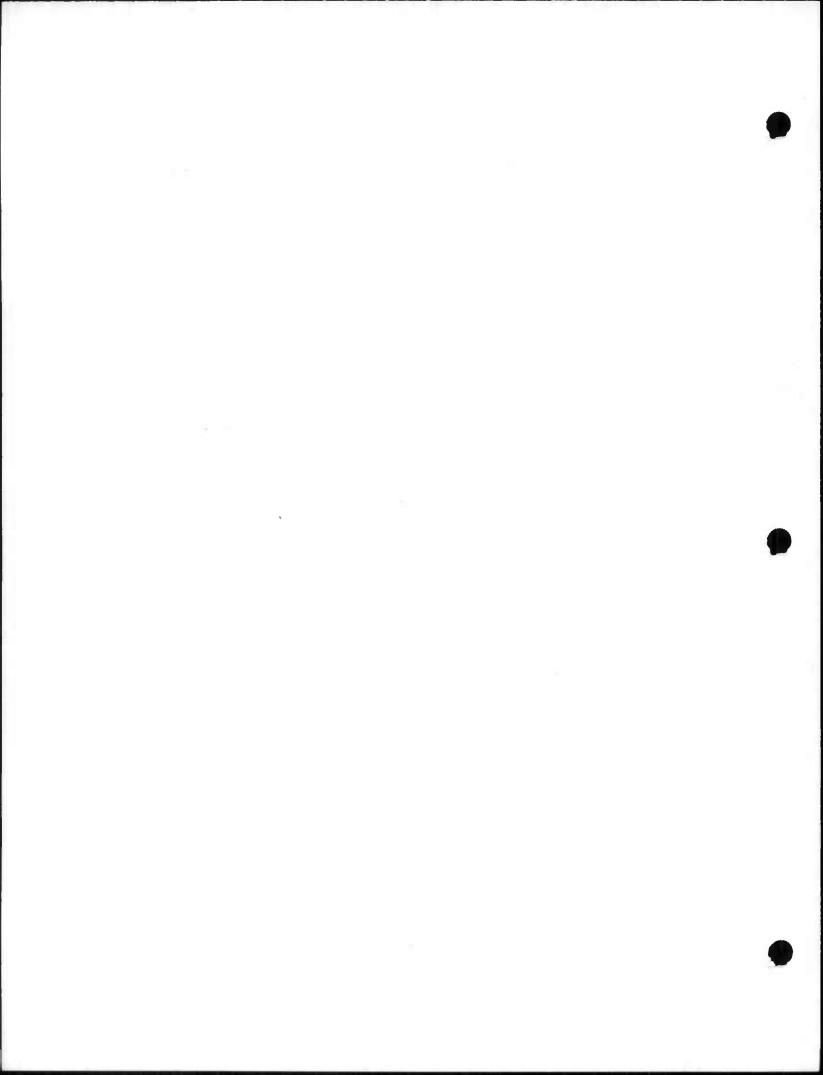
TO BE COMPLETED BY FUNERAL DIRECTOR

										2.0	00000
FOR STATE REGISTRAR		STATE OF I	/MARYLAND CI			OF HEALTH			YGIENE EG. NO.	33	09236
1. DECEDENT'S NAME (First,	Middle, Last)		MILTOT MA	M C	TOM?	LEY		DATE OF I		EAR 3.	TIME OF DEATH
Theln	~~~	Stoke	THELMA	1 14. 5	TOK	LEY		Qr	1104/93		3645 A H
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. les		UNDER 1			DATE OF E		BIRTHPL. Country)	ACE (State or Foreign
237-16-55	28A	1 - M 2 X F	70	YRS.	NTHS I	DAYS HOURS	MIN.	140	21/32 1	ORT	H CAROLIN
9a. FACILITY NAME (# not in	stitution, give st	reet and number)		91	b. CITY, T	OWN OR LOCATIO	N OF DEATH		9c. COUNT	OF DEAT	гн
Melchor RESIDENCE OF DEC		ing Co	wher		В	BALTIMO	RE C	ITY	NO	NE	
10a. STATE	10b. COUNTY			10c. CITY, 1	OWN OR	LOCATION				10	Id. INSIDE CITY
MARYLAND	NC	NE			BA	LTIMOF	E CI	TY		1	X YES 2 NO
10e. STREET AND NUMBER						101. ZIP CODE			10g. CITIZE	N OF WHA	AT COUNTRY?
601 WYAN	OKE A	VE APT	527			212	18		Unit	:ed	States
11. MARITAL STATUS			IT EVER IN U.S. AF						pecify Yea or No-	RACE -	American Indian, Vhita, atc.
1 Never Married 2		FORCES?		<b>3</b> 0		res, specify Cubar		ABITO HICAN	1, atc.)	Specify:	vinta, meg.
3 Widowed 4 Divo	read								AFR <b>I</b> C	CAN	AMERICAN
	EDENT'S EDUC y highest grade		16a, DE	ECEDENT'S US Sive kind of work	VAL OCC	UPATION ing most of workin	9	16b. KIN	D OF BUSINESS/INDUS	TRY	
Elementary/Secondary (6	)-12)	College (1-4 or 5	+)	i. Do NOT use n	etired.)						
8th gra		none		PRES	SSER					NG	BUSINESS
17. FATHER'S NAME (First, M	liddle, Last)					200			le, Malden Surname)		
UNKNOWN						[L]	LLIA	N PF	RITCHARD		
19a. INFORMANT'S NAME (			19	b. MAILING AD	DORESS (	Street and Number	or Rural Route	Number, C	City or Town, State, Zip Co	ode)	20036
CAROLYN S	PRUIL	L		.711 N	lass	Ave A	pt 4	25N.	W. WASH	INGT	ON D.C.
20a. METHOO OF DISPOSIT	ION	oval from State	20b. PLACE other p	OF DISPOSITI	ON (Name	of cemetery, crem	atory or		20c. LOCATION — Cit		
4 Donation 5 Other			GREE	OM MO	JNT	CEMETE	RY		BALTIMO	RE,	MARYLAND
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		Λ		ME AND ADDRES			S FUNER	T LI	OME
16h	5 1	1		- V-		12 E.				TO,	
23. PART I. Enter the d	isesses, or o	compilcations the	it caused the d	eath. Do not			-				Approximata
shock, or h	eart failure.	List only ona ca							, , , , , , , , , , , , , , , , , , , ,	,	intarval Between Onsat and Death
iMMEDIATE CAUSE (Fig disease or condition	nai	0									Bacoth,
resulting in death)	7	s. DUE TO	OR AS A CONSE	OUR OF	ma	(CAI	ICER_	OF I	JUNG		JACATOL
	_	502 10	(on no n conce	social contraction		0					
Sequentially list condit		b. DUE TO	(OR AS A CONSE	OUENCE OF):							+
If any, leading to imme cause. Entar UNDERLY											
CAUSE (Disease or Injutation that initiated events	ary	c. DUE TO	(OR AS A CONSE	OUENCE OF):							
resulting in dasth) LAS	T .	2									
		u									
PART II. Other significa	ent condition	s contributing to	death but not	resulting in	tha und	arlying causa g	iven in Par	1 i. 24	n. WAS AN AUTOPSY PERFORMED?		PERE AUTOPSY FINDINGS WAILABLE PRIOR TO
								_   1	YES 2 NO		OMPLETION OF CAUSE F DEATH?
											YES 2 NO
25. WAS CASE REFERRED 1	O MEDICAL					26, PLACE OF D	EATH (Check	only one)		-	
EXAMINER?		HOSPITAL: 1 Inpatient 2	ER/Outpetlant	3 DOA 4	THER:	ng Home 5 🗆 Re	sidenca 6	Other (Sa	pecify)		
27. MANNED OF DEATH		28a. DATE O		28b. TIME (	OF 2	8c. INJURY AT			BE HOW INJURY OCCU	RED	
	Pending	(Month,	Day, Year)	INJUF	M	WORK? 1 YES 2	] NO				
2 Accident 3 Suicide	Investigation Could not be	28e. PLACE	OF INJURY — At h	ome, farm, str	et, factor	y, offica	26		ON (Street and Number of	Rural Rou	ite Number,
4 Homicida	determined	building	, atc. (Specify)					City or To	own, State)		
29a. CERTIFIER											
(Check only one)	THE TIME PHYSI	TO THE DEST O	i my knowledge, d	eath occurred	or the tim	w, data and place	and dua to	me cause(i	a) and manner as stated	1	

D 2 653

DHMH-16 Rav 1/89

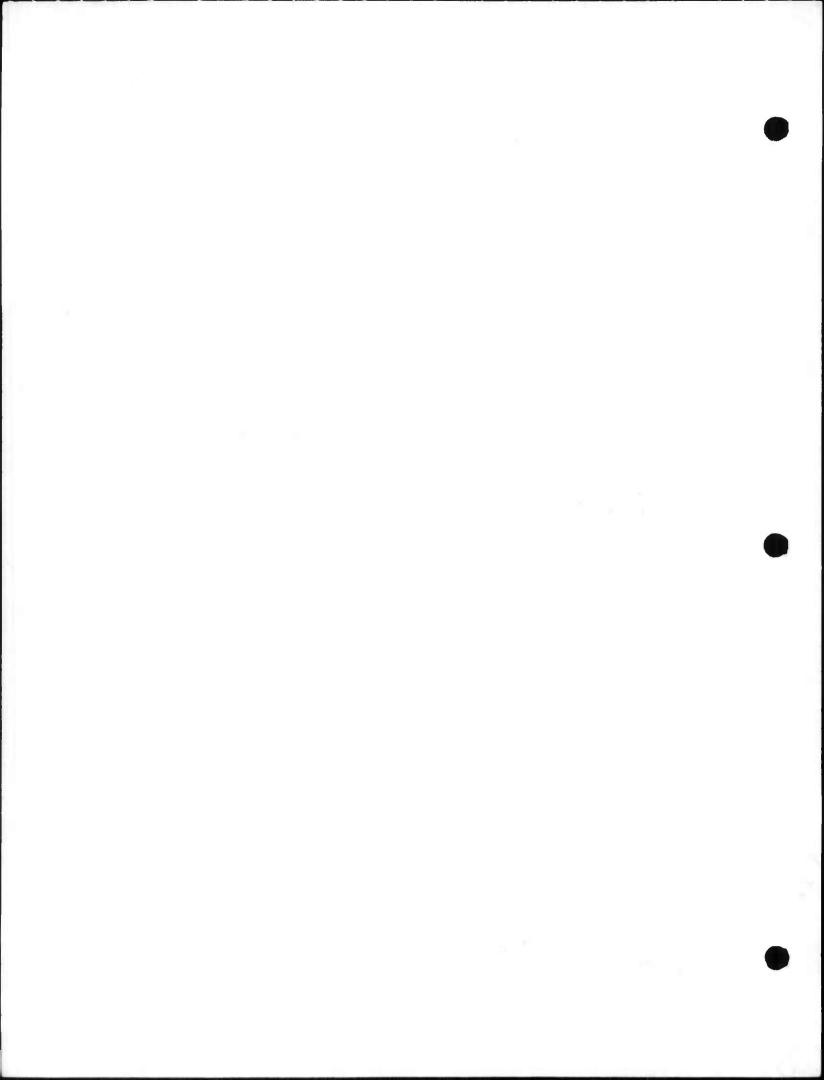
29d. DATE SIGNED (Month, Day, Year)



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	l A	Roxie		Scott			MONTH	_31 199	YEAR	3. TIME OF DEATH
	1.	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. I		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	1944 3 – 1944	Country)	LACE (State or Foreign
2, 3 should	стов	99. FACILITY NAME (If not institution, give street and number)  1816 Thomas Avenue  RESIDENCE OF DECEDENT				imore			NTY OF DEA	
it. Pages 1,	DIRE	10e. STATE 10b. COUNTY			imore	TION				Od. INSIDE CITY LIMITS?  X YES 2 NO
nsit permit.	ERAL	100. STREET AND NUMBER  1816 Thomas Avenue				21216				AT COUNTRY?
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit at once.	TO BE COMPLETED BY FUN	11. MARITAL STATUS  1 \( \sum_{Never Merried} 2 \) Merried  3 \) Widowed 4 \) Divorced  12. WAS DECEDENT E FORCES? 1 \) IF YES, GIVE WAR	YES 2/	ARMED SNO	13. WAS DEC	ENDENT OF HISPAN ecity Cuban, Mexicer 2 NO Specify	IC ORIGIN? (S <sub>I</sub> I, Puerto Rican	ecify Yes or No	14. RACE — Black, V Specify:	- American Indien, White, etc. Black
D 21215 spital or attend ed for use as		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  10th  College (1-4 or 5+)			BUAL OCCUPATION of the done during money actived.)		16b. KIN	D OF BUSINESS/IND	USTRY	
MARYLAND retained by the hospit 5 should be detached notified at once.		17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Melden Surname) Mary Chapel						
40 40		19a.INFORMANT'S NAME (Type/Print) Dina Scott	1		nty or Town, Stere, Zip e, Md 21					
		20a, METHOD OF DISPOSITION 1   Quriel 2   Cremation 3   Removal from State 4   Donation 5   Other (Specify)	20b. PLAC	EAND DATE OF I	pisposition (Ne	metery	4593	Catons v		
EAL IMOKE, ter death. Page 6 may b the funeral director, page val. si examiner must be		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	()		Marc	oh F/H We Wabash	st	:		
24 hours aft filled in by don, or remo		23. PART I. Enter the diseases, or complications that c shock, or heert fallure. List only one ceuse iMMEDIATE CAUSE (Final disease or condition resulting in death)	each ill	death. Do not ne.	enter the mo	de of dying, such	aa cerdlec	or reepiratory arm	est,	Approximeta Interval Between Onset and Deati
th certificate be executed ending physician and con I Hygiene prior to burial.	CERTIFICATION	Sequentially liet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Place A cons	EQUENCE OF):	Seon					
equires that the en signed by the of Health and Millions any Injury	MEDICAL CI	PART II. Other algnificent conditions contributing to de	ath but not	resulting in	the underlying	g ceuse given in l		WAS AN AUTOPSY PERFORMED? YES 2 NO	CC Of	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
AN: The law Inficate has be State Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO	9/Outpetlant		THER:	ACE OF DEATH (Che				
rked,	ву РНҮ	27. MANNED OF DEATH  1 Natural 5 Pending (Morith, Day, 2 Accident Investigation	JURY	20b. TIME C	Y 28c. INJ WO	e 5 A Residence ( URY AT RK? /ES 2 NO		E HOW INJURY OCC	URED	
TTEND TOR: A after d		3 Suicide 6 Could not be 4 Homicide determined	NJURY — At h . (Specify)	ome, ferm, stre	et, factory, office		28f. LOCATION City or Tox	(Street end Number vn, Stete)	or Rural Rou	te Number,
HOSPITAL DR A FUNERAL DIREC WITHIN 72 hours ITANT: It item	COMPLETE	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my one)  2 MEDICAL EXAMINER: On the base of examiner.								nd manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	TO BE	296. SIGNATURE AND STITLE OF CERTIFIER				29c, LICENSE NUM  D26 7	48	29d. DATE	SIGNED (M	fonth, Dey, Year) 93
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF THE CONTRACT OF THE CONT	834	EM 27) (Type, Pri	Ls ai	> BAL	10 8	nD 8/2	11	
		ADD 05 1993	Carleston							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



NSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely we'd in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE AMERICA UNECTOR: After this certificate has been signed by the attending physician and completed	be an experience after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTOR IN INDICATION OF ITOM 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

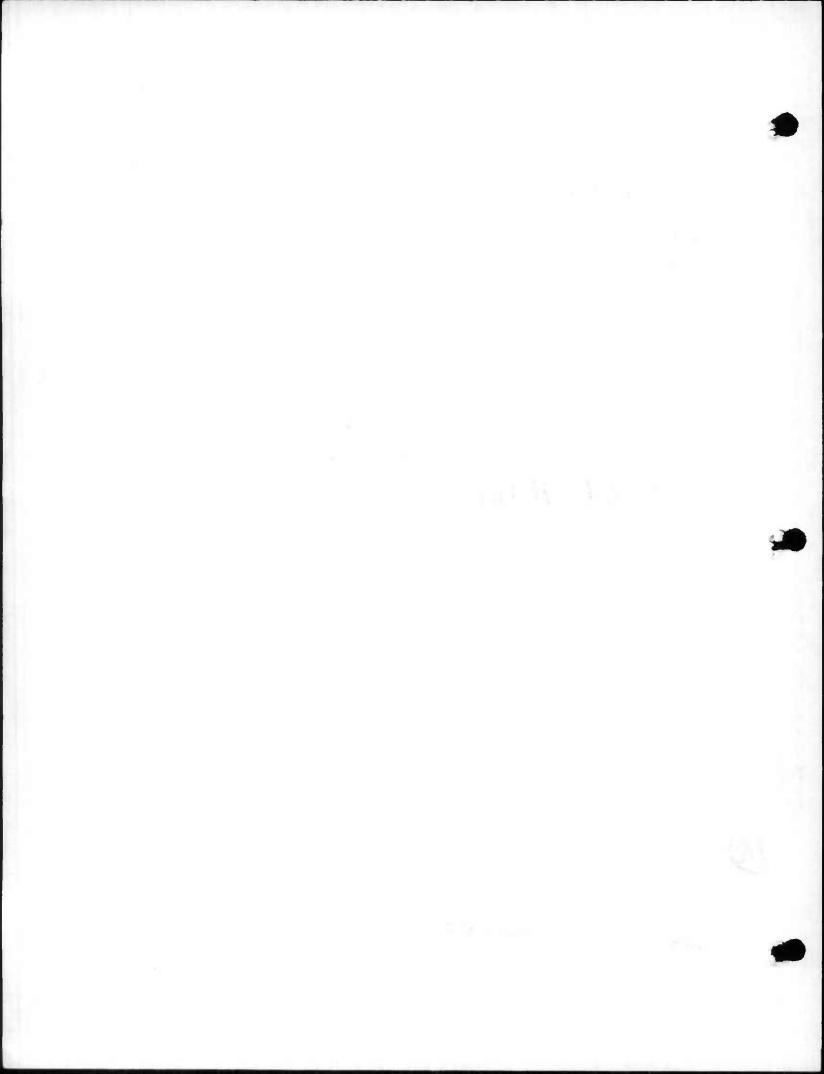
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE

TO BE COMPLETED BY FUNERAL DIRECTOR

1. OECEDENT'S NAME (First,	,									2. DATE OF MONTH	DEATH DA	NA.	YEAR	3. TIME OF DEATH
Myrtle	May	SWORE	)E (	Jarre	ett)		,			04	0		93	6 yem
4. SOCIAL SECURITY NUMB		S. SEX		'In yrs. lest i		IF UNDER	DAYS	IF UNDER	R 24 HRS.	7. DATE OF (Month, Da			8. BIRTI Count	IPLACE (State or Foreign
213-34-1539		1 🗌 M 2X 🗍 F	85		YRS.	MONTHS	DATS	HOUNS	Milit.		14 1	908		ryland
9a. FACILITY NAME (If not in								OR LOCAT	ION OF DE	ATH		-	NTY OF D	
Sykesvill		er Care				Syl	kesv	ille				Ca	arro	11
RESIDENCE OF DEC	10b. COUNTY	1			10c. CITY	, TOWN	OR LOCA	TION						10d. INSIDE CITY
Maryland	Carı	coll				Fir	nksb	urg						LIMITS?
10e. STREET AND NUMBER								1. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
1804 Fawn	Way							2	1084			. ט	S.A.	
11. MARITAL STATUS		12. WAS DECEDER								IIC ORIGIN? (S		or No-		E — American Indian,
1 Never Married 2 3 Wildowed 4 Olivo		FORCES?			0			pecify Cubi		n, Puarto Rica /:	in, etc.)		Spec	
														White
15. DEC (Specify only	EDENT'S EDU- y highest grade	completed)		(Gh	EDENT'S	rork done	during m	ION ost of world	ing	16b. Kil	ND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0	)-12)	Collega (1-4 or 5	+)	- 1716	Do NOT use	,				II.				
				Hom	emak	er				_	mema)			
17. FATHER'S NAME (First, M Henry Alb		THOMAS						18. MOT		ME (First, Midd ie HAR		. ,		
19a. INFORMANT'S NAME (7		HOHAS		1405	****	100050	0.00	400						
Carl L. Jar										Route Number,		n, State, 21 21081		
20a. METHOD OF DISPOSITI			201	D. PLACE O		_			-	ourg,			Cify or To	Duna State
1∑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other	n 3 🗆 Ram	oval from Stata		other place	ce)								-	
21, SIGNATURE OF FUNERA		CENSEE	<u>   L</u>	rongo	n ra			ND ADDRE		CILITY	рат	£1mo:	re, l	עני
AL	1.1	117	1.0							AL HOM	E, I	NC.		
23. PART I. Enter the di	100 Ne	114	Mil	21										MD. 21229
	eart feilure.	List only one cers.	use on e	ach line.										Approximate Interval Between Onaat end Deat
						-								
Sequentially list conditi if any, leeding to imme- cause. Enter UNDERLY	diate	b. DUE TO	OR AS	CONSEQU	UENCE OF	2 1								
CAUSE (Disease or Inju		C	OR AS A	A CONSEQU	HENCE OF	D+								
thet initisted events reaulting in death) LAS	T		(011 110 1		02.102.01	,.								
	-	d												
PART II. Other significs	ent condition	e contributing to	deeth b	out not re	aulting i	n the u	nderiyir	ng csuse	given in		PERFOR	RMED?	248	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
										—				1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL						00.5	N ACE OF I	DEATH (O)	and and and				
EXAMINER?	O MEDICAL	HOSPITAL:	C 50/0.4		T	OTHE	R:			eck only one)				
27. MANNER OF DEATH		1 Inpetient 2		patient 3 l	28b. TIMI			ma 5 ∐ R JURY AT	lasidence	8 Other (S		NJURY OC	CURED	
	Pending		Day, Year)		INJ	URY	W	ORK? YES 2	□ NO	200.0200				
a Davida	trivestigation	28e. PLACE	OF INJURY	/ — At hom	ne, farm, s	treet, fac		1/2		281, LOCATI	ON (Street	and Numbi	or or Rumi	Route Number,
4 Homicide	Could not be detarmined	building	, atc. (Spec	clfy)	1000						lown, State)			,
29a. CERTIFIER	TIFYING PHYS	ICIAN: To the best o												a) and manner as stated
(Check only		R: On the beals of	axaminatio	ALL SHOOT IN		,					A			
(Check only one) 2 MED	ICAL EXAMINE	R: On the beale of	examinatio	ni aliozof in				70- 110	CENOP W	MBED		004 00		
(Check only	ICAL EXAMINE		examinatio	and a					CENSE NUI	_		29d. DA		O (Month, Day, Year)
(Check only one) 2 MED  29b. SIGNATURE AND TITLE	OF CERTIFIE	rloss		mo		Print1			33 <i>5</i>	_		29d. DA		
(Check only one) 2 MED	OF CERTIFIED	R NO COMPLETED CAL	USE OF DE	MO	1 27) (Type,		F_P	0.	335	76	KECA	<b>&gt;</b> ,	TE SIGNE	(Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020

let death. Page 6 may be retained by the hospital or attending physician.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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may	or, pa		ist b
ge 6	Jirecti		F
.P.	eral (		mine
r dea	he fur	- FE	exa
s afte	by 12	remov	dical
Dour	lled in	1, 04	e me
hin 24	tely fi	matio	t, th
od with	omple	I, cre	even
xecut	and c	buria	atle
De o	ician	rior to	traun
tificat	g phys	ene p	ther
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ires t	signe	-leafth	MS a
requ	peen	. of	sho
he law	has	Dep	n 23
T :N	ficate	State	r Iter
YSICI	s cert	the the	d, 0
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ENDIN	8	ğ	وا
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AL DE	AL DI	2 ho	if Ite
DSPIT	JNER	thin 7	IMPORTANT: If item the improof, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
로	보	led w	<b>ORT</b>
TO THE HOSPITAL DR ATTENDING REVISIONS. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIFFERENCE ARE CERTIFICATE BY DEED SIGNED BY the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours are with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMP

											93	0	9239
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND A	DEPAR					MENTA		_		
	1. DECEDENT'S NAME (First, Middle, Last)				IOAI	LOI	DLAI	111	2 DATE	REG. NO		Ta	TIME OF DEATH
		ITH							MONT			YEAR	11:30 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UND	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	216-01-0338	1 🔀 M 2 🗆 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct	16 1	917	Country)	Virginia
	9e. FACILITY NAME (If not institution, give s			9b. CIT	Y, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COUNT	TY OF DEAT	H	
8	5648 Braxfield R	oad				Ва	ltimo	ore				Balti	more
5	RESIDENCE OF DECEDENT												
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10-	d. INSIDE CITY LIMITS?
		timore			Bal	timo	re					1 (	YES 2 KNO
I ₹	10e. STREET AND NUMBER					10f	ZIP CODE	_					T COUNTRY?
FUNERAL	5648 Braxfield	Road					2122	27			U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13	WAS DEC	ENDENT O	F HISPAN	IIC ORIGI	t? (Specify Yes	or No-	IA. RACE -	American Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR OATES	NO			2 NO			Rican, etc.)		Specify:	hite, etc.
		WWI											White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	ECEDENT'S Sive kind of a	work done	during mo.	ON st of workin	ng .	=16b	KIND OF BU	SINESS/INDU	STRY	
۳	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT us	- 111/4-			-					
N N	12th			Civil	Ser	vice				U.S.			
	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden			
닒	Jesse SMITH							Clar		COSTEL			
2	19a. INFORMANT'S NAME (Type/Print)		19							ber, City or Tow			
=	Irene M. Smith				_			d, B	arti	more,	MD Z	1227	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ram	oval from State	20b. PLACE.	AND DATE (	DF DISPO	SITION (Na	ma of		OAT		CATION — CI		Stata
	4 Donation 8 Other (Specify)		Lorra	ine l	_				4/0	6 Woo	dlawn	, MD	
	11. SIGNAFOR OF FUNERAL SERVICE TO	NA STONE			22   H	UBBA	RD FU	UNER	AL H	OME, I	NC.		
Ш	A him U	III alte	cum		4	107	Wilke	ens ,	Ave,	Balti	more,		21229
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.										at,	Approximata	
	snock, or neart tellura. List only ona cause on each line.												Interval Batween Onset and Daath
	disease or condition resulting in death) a. Metastatic Prostale Cancer											lus	
		DUE TO	(OR AS A CONSE	OUENCE OF	F):								1
Z	Sequentially list conditions,	b											
ERTIFICATION	If any, laading to immediate	OUE TO	(OR AS A CONSE	OUENCE OF	F):								
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	c											
E	that initiated events reaulting in death) LAST	OUE TO	(OR AS A CONSE	OUENCE OF	7):								
CEF		d											
	PART II. Other significant condition	a contributing to	death but not a	resulting I	n the u	ndarlylng	cauaa g	Iven in I	Part I.	24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
2										PERFOR	1		MPLETION OF CAUSE
MEDICAL									_ [	1 TYES 2	2500		DEATH?
				_					-			1	YES 2 DIO
¥	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF OE	FATH /Cho	ck only on	el .	_		
PHYSICIAN:	EXAMINER? 1 ☐ YES 2 2 100	HOSPITAL:	EB/Output 2	- DOA	OTHE	R:				-			
Ϋ́	27. MANNER OF OEATH	28a. DATE OF		28b. TIM	_	28c. INJU	JRY AT	Bidence			N ILIEN OCCI	IGEN	
	1 Natural 5 Pending	(Month, Day, Year) INJURY WORK?									neo		
ВУ	2 Accident Investigation 3 Suicide & Could get be	28a PLACE OF INJUSY - At home farm stood feeting effice.										Number	
U,S	4 Homicide 8 Could not be	building,	atc. (Specify)			,,				or Town, State)	THE PREPIOR OF	r riorer rioute	rranoe,
E I	290. CERTIFIER (Check only	CIAN: To the heat of	my knowledne de	with oncur	of at the	time dat-	and plant	and 4	An Ab :				
COMPLETED	(Check only 2 MEDICAL EXAMINE	R/On the basis of as	camination and/or	Investigatio	n, in my	ome, date	enti piaca,	and due	to the ceu	and place on	mer ea stated	Causals) a-	d menner se stated
- 11	296, SIGNATURE AND TOPCE OF CENTIFIES												
BE	lm H	in	· b				29c. LICE	NSE NUM	-C7		29d. DATE :	SIGNED (Mo	nth, Day, Year)
2	38. NAME AND AGORESS OF PERSON WIN	COMPLETED CALL	E OF OFATH STEE	M AT (T	D-/		0	187	3 /		9/	>/1.	>

DR. PAUL GORMLEY - 900 CATON AVENUE -ONCOLOGY DEPARTMENT-BALTO.., MD. 21229

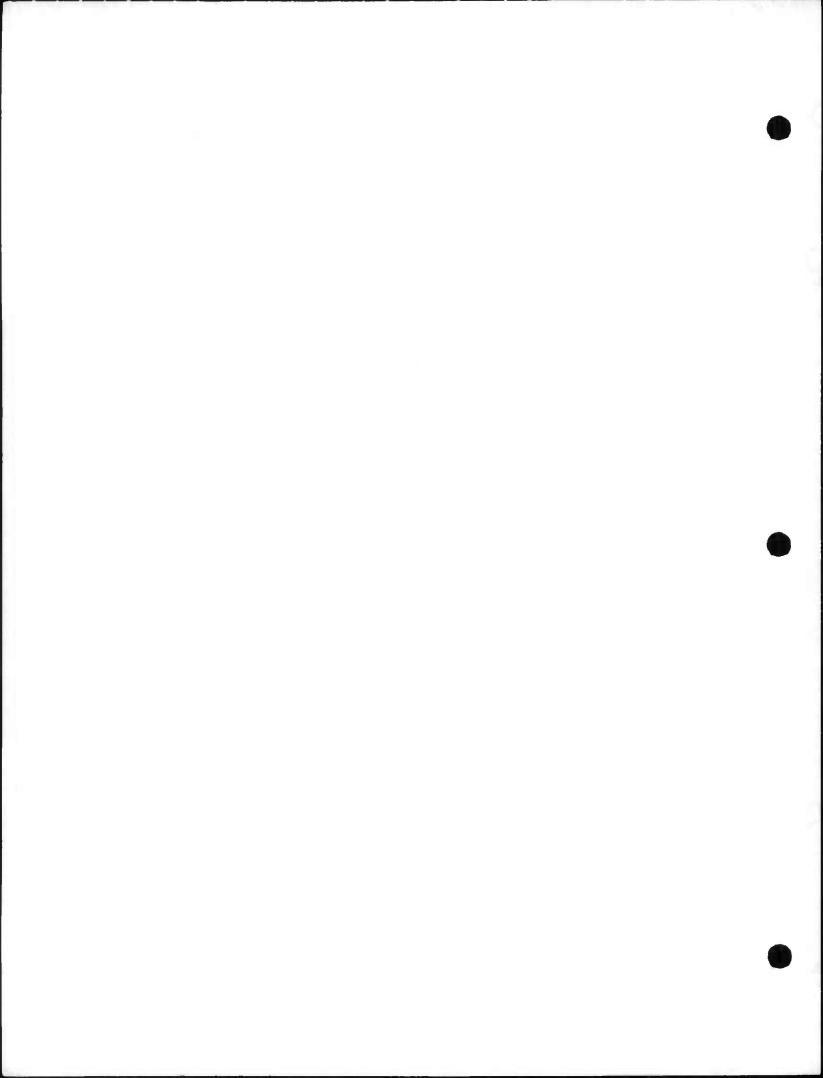
31: DATE FILED (Month, Day, Vear)

32. REGISTRAR'S SIGNATURE

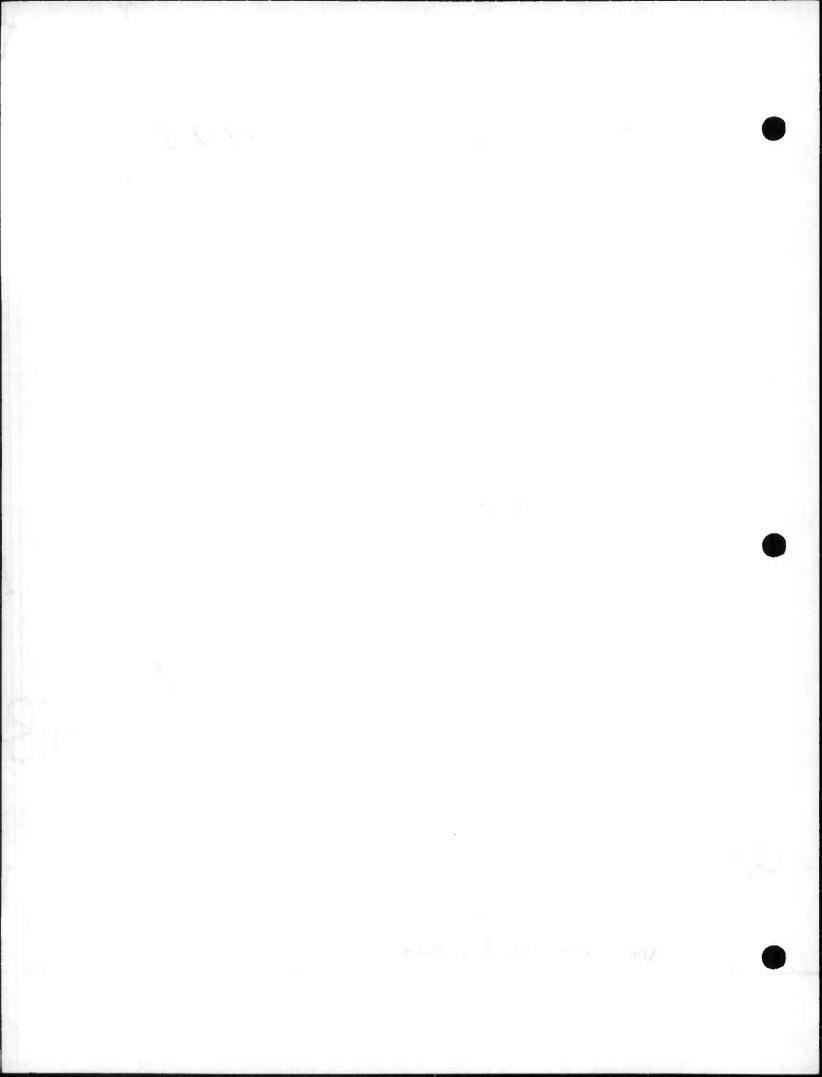
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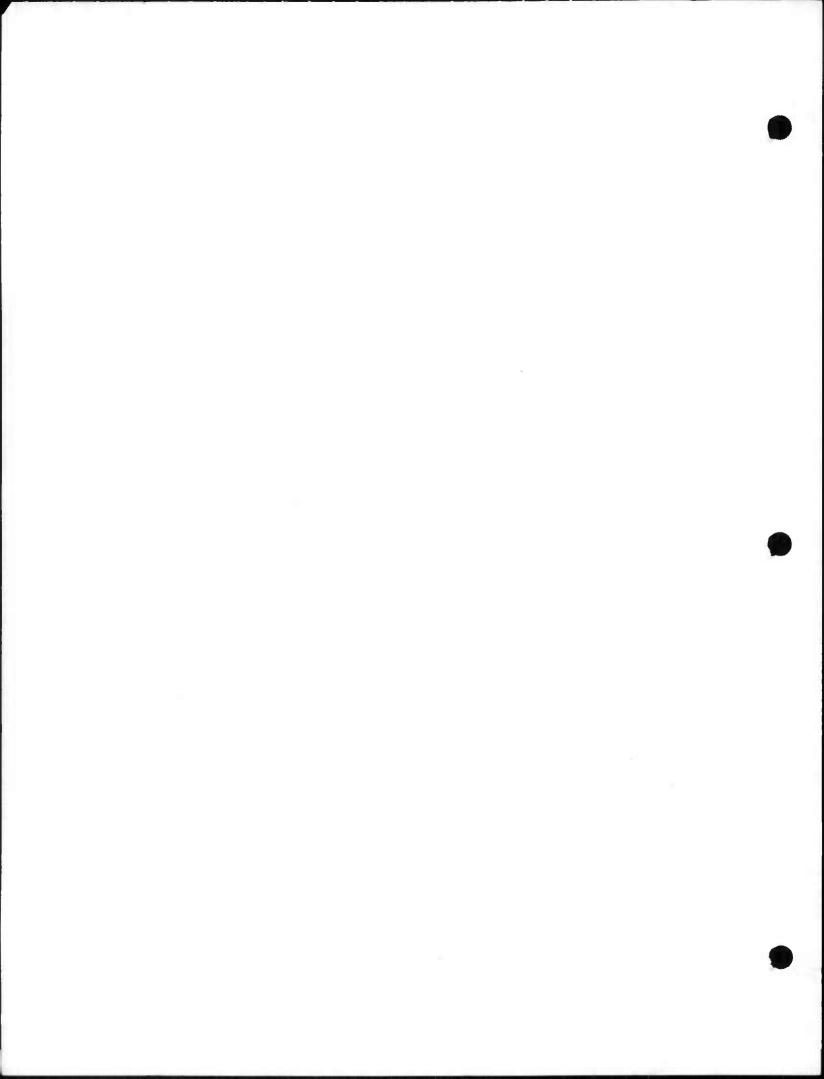


	- 1	1. DECEDENT'S NAME (First,	Middle, Lest)	D. 51	2 HII)	iel D	Schw	art	7	2. DATE OF DEATH		3 <sub>VEAR</sub> 3.	TIME OF DEATH	
p		4. SOCIAL SECURITY NUMB	142	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1	-	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-03	Country)	ACE (State or Foreign  Jersey	
1, 2, 3 should	стов	90. FACILITY NAME (If not interest of the control o	EEPH	treet and number)	25P		96. CITY, 1		LOCATION OF DI	PEATH Sc. COUNTY OF DEATH BALTO,				
Pages	DIRE	Maryland	10b. COUNT	Baltimore	9	10c. CITY	, TOWN OR		m arkville	9			Id. INSIDE CITY LIMITS?  YES 2 X NO	
an. ransit permit.	FUNERAL	10e. STREET AND NUMBER	1730%	≥ Wentwo						21234	Uni		States	
Z15-0020 attending physician. se as the burial-transit	BY	11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divor			NT EVER IN U.S. / 1 YES 2 S WAR OR DATES		J1 3	yes, speci	IDENT OF HISPAI ify Cuban, Mexica	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.) y:	s or No-	14. RACE — Black, W Specify:	American Indian, White, etc. White	
Z affe	PLETED	15, OECI (Specify only Elementary/Secondary (0- 12	EDENT'S EDU highest grade	CATION completed) College (1-4 or 5		Give kind of wife. Do NOT use	rork done du e retired.)	ring most	of working	16b. KIND OF BUSINESS/INDUSTRY				
YLAND 21 by the hospital or be detached for u at once.	E COMPL	17. FATHER'S NAME (First, Mi	lddle, Last)		Davis	Teach	ier	Ret		ME (First, Middle, Meiden Daisy	altimore County  on Surname)  Piatt			
E, MAK y be retained age 5 should be notified	TO B	190. INFORMANT'S NAME (7) Elizabet	rpe/Print)		19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 213 N. Elm Street Lititz, Penna. 1							Code)	3-1305	
e 6 mg rector, p		20a. METHOD OF DISPOSITI 1 Burial 2 X Cremetio 4 Donation 5 Other 21. SIGNATURE OF FUNERAL	n 3 🗆 Rem (Specify)	The second of the second	cemetery of Hill		Servi	ce C	orp. 4/	3/93 To	OWSON		Maryland	
the fur dead oval.		> Mil	ton	Kni	abol 1	ght Jr	Le	onar	d J. Ru	Baltır ıck, Inc.	5305	Harf	21214 ford Road	
24 hours filled in t flon, or re the med		23. PART I. Enter the di- ahock, pr he IMMEDIATE CAUSE (Fin disease pr condition resulting in death)	part fallure;	a. A cute	Cluck	ne.		4		Z lf. Len			Approximata Interval Between Onset and Death	
C. BOX be cartificate be executing physician and rigiene prior to bur other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST  b. Unitative thent fallow  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
the death the attend Mental	DICAL CEF	PART II. Other algnificent conditions contributing to death but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE A											ERE AUTOPSY FINDINGS	
equires the signed of Health hows and	M M	-								1 YES :	NO	OF	OMPLETION OF CAUSE DEATH?  YES 2 NO	
a ste la	YSICIAN:	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:		CE OF DEATH (Ch	8 Other (Specify)				
F Sit Sit Sit Sit Sit Sit Sit Sit Sit Sit	ВУ РНУ	2 Accident	Pending nvestigation		FINJURY Day, Year) OF INJURY — ALI	28b. TIME INJU	JRY M		RY AT (? S 2 NO	28d, DESCRIBE HOW				
of ATTENDING DRECTOR: After Cours after death	LETED	4 Homicide	Could not be letermined	building	, atc. (Specify)	-		neova.		28f. LOCATION (Street City or Town, State) to the cause(s) and ma			9 Numoer,	
TO THE TO THE BE filed IMPORTANT. II	COMPL		CAL EXAMINE	R: On the beels of e				nion, dea	th occured at the	time, date and place, so	nd due to the	cause(s) an	onth, Day, Year)	
THE SE SE SE SE SE SE SE SE SE SE SE SE SE	TO BE	Matrided 30. NAME AND ADDRESS OF WATIVIDA	PERSON WH	de Lem	M / L	EM 27 (Typo.	Print)		51950	8	D 4	1119	3 MD. 2/2ax	
6		31. DATE, FILED, (Nonth, Day, 1)	Mar)	32. REGISTR	AR'S SIGNATURE	1	J 1.			/			124	



DHMH-18 Flev

		1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	RTMENT OF I	DEATH AND	MENTAL HYGIEN		0 2 1 1 1	
1		1. DECEDENT'S NAME (First, Middle, Last)	D 1 0		~ .		2. DATE OF DEATH MONTH D	MY YE	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER		harles	Schat		April 7. DATE OF BIRTH	3, 199		
		220-03-8867		7 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) 05/20/	15	BIRTHPLACE (State or Foreign Country)	
3 should		9a. FACILITY NAME (If not institution, give st	/	,	9b. CITY, TOWN	OR LOCATION OF DI		9c. COUNTY	laryland of DEATH	
2,3	OR	19 Bishops Lan	e 212	28	Cato	nsville	2	Baltimore		
<del>-</del>	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY	
permit, Pages		Maryland	Baltimore			Cato	nsville		LIMITS?	
Eed	FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
physician, burlal-transit	NE	19 Bishops Lan					228		SA	
physician. burial-trar	F	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	U.S. ARMED 2 NO	It yes, sp	ecify Cuban, Maxica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.	
attending se as the	В В	3 Widowed 4 Divorced	WW		T TES	2 XNO Specifi	r:		Specify: White	
al or atter	TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of I	USUAL OCCUPATION Work done during me	ON est of working	16b. KIND OF BU			
spital of	PLE	Elementary/Secondary (0-12) 9th	College (1-4 or 5 +)	ille. Do NOT u	Painter		Paintin		ractor ommercial	
the hospital detached fo	COMPLET	17. FATHER'S NAME (First, Middle, Last)			rarneer		ME (First, Middle, Meiden		Jimercial	
\$ 5 E	BE	Christoph	er Schatz					Stumpf		
5 should notified	5	190. INFORMANT'S NAME (Type/Print)  Rachel I. Scha					Route Number, City or Tow			
		20a. METHOD OF DISPOSITION			ishops		DATE 200.LO	Lle, M		
9 5 5		1 N Buriel 2 Cremation 3 Remo	wat from State Come	itery, crematory or o	ther place) re Memori	al Park	4/7 E1	krido	or Town, State	
death. Page funeral directly was funeral directly		21. SIGNATURE OF FUNERAL SERVICE UC	BASEE Men 14		22. NAME AI	ID ADDRESS OF FA	CILITY			
0 0 0		George E.	MacNabb		301 F	rederic	eral Home	≥, P.A Balto.	, MD 21228	
within 24 nours npietely filled in termation, or relevant, the media		23. PART I. Enter the diseases, or contained the second sec	let only one ceuse on as	ch iina. Lust s	hjarten		h as cardlec or resp	iratory arrest,	Approximate interval Between Onset and Death	
th certificate be execuending physician and I Hygiene prior to bur or other traumative	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A (							
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea TO THE FUNERAL DIRECTOR: After this certificate has been signed by the att be filed within 72 hours after death with the State Dept, of Health and Menta IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury,	MEDICAL	PART II. Other significant conditions (Chrown Cu	Contributing to deeth bu	t not reaulting	in tha underlying	g ceuse given in	Part I. 24a. WAS AN PERFOF 1 TYES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF 0EATH?  1 YES 2 NO	
The laste has ate De	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Che	ock only one)			
certificathe Strate	PHYSI	1 TYES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 ER/Outpet		4 - Nursing Hom	5 Residence				
this chith with		1 Netural 5 Pending	(Month, Day, Year)	28b. TIM INJ	URY WO	URY AT FIK? (ES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	D	
CTDR: After after death	TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY - building, etc. (Specify	At home, farm, s			28t. LOCATION (Street a City or Town, State)		ural Route Number,	
DIRE Hours	COMPLET	290. CERTIFIER (Check only	SIAN: To the best of my knowle	dge, death occurre	ed at the time, data	and place, and due	to the cause(a) end mar	nner as stated.		
SPITA NEPAL hin 72 NT: If	M O		: On the basis of exemination						use(a) and manner as stated.	
HE HO HE FU ed wit	ш	296. SIGNATURE AND THE OF CERTIFIER				29 LICENSE NUM		29d. DATE SIG	NED (Month, Day, Year)	
E 65 € 18 € 18 € 18 € 18 € 18 € 18 € 18 € 1	TO B	gour -				02478	2	▶ 04,	/05/93	
		30. NAME AND ADDRESS OF PERSON WHO				1 D	1 7 1		(D. 01000	
		Charles R. Grah 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAL	TURE	y rred	erick R	oad Bal	to., 1	1D 21228	
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requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	physician and cor	e prior to burial, cremation, or removal.	er traumatic event, the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendir	be filed within 72 hours after death with the State Dept. of Health and Mental Hygien	MPORTANT: If item 28 is marked, or item 23 shows any injury, or
1	7	1	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - STATE OF M	ARYLAND / DEPARTME CERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	
1	1. DECEDENT'S NAME (First, Middle, Last)	Sounders		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. lest birthday) IF UN	DER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH	BIRTHPLACE (State or Foreign
	220-01-3593 15M2 = F	79 YRS. MONTH	S DAYS HOURS MIN.	(Month, Day, Year) 8-14-93	Morth Carolina
œ.	9e. FACILITY NAME (If not institution, give street and number)	9b. C	TY, TOWN OR LOCATION OF D	EATH 9c. COUN	NTY OF DEATH
6	St Hanes Hospital RESIDENCE OF DECEDENT		Daltimore		
DIRECTOR	100. STATE 10b, COUNTY	10c. CITY, TOW	N OR LOCATION		10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Dalt	101. ZIP CODE		1  YES 2 □ NO
FUNERAL	115 Upmanor Rd.		2122		ZEN OF WHAT COUNTRY? USA
J.	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico	NIC ORIGIN? (Specify Yee or No-	14. RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married IF YES, GIVE WII 3 M Wildowed 4 Divorced		1 YES 2 NO Specific		Specify Black
GD.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S USUAL	OCCUPATION ne during most of working	16b. KIND OF BUSINESS/IND	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retire	d.)		
OMF	17. FATHER'S NAME (First, Middle, Last)	TRUCK D		Aetna Packii	ng Company
ECC	Matthew Saunders		I	ME (First, Middle, Melden Sumeme) Pierce	
0 8	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDR		Route Number, City or Town, State, Zip	Code)
F	Rev. Dwayne Saunders	8963 Goo	d Harvest Cou	art Jessup, l	MD 20794
	20a. METHOD OF DISPOSITION 1X Burlat 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF DISE cemetery, crematory or other pla	ce)	DATE 20c. LOCATION - 0	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Cedar Hill C	emetery 22. NAME AND ADDRESS OF FA	4/3 Anne Ary	undel Co. MD
	Herbert &		501 Gwynns Fa altimore, MD		rar nomes, me.
	23. PART I. Enter the diseases, or complications that shock, or heart fellure. List only one caus	ceused the death. Do not en	ter the mode of dying, suc	h as cerdiec or respiratory arm	
	IMMEDIATE CAUSE (Final disease or condition				Interval Between Onset and Death
	resulting in death)	PR AS A CONSEQUENCE OF):			7 d=15.
z	es con ver exercise				
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OR AS A CONSEQUENCE OF):			
FIC	CAUSE (Disease or Injury C.	OR AS A CONSEQUENCE OF):			
CERTIFICATION	resulting in deeth) LAST				
AL C	PART II. Other aignificant conditions contributing to d	eeth but not resulting in the	underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
	Abdonne Aorfic	Brenzen		PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC					OF DEATH?
PHYSICIAN:	OF MAC CASE DEFENDED TO MEDICAL				
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2. NO 1 Inpution 2	ER/Outpetlent 3 DOA 4 D			
ЖНХ	27. MANNER OF DEATH 26s. DATE OF II	JURY 28b. TIME OF	furning Home 5 ☐ Residence 28c, INJURY AT	6 Other (Specify)  28d. DESCRIBE HOW INJURY OCC	URED
ВУ Р	1 Netural 5 Pending (Month, Day 2 Accident Investigation	Year) INJURY M	WORK?		
		INJURY — At home, farm, street, t c. (Specify)	actory, office	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
ET		Submit 2 52			
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of medical examiner: On the basic of examiner:	r knowledge, death occurred at the mination end/or investigation, in m	e time, date end piece, end due y opinion, death occured at the	to the cause(e) end manner ee state time, date and place, end due to the	ed, s ceuse(e) end manner as stated.
	29b. SIGNATURE AND THE OF CERTIFIER		29c. LICENSE NUI		SIGNED (Month, Day, Year)
TO BE	Christle	) MI			-30-93
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Print)			
	APP 05 1993 Sule Devid	S SIGNATURE			

3. TIME OF DEATH

731 A M

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

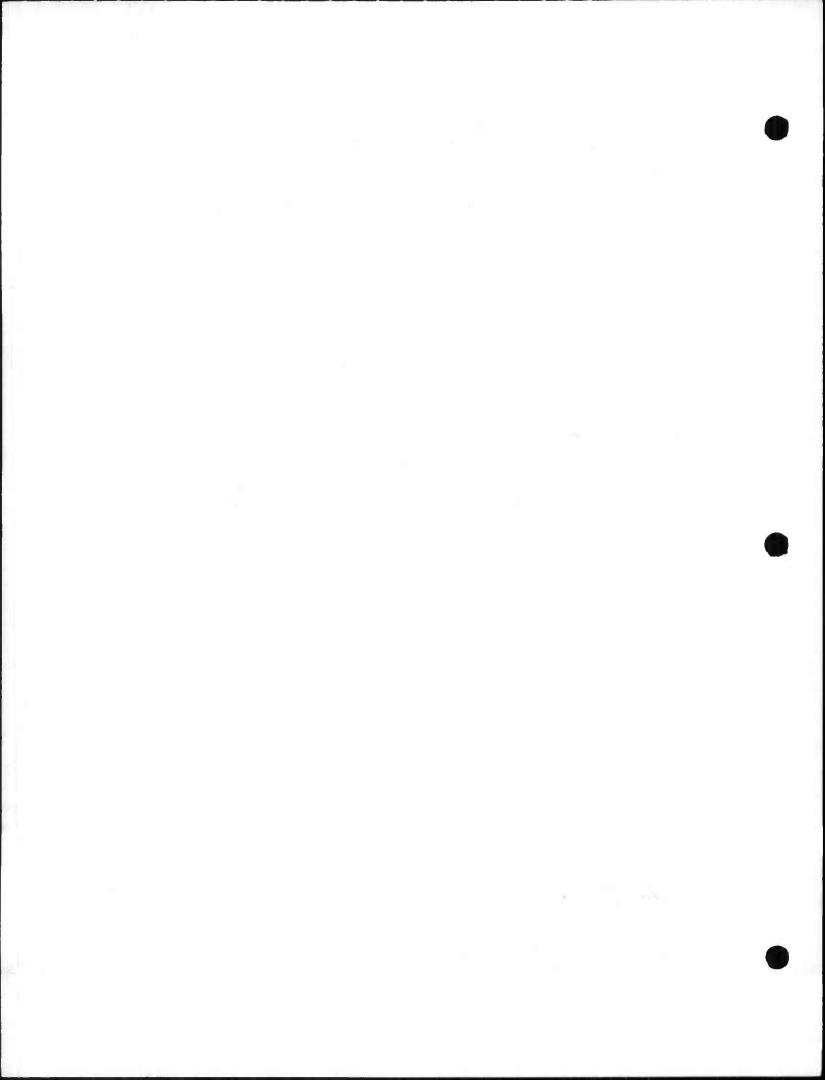
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		George	Rd	DEET	Smo	XX	2. DATE OF D	DAY	75°	731A
5		4. SOCIAL SECURITY NUMBER 218-01-7171	5. SEX 6. AG	SE (In yrs. last birthday)  R3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day		Country)	ACE (State or Foreign
3 should	NC.	9a. FACILITY NAME (If not institution, give s	of RALTII		annelle .	IMURE	EATH MT	-	CTIM	тн
es 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			TOWN OR LOCAL		1117	11/7		Od. INSIDE CITY
permit. Pages		Maryland			ltimor					LIMITS?
isi	FUNERAL	10e. STREET AND NUMBER  2411 Brookfiele	d Avenue		101	21217		10g. CITI	ZEN OF WHA	AT COUNTRY?
21215-0020 all or attending physician, for use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 YE SENTENCES YES, GIVE WAR OF	ES 2 NO	If yes, sp	CENDENT OF HISPAN ecity Cuban, Mexica i 2 NO Specify	n, Puerto Rican,	ecify Yes or No	14. RACE -	- American Indian, White, atc.
ttending e as the	EO B	15. DECEDENT'S EDU		16a. DECEDENT'S U	ISUAL OCCUPATION	ON	16b. KINI	OF BUSINESS/IND	HISTRY	Black
21 for u	COMPLETI	(Specify only highest grade Elementary/Secondary (0-12) 5th Grade	College (1-4 or 5+)		ork done during mo retired.)	ost of working		Mt. Calv		
MARYLAND 3 retained by the hospital 5 should be detached for	ш	17. FATHER'S NAME (First, Middle, Last)  John Smoot				18. MOTHER'S NA Elizabe	ME (First, Middle	, Maiden Surname)	7	
MAR retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural I				1 01017
		Julia Ann Smoot		20b. PLACE AND DATE OF	DISPOSITION (Ne	eld Ave.	Balt	imore, 1	_	
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		1 Buriel 2 Cremation 3 Bam 4 Donation 5 Other (Specify)		cemetery, cremetory or other Cedar Hill			4/6	Baltimor	e, Ma	ryland
0 - 0		Lury L	Kollens		250	l Gwynns imore, Ma	Falls	Parkway	al Ho	omes, Inc.
of filled in the stilled ON	23. PART i. Enter the diseasea, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate	e. ALUMO, DUE TO (OR AL	aach lina.	:	de of dying, suci	h aa cardiac (	or respiratory arr	eat,	Approximate interval Between Onset and Desth	
15, P.O. BOX 68760, to death certificate be executed with the attending physician and complete Mernal Hygiene prior to burial, cremilury, or other traumatic event.	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	S A CONSEQUENCE OF):						
RECORDS, requires that the dear een signed by the att of Health and Merria shows any injury,	MEDICAL	PART II. Other algorificant condition	a contributing to deeth	but not resulting in	the underlying	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
	IAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	eck only one)			
> 4 2 9 5	PHYSICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/O	utpatient 3 DOA 4	OTHER:	e 5 🗆 Residence		cify)		
ON OF DING PHYSIC After this ce death with the a marked,	ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	r) injui	RY WO	RK? YES 2 NO	26d. DESCRIB	E HOW INJURY OCC	CURED	
TENDI TTENDI TTOR: A after di	ETED	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJU building, atc. (S	IRY — At home, ferm, str pecify)	eet, factory, offic		281, LOCATION City or Tow	(Street and Number in, State)	or Rural Roul	te Number,
# 24 F	COMPL		CIAN: To the best of my known in the basis of examinar							nd manner as stated.
TO THE HOSPI TO THE FUNER be filed within	O BE	296. SIGNATURE AND TITLE OF CERTIFIER	Day			29c. LICENSE NUN	IBER	29d. DATE	SIGNED (M	Conth, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	Print)			,	,	
10		APR 05 1993	32. REGISTRAR'S SIN	GNATURE Condess						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF JATA RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYS.

TO THE HOSPITAL OR ATTENDING PHYS.

TO THE HOSPITAL OR ATTENDING PHYS.

TO THE KUNERAL DIRECTOR. After this complete by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	93	09244
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEI		3 09244
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Charles	W.	TOML IN			4-1-93	DAY	7:30 P M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	218-01-8408		7 YRS.	ANTHS DAYS	HOURS MIN.	March 17,	1906	Virginia
_	9a. FACILITY NAME (if not institution, give a	treet and number)	9	b. CITY, TOWN O	R LOCATION OF DE	EATH		OF DEATH
6	Franklin Square I	<u>lospital</u>		Rossvil	le		Bal:	timore
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY. T	OWN OR LOCAT	ION			10d. INSIDE CITY
<b>E</b>	Mamrel and Dalles							LIMITS?
	Maryland Balti 100, STREET AND NUMBER	imore County	Mida	le Rive	ZIP CODE		100 CITIZEI	1 YES 2 X NO
FUNERAL	10 Dight Wing Day	12					1	
Ž	12 Right Wing Dri	12. WAS DECEDENT EVER II	U.S. ARMED		21220	VIC ORIGIN? (Specify Ye	U. S	
							RACE — American Indian, Black, White, atc.	
BY	3 Wildowed 4 Divorced			1 10103	Zaga NO Specin	γ.		White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	UAL OCCUPATIO	N st of working	16b. KIND OF BU	JSINESS/INDUS	
91	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT use n	etired.)	i or working			
MP	7		Laborer			Martin	Co.	
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malde	Surname)	
BE	J. Pett Tomlin	1			Annie		nnett	
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To	wn, State, Zip Co	ode)
		Tomlin	12 Righ					ryland 21220
	20s. METHOD OF DISPOSITION    Burlal 2   Cremation 3   Rem   Dopation 5   Other   Company		PLACE AND DATE OF Delery, cremetory or other			1	DCATION — CIT	y or Town, State
	4 Dogetton 5 S Other (Sectly)	Ga   Ga	rdens of		4/5/1993		timore	Maryland
	12/1/2	8 _/			D ADDRESS OF FA	uneral Hom	o DA	
	Delevel	1		1407 E	astern A	venue Es	sev M	arvland 21221
	R3. PART I. Enter the diseases, or shock, or heart failure.	complications that caused	the deeth. Do not	entar the mod	ie of dylng, suc	h es cardiac or resp	elratory srres	t, Approximata
	IMMEDIATE CAUSE (Fine)	Desonity ene ceuse on e	ech line.					Interval Between Onset and Desth
	disease or condition resulting in death)	/ Mu	mone	a;				5 day
	,	DUE TO (OR AS A	CONSEQUENCE OF):	ni (	1121			or A
Z	Sequentially list conditions,	a - Mar	iseve 1	PET (	NA			8 days
Ĕ	if eny, leading to immediata	DUE TO (OR AS A	CONSEQUENCE OF):	- MA	1			7110 109
5	CAUSE (Disease or Injury	c. DUE TO COR AS A	CONSEQUENCE OF):	4/	/			many
Ē	that initiated events resulting in death) LAST	out to ton as a	CONSEQUENCE OF):					
CERTIFICATION		d						
AL	PART II. Other significent condition	s contributing to death b	ut not resulting in t	the underlying	ceuse given in			24b. WERE AUTOPSY FINDINGS
S						1 TYES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä								OF DEATH?
ż								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)		
Sic	1 VES 2.10	HOSENTAL:		THER:  Nursing Home	5 🗆 Residence	8 Other (Specify)		
£	27. MANNES OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJL		28d. DESCRIBE HOW	INJURY OCCUP	RED
BY	1 Metural 5 Panding Investigation				ES 2 NO			
	3 Suicide 6 Cgufti not be	28s. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stre-	et, factory, office		28f. LOCATION (Street City or Town, State		Rural Route Number,
	4 Nomicide						, 	
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	edge, death occurred a	t the time, date	and place, and due	to the cause(a) and ma	nner as stated.	
8								ause(a) and manner as stated.
U U	29b, SIGNATURE AND EITLE OF CERTIFIE		-		29c. LICENSE NUM	ABER .	29d. DATE S	IGNSD (Month, Day, Year)
0	MONG.	axis to	· MM		0010	12/	D 4	42195
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)	7010	1 1	7	1-1-13
	V 805 FA	iselaso a	UP. Bu	llow	no it	Nd. 21	220	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE		*IF / / *	n -/		
	APR 05 1993	who Davidson	- Pandett					

The state of the s

DHMH-16 Rev 1/89

N III	DIVISION OF WINDS, P.O. BOX 68/80, BALLIMORE, MARYLAND 21215-0020	start the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	and by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	th the state of the little and Mental Hygiene prior to burial. Cremation, or removal.	IMPORTANT: if item 28 is marked, or here any injury, or other traumatic event, the medical examiner must be notified at once.
	DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICIAN CITY		De Su	IMPORTANT: If Item 28 is marked, or Item 25 The

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		, 0,2
9	1. DECEDENT'S NAME (First, Middle, Last)	rell Mu	riel Eliza	abeth Terrell	2. DATE OF DEATH MONTH	AY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 21927084	1 - M 2 5 5	(55) YRS. MON	5. 5.5	7. DATE OF BIRTH (Month, Day, Year)	Count	IPLACE (State or Foreign
TOR	99 FACILITY NAME (If not institution, give s	4 4	9b.	Balt.	Md.	9c. COUNTY OF D	
DIRECTOR	10e. STATE 10b. COUNT Bal	timore		MN OR LOCATION  Siddle River			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	12437 Easter			101. ZIP CODE 21.22	0	10g. CITIZEN OF V	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	3/FWHO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	Blac	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use reti	one during most of working	166. KIND OF BU	SINESS/INDUSTRY	
MPL	12		Assistant	Administrate		valescent	Home
BE CO	17. FATHER'S NAME (First, Middle, Last)  Eddie H.	Brown		18. MOTHER'S N	ie P. Yo	sumame) ung	
TO B	190. INFORMANT'S NAME (Type/Print) Luther D. Terrel	-		RESS (Street and Number or Rural Eastern Ave.			22.0
	209. METHOD OF DISPOSITION 1AL Burial 2 Crementon 3 Bern 4 Donation 5 Ofther (Specify)	1//	PLACE AND DATE OF DIS	Cemetery	4/3/98 M	iddle Riv	
	ACCUPATION OF FUNE BENVICE D	De de	L	Bruzdzinski 1407 Eastern	Funeral Ho		21 221
	25. BART I. Enter the diseases, or shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in death)	a. Waria	d the death. Do not e ach line.	nter the mode of dying, su	ch as cardiac or reap	iratory arreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):				
MEDICAL	PART II. Other significant condition	ns contributing to death b	ut not resulting in th	e underlying cause given in	Part I. 24a. WAS AN PERFO	RMED?	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH (C	heck only one)		
HYS	1 YES 2 NO	28a, DATE OF INJURY		Nursing Home 5 Residence	8 Other (Specify)	IN ITIES OCCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?  1 YES 24 NO	250.0200.00	WOON COCONED	
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street	factory, offica	28I. LOCATION (Street City or Town, State	and Number or Rural F	Route Number,
COMPLETED				the ilme, date and place, and du			) end manner as stated.
뀖	296. SIGNATURE AND TITLE OF CERTIFIE	R		29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)
2	3d. NAME AND ADDRESS OF PERSON WHI	1 1			Balt md	2173	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			47.	Je [ 27 ] 7	m 50

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3. TIME OF GEATH

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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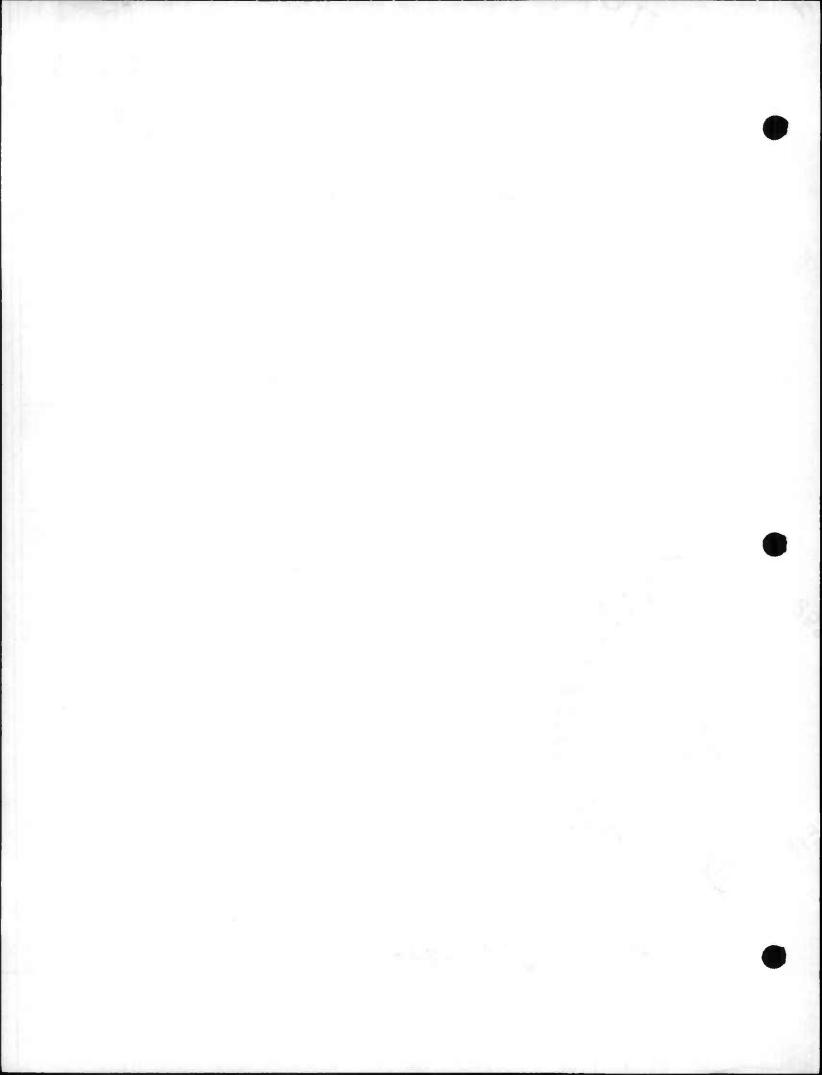
04 1993 08:20 M Jose Toscano Sr. A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER t YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAVE HOURS 1 × M 2 □ F 119-22-6707 87 YRS. 8-19-1905 Spain page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore City Walter Knoll Nursing Home RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Baltimore Maryland 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2304 Pinewood Ave. 21214 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 💢 YES 2 🗌 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) 8 Yrs. College (1-4 or 5+) Steel Worker Bethlehem Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Pepe Toscano Maria MoJarro BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Edith Luaces 2304 Pinewood Ave., Baltimore, Md. pe 20a, METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must director, p Holy Redeemer Cemetery 4-3-93 Baltimore, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. Roy H. Cather the funeral H. Oather Roy 5305 Harford Rd. Baltimore, 21214 medicai 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by 1 Approximata shock, or heart failure. List only one ceuse on each line. intervai Betw 6 **IMMEDIATE CAUSE (Finei Onset and Death** ORECTOR: After this certificate has been signed by the attending physician and completely fille hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, the disease or condition\_ schemic cardiomyopathy executed within resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? any 1 TYES 2 THO OF DEATH? shows a HTN 1 YES 2 NO COPD PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) tem HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: T YES 2 NO : ng Home 5 ☑ Residence 8 □ Other (Specify) OR ATTENDING PHYSICIAN: 6 28s. DATE OF INJURY (Month, Day, Year) 27, MANNEB OF OEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investige YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 8 Could not be PLETED item 28 4 Homicide 29a. CERTIFIER

(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) toute in eodore 041104 14 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Theodore 7825 alt York 21204 1 32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) in Davidson 05 1993 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



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ITEMS: 23 PART I, II, 27, 28a-f, PER MEO G-698

	1 - STATE REGISTRAR	VOIME OF I	CE	RTIF	ICATE O	F DEA	LH		EG. NO.	<b>C</b>		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF I		w	YEAR	3. TIME OF DEATH
	David	Greq	ory		Taylor				93	0820 M		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last		IF UNDER 1 YEA		24 HRS.	7. DATE OF E (Month, Da	HRTH v. Year)		8. BIRTHI Country	PLACE (State or Foreign
	283 66 5595	1.MM 2 - F	19	YRS.	WONTING COAT	HOOMS	MINTE.	DEC 3	3 19	13	03	Hio
~	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOW	N OR LOCATI	ON OF DE	ATH	. )	9c. COU	NTY OF DE	ATH
0	1714 Ryewood	Road			Pa	rkvil	le			Bal	Ltimo	ore
DIRECTOR	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
뚭	MARYLAND BAI	Jimos			PARK	2115					1	LIMITS?
	10e. STREET AND NUMBER	111100			MRN	101. ZIP CODI	Ē			10a, CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	1714 RYEWOO	O ROD	$\cap$			21	1231				() 5	Ω 2
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. WAS I	ECENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 N	0		specify Cuba		n, Puerto Rican	, etc.)		Black. Specifi	, White, etc.
											W.	STIFE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	Completed)	(Gr	ve kind of	USUAL OCCUP		g	16b, KIN	D OF BUS	INESS/INC	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5 +	·) ////	Do NOT u	ee reared.)			-1			~ \	
N	17. FATHER'S NAME (First, Middle, Last)			-		40 1407	15010 111	1212			572	CIRIC CO.
	DAVIOT	Solva				10. MOT	) A	ME (First, Middle			100	
BE	19a. INFORMANT'S NAME (Type/Print)	17 7011	196	MAILING	ADDRESS (Stre	et and Number	or British B	hutta Mumber C	$\sim \sim$	500 Zin	4A (	730
2	FAMILY R	209023			SAME	2.0	DA		nty or rowr	r, Otato, Ziji	0000)	
	20a. METHOD OF DISPOSITION	2 (20 2 (20 - 2))	20b. PLACEA	NDDATE	OF DISPOSITION	(Name of	Jack	DATE	20c, LO	CATION —	City or Tov	vn. State
	1 Burial 2 Cremation 3 Remo	wat from State	cametery, crer	netory or o	ther plece	maria	1	93	Pa	eki	112 (	PARYLADO
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRES	S OF FAC	CHLITY	De V	JORI	in !	THATANID
	1/20	> 10 1				OD HA		1707	(2)	- 8	مار -	
	23. PART I. Enter the diseases, or o	complications that	coused the dec	eth. Do i	not enter the	Tode of du	ng such	RO N	O FO	1 P	IRKY	Approximate
	enock, or neart tenure.	List only one call	se on each line.					. 45 0010100	от гошра	atory or	icat,	Interval Between
disease or condition					Onset and Death							
	resulting in death)		OR AS A CONSEO									
Z	Sequentially list conditions b. INHALATION OF CONTENTS OF AEROSOL CAN											
of any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):												
5	CAUSE (Disease or Injury	DUE TO	OR AS A CONSEQ	UENOE A								
Ē	that initiated events resulting in death) LAST	002 10 (	ON AS A CONSEC	UENCE O	r):							
G		l		_								·
	PART II. Other significent condition	s contributing to	death but not re	sulting	in the underly	ing ceuse g	lven in i	Pert I. 24a.	WAS AN			WERE AUTOPSY FINDINGS
8	COCAINE ABUS	E						_ 18	YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE
E I								_ /				OF DEATH? 1 Nes 2 No
ż								_				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DI	EATH (Che	ck only one)				
PHYSICIAN: MEDICAL	1 XYES 2 NO	1 - Inpatient 2 -		□ DOA	OTHER: 4 - Nursing H	ome 5 🔀 Re	sidence (	B 🗆 Other (Spe	ecity)			
	27. MANNER OF DEATH  1 Netural 5 Pending	Per DATE OF	INJURY ny, Year)	26b. TIM INJ	URY	NJURY AT WORK?		26d. DESCRIE	E HOW IN	JURY OCC	CURED	
à	2 Accident Investigation	4/1/9	V	6:15		YES 2 💢	NO	UNKN				
	3 Sutcide (Could not be determined	building, o	FINJURY — At honetc. (Specify)	ne, tarrn, s	dreat, factory, of	fica		281. LOCATION City or Tox	vn, State)	1714		oute Number, Swood Rd.
9	29a, CERTIFIER	7. S. HIPS, S. W. S.	HOME					Parkv				
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC One) 232 MEDICAL EXAMINE											
8	MEDICAL EXAMINE		ammation and/or in	rvestigatio	n, in my opinion	, death occur	ed at the t	lime, data and	place, and	due to th	e cause(a)	and manner as stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	11. 7	LMA			29c. LICE	NSE NUM	BER		29d. DATE	E SIGNED (	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETE	(11)	939 /T	O-I-II	10.	C.M	.E.		04	01	1993
	Donald G. Wrigi 31. DATE FILED (Month, Day, Year)	32. REGISTRAF	1 1 1	Pe	nn St	reet.	Ba	ltimo	re.	Mar	ylar	nd 21201
	APR 05 1993	4.1:1	Evidson A									
	ni I/ 00 1333	- June 1	widon-10	mark.								

BALTIMORE, MARYLAND 21215-0020

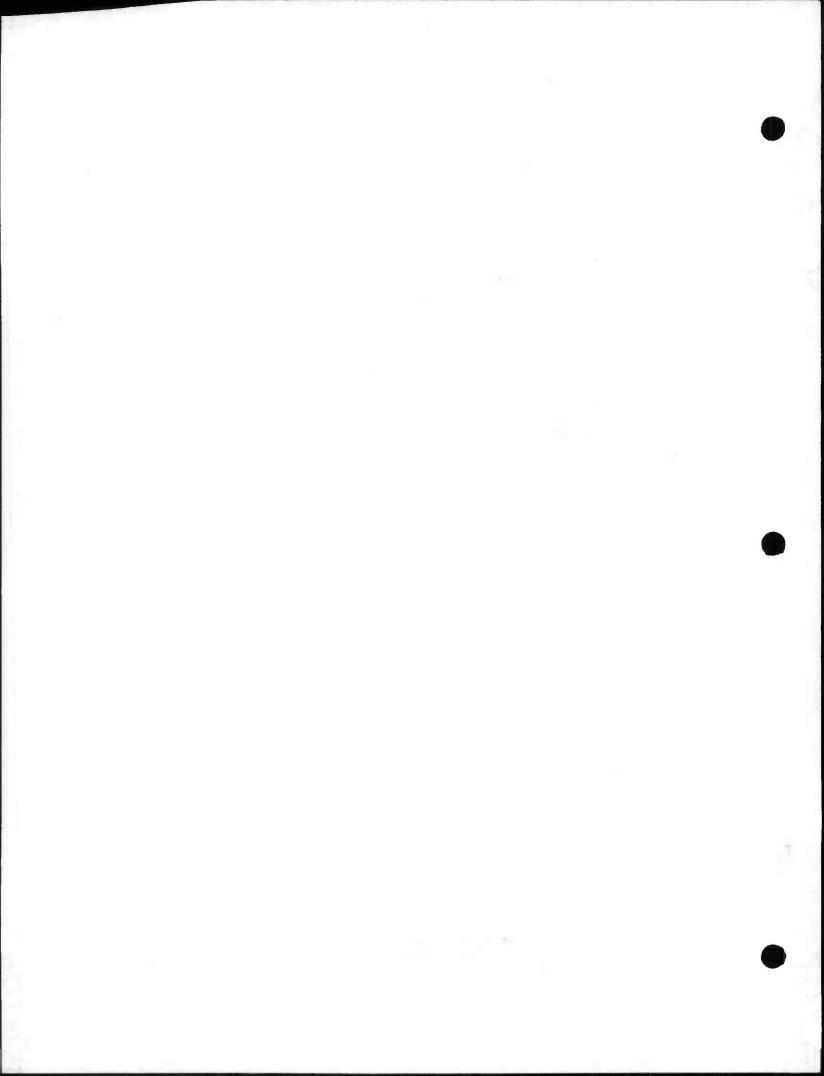
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	N: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ALF ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	2 shows any initiar or other traumatic awant the medical avaminar must he notified at secon
	withln 24 h	pletely fille remation,	ant the
	xecuted v	and comi	natic av
	cate be e	ohysician e prior to	ar fraum
)	ath certifi	tending parties	or oth
	at the dea	by the at	villal v
	quires th	n signed f Health	DIE BE
	e law re	has bee Dept. o	1 22 ch
	CIAN: Th	ortificate he State	-
1 1	PHYSIC	r this ce	Ham 28 is marked or
	ENDING	DR: After	R le mi
-	100	DIRECTI TOURS af	lam 2
d	壓	ERAE'I	T. 16 18

	1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF I	EALTH AND	MENTAL HYGIEI		, 0 ,	
	T. DECEDENT'S NAME (First, Middle, Last)		1	DEATH	2. DATE OF DEATH	J	3. TIME OF DEATH	
	Bruce Taylor	(Ech	Jap ()		March 29	1993	4:25 P M	
72.0	4. SOCIAL SECURITY NUMBER 215-56-6805	5. SEX 6. AGE (In yes last )	OFFICE BONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Mogth, Day, 2017	8.1	BIRTHPLACE (State or Foreign Country)	
	Be. FACILITY NAME (If not institution, give	street and number)	9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
DIRECTOR	Maryland General	Hospital	Baltimo	re CIty				
EC	10s. STATE 10s. COUNT	Y	THE SPRY, TOWN OR LOCAL	TION		7	104. INSIDE CITY	
100	MD		BATTO				1 OVYES 2 NO	
¥	10s. STREET AND NUMBER	1 00	10	C ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	6318 FDEE	Le DR		2121	5	W		
5	11. MARITAL STATUS 1 10 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO	If yes, ap	ecity Cuben, Mexico	NIC ORIGIN? (Specify York, Puerts Rican, etc.)	ns or No- 14.	RACE — American Indian, Black, While, etc.	
À	3 Widowed 4 Divorced	IF YES, GIVE WAS OR DATES	4 🗆 A83	2 NO Specif		1 3	Sour Black	
8	15. DECEDENT'S EDI (Specify only highest grad		EDENT'S USUAL OCCUPATI	ON	16b. KIND OF B	JEINESS/INDUST	THY	
1	Elementary/Secondary (0-12)		is kind of work done during mo to NOT use retired.)	net of working/	IV	/		
COMPLETED	12	- On	IDPING CO	ORD INA	OR EXF	ERY		
	17. FATHER'S NAME (First, Micross, Mac)	IAD.	/ /	18. MOTHER'S NA	ME (First Micros), Milion	n Sumanu)	To 1	
BE	19a. INFORMANT'S NAME (Type/Print)	~ Incesau	MAILING ADDRESS (Street	COK	EVNA	WIN	1590	
5	Ibella Mongo	ا ا	227 KO.Y	und splimbar og Fransi	N. D. R.	STA OF COR	2)	
	20s. METHOD OF DISPOSITION 1 M Burlat # Cremetion 3 - Ren	20th PLACE AN	ND DAJE OF DISPOSITION //	arrea of A	DATE 200 L	PORTION - CITY	or Town, State	
	4 Denetion 5 Other (Specify)	toval from State	TUS MAN	PARK	4/2/	Satra.	MD.	
1 1	21. MONATURE OF FUNERAL SERVICE LI	CENSEE / /	22. NAME A	NO ADDRESS OF FA	CILITY / O	1	721 1	
	1 Unover	7 KODV	The	LA Frale	001/00	dies	N 1/210,00	
	23. PART I. Enter the diseases, or	complications that caused the deal	th. Do not enter the mo	ide of dying, suc	h as cardiec or res	piratory arrest.	, Approximata	
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause on each line.					Interval Between Onset and Death	
	disease or condition Cardiorespiratory arrest							
	DUE TO (OR AS A CONSEQUENCE OF):							
NO I	Sequentially list conditions, Due to (or as a consequence of):							
ATI	if any, leading to immediate cause. Enter UNDERLYING							
밀	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEOU					i	
CERTIFICATION	resulting in death) LAST	d						
2	PART if. Other significant condition	ns contributing to death but not re-	sulting in the underlyin	a course alven in	Part I. 24s. WAS A	M ALITTOPION	24b. WERE AUTOPSY FINDINGS	
8	ARF, HIV, DV		sorting in the underlyin	g cause given in	PERFO	PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	ARC, HIV, DV				1 TYES	2 X X NO	OF DEATH?	
					-		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (CA	neck only one)			
SIC	EXAMINER?  1 YES 2 XHO	HOSPITAL: 1 Timpatient 2 ER/Outpatient 3	OTHER:	ne 5 🗆 Residence	6 Other (Specify)			
王	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN.	JURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
BY	1 XX Natural 5 Pending 2 Accident Investigation			YES 2 NO				
		3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)						
COMPLETE	4   nomicide detarmined							
뤛		SICIAN: To the best of my knowledge, deat						
8	2 MEDICAL EXAMIN	ER: On the besis of examination and/or in	vestigation, in my opinion, o	feath occured at the	time, date and place, a	and due to the ca	ruse(a) and menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	1//		29c. LICENSE NU	MBED	29d. DATE SI	GNED (Month, Dey, Year)	
2	DE NAME AND ADDRESS OF PERAME W	HO COMPLETED CAUSE OF DEATH (ITEM	27) (Time Print)		IM	0	2419/3	
	P. Sanjay, M.D.	c/o Maryland Ge	neral Hospi	tal				
	31. DATE FILED (Month, Day, Year)	Pres Tip CARLE GIONATURE						
	APR 05 1993	gratia Davidson-Ronde	2					



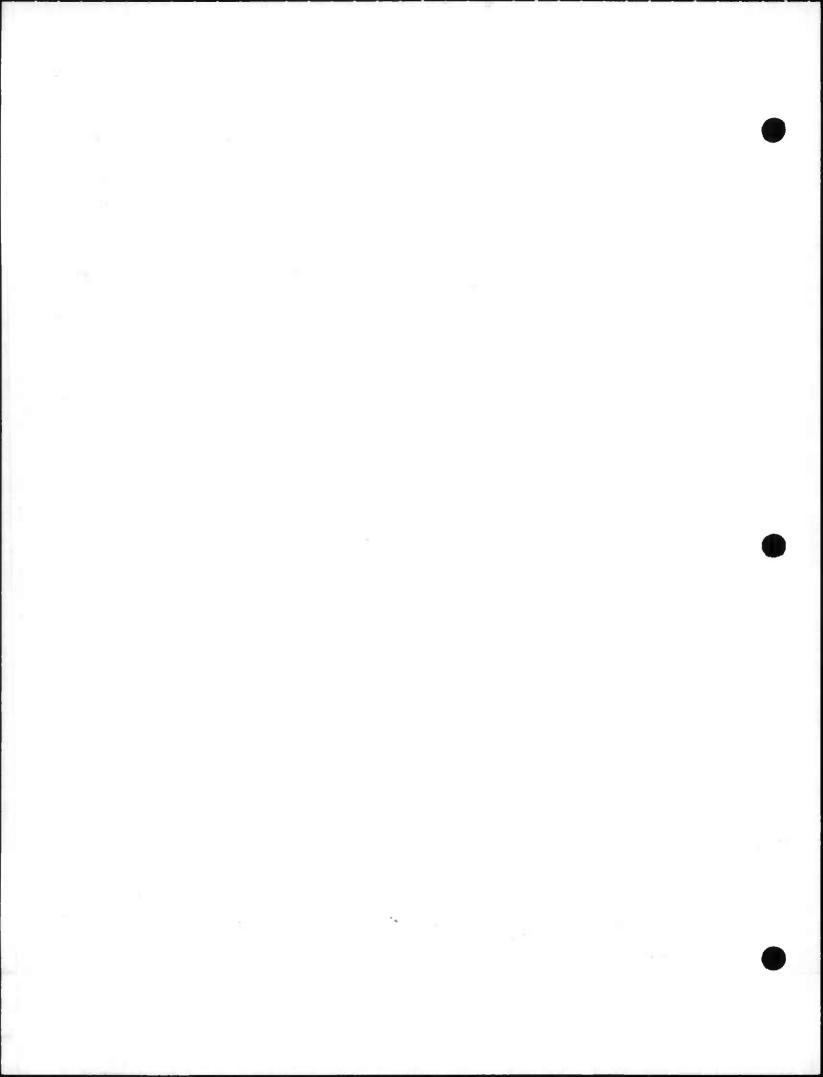
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1	The
2 20	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours afti
	£
THE RECORDS, P.O. BOA 68/60,	KINSON THE PROPERTY.
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TO THE TOSE THE TOTALIDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLY ALL PRECION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (FIRST, MINOR, LIST)  MARGARO	+ Tittiger		2. DATE OF DEATH DAY	3. TIME OF DEATH		
	214-82-5909 1 M 2 MPF 89 VRB. BANK BANK BANK BANK BANK BANK BANK BANK						
10R	SO. FACILITY NAME (If not institution, give street and number)  THIS OF EVERGROON NW JOSEPH BALLINGE CHE PONNA.						
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10b. COUNTY  10b. COUNTY  10b. COUNTY  10b. COUNTY  10b. COUNTY  10b. COUNTY  10b. INBUDE CITY LIMITET  10c. CITY, TOWN OF LOCATION  10d. INBUDE CITY LIMITET  10d. YES 2 \( \text{NO}\)						
FUNERAL	2525 W Bel	wedero Ave	101. ZIP CODE	0/5 10g. CITIZ	ZEN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1  Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci		14. RACE — American Indian, Black, White, etc. Specify:		
8	15. DECEDENT'S EDUCAT (Specify only highest grade on		done during most of working	16b. KINO OF BUSINESS/IND	USTRY		
COMPLET	17. FACHER'S HAME (First, Middle, Last)	House	Wife  18. MOTHER'S N.	AME (First, Middle, Maiden Surname)	0 14		
BE	194 DIFORMANT'S NAME (Type/Print)	geneder	Cath	Aoute Number, City or Town, State, Zip	n Brickmen		
2	James Co	rusles 9732	- Oennol	r Ct Pollin	none 2/234		
	20s MBTHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remove			DATE 20c. LOCATION —	City or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE // Panto	22. NAME AND STORES OF F	5/5   Ball	umora		
	· Colt C	onnelly	7/10 Sally	- Funeral Hor	the ded 212)2		
	23. PART I. Enter the diseases, Dr con shock, or heert failure. Lis	nplications that caused the death. Do not e	nter the mode of dying, su	ch as cardiac or respiratory arm	est, Approximate interval Between		
	IMMEDIATE CAUSE (Finel disease or condition	110	•		Onset and Death		
	resulting in death)  a. DUE TO (OWER A CONSEQUENCE OF):						
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	TO TO TO NO A SOURCE OF J.					
TIE	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):					
빙	L 4.						
CAL	PART II. Other significant conditions of	contributing to death but not resulting in th	e underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE		
MEDIC				1 Q YES 2 NO	OF DEATH?		
Z							
SICIAN:		IOSPITAL: OT	AS. PLACE OF DEATH (CI				
PHYS	1 YES 2 NO 1	26a. DATE OF INJURY 28b. TIME OF	Nursing Home 5 - Residence	6 ☐ Other (Specify)  28d. DESCRIBE HOW INJURY OCC	URFD		
ВУ Р	Netural 5 Pending 2 Accident investigation	(Month, Day, Year) INJURY	M 1 YES 2 NO				
	2   Accident 3   Suicide   6   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, offica   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED		IN: To the best of my knowledge, death occurred at On the bests of exemination and/or investigation, in					
ш	296. SIGNATURE OF CERTIFIER		29c. LICENSE NU		SIGNED (Month, Day, Year)		
10 B	30, NAME AND ANORES OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITEM 27) (Tong Period		1 4	1013		
	31. 6AHE PILED (Month, Day, Year)	COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print,	1777 Kent	nstown Rd	#365		
	APR 05 1993 4	he Davidson frendell					



3. TIME OF DEATH

12:38

10d. INSIDE CITY

14. RACE — American Indien, Black, White, etc.

1 - YES 2 NO

B. BIRTHPLACE (State or Foreign

COLOMBIA

REG. NO.

30

1934

USA

1993

9c. COUNTY OF DEATH

MONTGOMERY

10g. CITIZEN OF WHAT COUNTRY?

Specify:

White

2. DATE OF DEATH

MARCH

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DIVISION OF VITAL R	1

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

JAMES, (NMN) VASQUEZ

4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYE HOURS 095-26-9646 1 💢 M 2 🗌 F 59 MARCH 12. burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) Sh. CITY, TOWN OR LOCATION OF DEATH NIH, THE CLINICAL CENTER DIRECTOR BETHESDA, MARYLAND RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Palm Beach FLORIDA BOYNTON **BEACH** FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 7434 LE-CHALET BLVD 33437 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 X YES 2 \( \text{NO} \) Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced page 5 should be detached for use as the Colombian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Technician Dental 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) ALBERTO VASQUEZ notified at HELEN TARRA 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MICHELINA VASQUEZ 7434 LE-CHALET BLVD, BOYNTON e 20a. METHOD OF DISPOSITION
1 M Burlel 2 □ Cremetton 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must n by the funeral director, removal. cemetery, cremetory or other place)
Our Lady Queen of Peace 4 ☐ Donation 5 ☐ Other (Specify) examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Capitol Funeral Service, Falls Church, VA medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on sech line. filled in by IMMEDIATE CAUSE (Final and completely fille burial, cremation, disease or condition resulting in death) MULOTMYCOSIS of within CINUSCE extending into brain event, DUE TO (OR AS A CONSEQUENCE OF): executed Aplash c eme traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediata cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to 8 other 1 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST 6 injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? any 1 TYES 2 NO Shows this certificate has been a with the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item OTHER: 1 TES 2 NO 1- Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 🗆 Residence 6 🗀 Other (Specify) 9 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural
2 Accident INJURY BY 1 YES 2 NO FUNERAL DIRECTOR: After the within 72 hours after death HOSPITAL DR ATTENDING 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 99 3 Suicide COMPLETED 6 Could not be 50 4 Homicide Hem 29a. CERTIFIER

(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner ee stated. MPORTANT: IT 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29h. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 표보 D38786 223 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE
Lia Davidson-Randalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9000 ROCKVILLE PIKE, BETHESDA

BEACH, FL 33437 20c. LOCATION — City or Town, State Royal Palm Beach. Approximate interval Between Onset and Death 2 Men yes 5 months 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) DHMH-16 Rev 1/89

CYNTHA E. DUNBAR

APR 05 1993

31. DATE FILED (Month, Day, Year)

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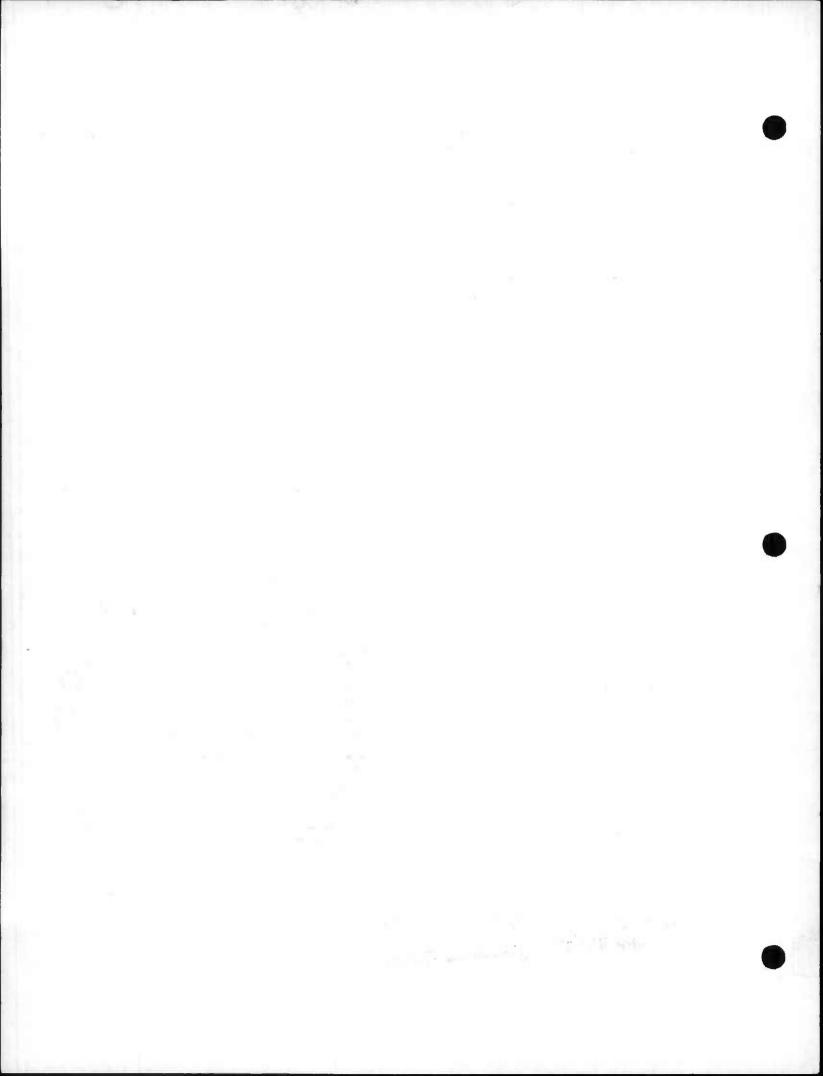
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 09251

	1 - FOR STATE REGISTRAR	STATE OF MAR		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	93 09251	
	1. DECEDENT'S NAME (First, Middle, Last)	DENNIS N	N, WATSON		2. DATE OF DEATH DAY April 2	2, 1993 7:02 A M	
	247-72-2591	1 XM 2   F		UNDER 1 YEAR IF UNDER 24 HRS. ITHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) 44 South Carolina	
TOR	90. FACILITY NAME (If not institution, give stre  1106 N. Central RESIDENCE OF DECEDENT		96.	Baltimore	DEATH	9c. COUNTY OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY Maryland		10c. CITY, TO	WN OR LOCATION Baltimore		10d. INSIDE CITY LIMITS? 1 1 YES 2 □ NO	
FUNERAL	100. STREET AND NUMBER 1106 N. Central	Ave.		10f. ZIP CODE	202	10g. CITIZEN OF WHAT COUNTRY?  USA	
BY FUN		12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 — YES 2 X NO Spec	can, Puerto Rican, etc.)		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	NTION ompleted) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b. KIND OF BUSI		
OMP	17. FATHER'S NAME (First, Middle, Lest)	4	Social	Worker 16. MOTHER'S	Baltimo  IAME (First, Middle, Maiden S	re Housing Authority	
BE	Ezert Watson		19h MAILING ADI	Hat PRESS (Street and Number or Run	tie Baker W		
10	Hattie Baker Wat	son			i Houle Number, City or lown, 1569	, State, Zip Gode)	
	20e. METHOD OF DISPOSITION  1		20b. PLACE AND DATE OF DI cemetery, cremetory or other p Loris Cemet	SPOSITION (Name of blece)		CATION — City or Town, State	
	21. SIGNATURE OF TUNERAL SERVICE LICE	althe	4	6009 Harford	TENBURG FUNE	ERAL HOME, INC.	
	23. PART I. Enter the diseases, or co shock, or heart failure. LI IMMEDIATE CAUSE (Final disease or condition	mpilications that can at only one cause to	used the death. Do not on each line.	enter the mode of dying, su	ich as cardiac or respir	Approximate interval Between Onset and Death	
	resulting in death) a,						
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury)						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF):	Tron			
MEDICAL C	PART II. Other significent conditions contributing to deeth by not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED? PERFORMED? 1   YES 2   NO OF DEATH?						
IN: ME	Materax	pelinen	J- Consolic	lation		1   YES 2   NO	
PHYSICIAN:		HOSPITAL:		26. PLACE OF DEATH (I	Check only one)  6  Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJU (Month, Day, Ye	JRY 28b. TIME OF	/	28d. DESCRIBE HOW IN	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined	28e. PLACE OF IN, building, etc.	JURY — At home, farm, stree (Specify)		281, LOCATION (Street are City or Town, State)	nd Number or Rural Route Number,	
COMPLET				the time, data and place, and d my opinion, death occured at ti		ner as stated. I due to the cause(e) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	du		29c, LICENSE N	309	29d. DATE SIGNED (Acron, Day, Year)  4/2/93	
	30. NAME AND ADDRESS OF PERSON WHO	Wayled	MD, 821	N. Entros	(+ lente 31	Balt rid ZRy	
	31. DATE FILAPR 05"1993	Julia Davi					



STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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**CERTIFICATE OF DEATH** 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) CHARLES CHESTER WILLIAMS, 3. TIME OF DEATH YEAR Charles Williams 1993 March 21 4:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 F DAYS HOURS YRS. 536 22 3723 6-23-23 Louisiana detached for use as the burial-transit permit. Pages 1. 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Maryland General Hospital Baltimore NA RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore City Maryland 1 YES 2 NO na FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11 W. 20th Street 21218 J-13 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, 1 YES 2 NG Specify: IF YES, GIVE WAR OR DATES BY Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 5+) 6 Teacher Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 2 notified at Charles C. Williams, Sr BE funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Juanito Williams 356 Larchmont Dr NW, Atlanto, Georgia 30318 9 20e. METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State comete.

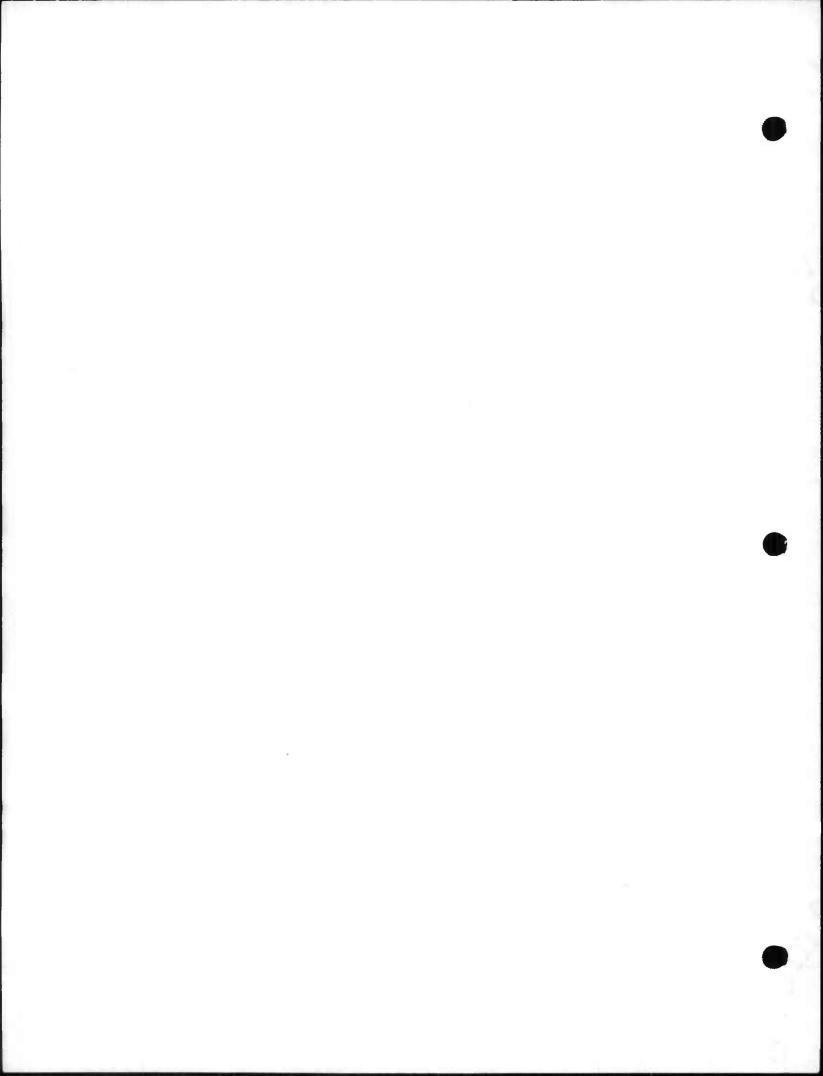
20b.PL

comete. 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must supportune of Junetial Sepince Licenses Ronald Wade, Dir examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 4/2/93 655 W. Baltimore St, Balto, MD 21201 has been signed by the attending physician and completely filled in by the bept. of Health and Mental Hygiene prior to burial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate interval Between **Onset and Death IMMÉDIATE CAUSE (Final** disease or condition Sepsis resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed Pneumonia traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO emy COMPLETION DF CAUSE 1 TES 2 NO shows ( 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) ltem met the State this certificate HOSPITAL OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 50 27, MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with 28 is marked, 1 Natural 5 Pending 1 YES 2 NO After the death v BY OR ATTENDING 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined DIRECTOR: / COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If Item 2! 29a. CERTIFIER

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due 29d. DATE SIGNED (Morth, Day Hear) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 38 A 5 ull A - Olin tan 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Leonardo GanLim, M.D. C/O Marylland General Hospital 827 Linden Ave 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 5 1993

Denier Renderle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

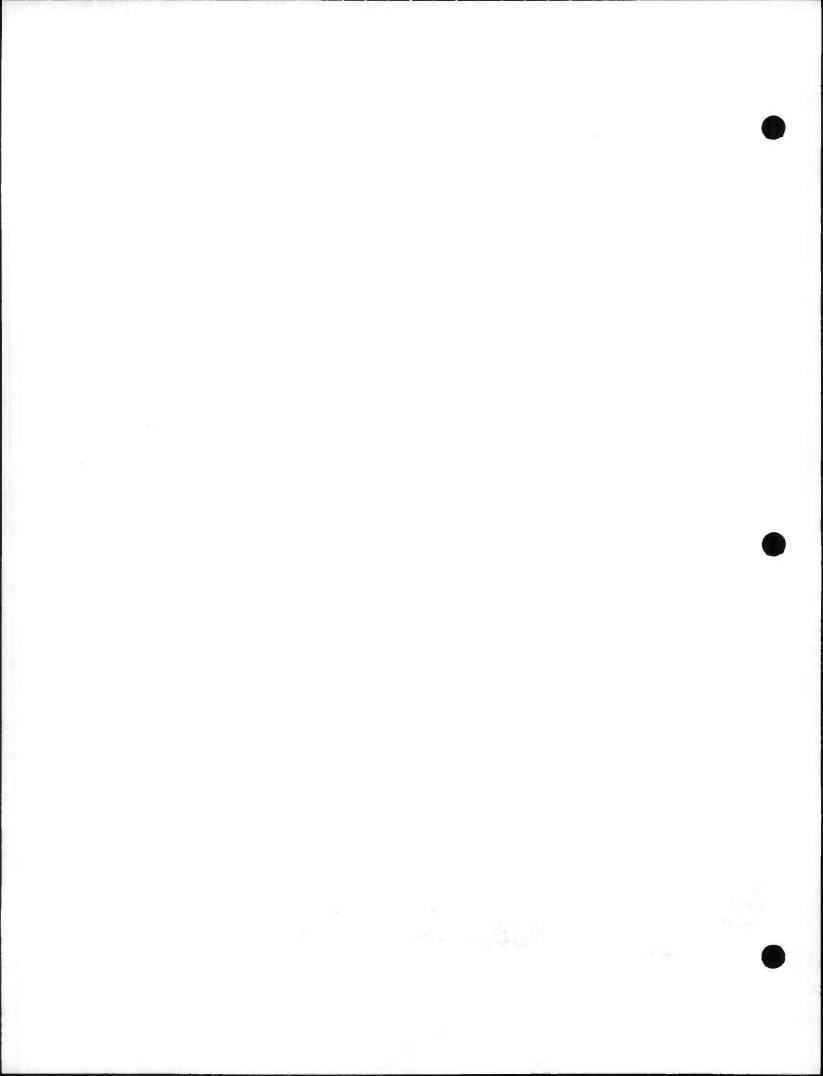


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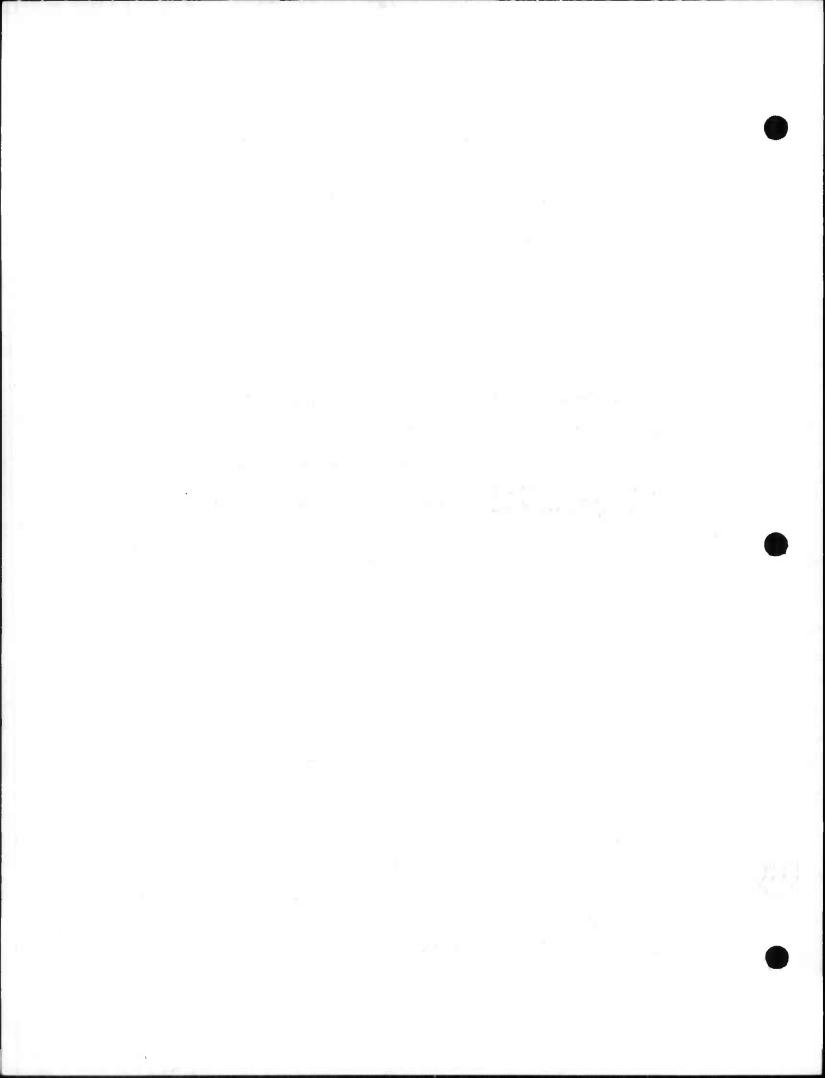
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AN	D MENTA	L HYGIENI REG. NO.	E	90 00	(m)	
	1. DECEDENT'S NAME (First, Middle, Last)	ADAM WORON	oN		MONT	4	5 4	3. TIME OF DEATH	м	
	4. SOCIAL SECURITY NUMBER 216 20 8204	135KM 2 □ F 67	YRS. MONTH		. Oct	of BIRTH	6. BIRTHPLACE (State or Foreign Country) Maryland			
<u>ب</u>	90. FACILITY NAME (If not institution, give so 916 Kinwat Ave.	treet end number)	96. 0	ESSEX	FDEATH		9c. COUNTY	of DEATH Ltimore		
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	-								
DIRECTOR		ltimore	1.0	N OR LOCATION			10d. INSIDE CITY LIMITS? 1  YES 2 HO			
RAL	916 Kinwat Ave.			101. ZIP CODE 2.7.2	21			OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed Divorced	12. WAS DECEDENT EVER IN U. FORCES? YES 2 IF YES, GIVE WAR OR DATE:	□ NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 1010 Sp						
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION 16	o. DECEDENT'S USUA	one during most of working od.)	16b	KINO OF BUS	iness/inous	TRY		
COMPL	17. FATHER'S NAME (First, Middle, Last) Kanon Woron		racini			Middle, Maiden Martin	Surneme)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Adam L. Woron	Son	719 Mi	ess (Street end Number or Ruddlebrough R	load Ba			. ,	1	
	20a METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Ram 4 Donation 5 Other (Speelly)	10.	Veterans	(Name of cometery, crematory Cemetery For	est			or Town, State County, Mo	d.	
	21. BIGHATUHI GE FUHENDE BERVICE CO	7-9/12	-	22. NAME AND ADDRESS OF Bruzdzinski 1407 Easter	Funer n Ave.	Balti	more,			
	IMMEDIATE CAUSE (Finel	complications that caused the List only one cause on each	e desth. Do not an iline.	iter the mode of dying,	such se can	disc or respi	ratory arrest	i, Approximate Interval Bett Onset and I	ween	
	e. Here in death)  e. Due TO (OR AS A CONSEQUENCE OF):									
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	DISEOUENCE OF):	aire card	VCned	enlar	dina	12 4	•	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):					7		
A	PART II. Other significant condition	ns contributing to death but	not resulting in the	undariying cause giver	in Part i.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO		
MEDIC						1 TYES 2	NO	COMPLETION OF CAL OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only o	ne)			-	
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatie		IER: Nursing Home 3 to Reelder						
	27. MANNER OF DEATH  Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?		SCRIBE HOW I	NJURY OCCU	RED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	factory, office	26f. LOC	CATION (Street a or Town, State)	and Number or	Rural Route Number,		
COMPLET	CONSON ONLY	HCIAN: To the best of my knowledger: On the basis of examination e							ted.	
8	296. SIGNATURE AND TITLE OF CERTIFIE  J. C. 1045044	O Souran	, M.D	29c. LICENSE	NUMBER		29d. DATE S	IGNED (Month, Day, Year)		
욘	30. NAME AND ADDRESS OF PERSON WI	O DONOVAN	(ITEM 27) (Type, Print)	2112 1	alha s	ALA	z . B	ALT MA	2	
	31. DATE FILEP RITE US YOU'S 1993	32. REGISTRAR'S, SIGNATU	Rondell		- 4 mile it by Br		,	!		

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH 004 Agnes E. Wayland 3/30/93 4. SOCIAL SECURITY NUMBER 5 SEX 7. DATE OF BIRTH (Morgh, Day, Year) 9/17/1905 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 1 🗆 M 2 🕃 F 215-50-9965 87 YRS. Md use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Harbor Hospital Center Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Md Baltimore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4110 6th Street 21225 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. I filled in by the funeral director, page 5 should be detached for use as the buriat-tran 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify В Specify: 3 Widowed 4 Divorced white COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6th Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumerne) William Reitz Minnie Dressel To BE director, page 5 should notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rura, State, Zip Code) 2112 Drummond Road, Baltimore, Md. 21228 2 Frederick Wayland 9 20s. METHOD OF DISPOSITION
1 Durisi 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 Suriel 2 Cremation 3 4 Donation 5 Other (Specify) must Corraine Park 4/3 Baltimore, Md. examiner 21. SIGNATUJE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fulle Sterling Ashton Funeral Home M00550 filled in by the fion, or removal. 736 Edmondson Avenue Balto 21228 medicai 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betwe IMMEDIATE CAUSE (Final Onset and Death cremation, event, the disease or condition resulting in death) this certificate has been signed by the attending physician and completely with the State Dept. of Health and Mental Hygiene prior to burial, crematic within executed traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate death certificate be cause. Enter UNDFRLYING CAUSE (Diseese or Injury other that initiated events resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO the MEDICAL 24s. WAS AN AUTOPSY requires that shows any COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? 1 YES 2 NO PHYSICIAN: MP. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) The Hem OTHER: 1 YES 2 NO 1 Dinpetient 2 DER/Outpetient 3 DOA HOSPITAL OR ATTENDING PHYSICIAN: u S 🖂 Residence & 🖂 Other (Specify) 0 27, MANNER OF DEATH 28s. DATE OF INJUST (Month, Day, Year) 38c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 28 is marked, death with 1 | Natural 1 YES 2 NO DIRECTOR: After the hours after death ВУ 2 Accident 28s. PLACE OF INJURY -- At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, Oltr or Reen, State) COMPLETED 6 Could not be 4 Homicide ltem met 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL D DRITANT: II MEDICAL EXAMINER of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SHORED (Month, Day, Year) TO BE



	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTA	L HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last)	GEORGE A.	WOODIE			2. DATE	OF DEATH	1993 <sup>YEA</sup>	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-48-2133	M 2 □ F		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE A UG	OF BIRTH	947	RTHPLACE (State or Foreign Duritry) N . C .
ECTOR	9a. FACILITY NAME (If not institution, give 853 JAYDEE AV		9		UNDALK	EATH		BAL7	F DEATH CIMORE
DIREC	10a. STATE 10b. COUNT	BALTIMORE	10c. CITY, 1	TOWN OR LOCAT	ION UNDALK				10d. INSIDE CITY LIMITS? 1 YES 2 T NO
ERAL	100. STREET AND NUMBER 853 JAYDEE AVE			101	. ZIP CODE	2122	2		F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES		If yes, spe	ENDENT OF HISPA ecify Cuben, Mexico 2 X NO Specif	NIC ORIGIN an, Puerto F	? (Specify Yes	or No- 14. R	S.A.  ACE — American Indian, lieck, White, etc.  pecify:  WHITE
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of word life. Do NOT use r	k done during mo: etired.)	st of working	16b.		NESS/INDUSTR	Υ
COMPL	1.2 17. FATHER'S NAME (First, Middle, Last)	/1/20/20/2		JANIT	OR 18. MOTHER'S NA	AME (First, A		OFFIC]	₹
BE	REEVES ALLEN	WOODIE	10b MARI INC AT	DBESS (Street o	LORRA:				REINER
2	MICHELLE CRUML	EY			SLEY RO				0,21222
	20a. METHOD OF DISPOSITION  1 □ Burlal 2 🔂 Cremation 3 □ Ran  4 □ Donation 5 □ Other (Specify)	noval from Stata ceme	PLACE AND DATE OF I	DISPOSITION (Na	me of	DATE	20c. LOC	ATION — City o	r Town, State
120	21. SIGNATURE OF FUNERAL SERVICE LI	EDISON M.P	REEN MT. ERKINS 00083	22. NAME AN BRADL		TON	FUNER.	AL HO	ME INC. NDALK, MD.
CERTIFICATION	23. PART i. Enter tha diseasea, prahock, prheart fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease prinjury that initiated events resulting in death) LAST	a. META STAT  DUE TO (OR AS A  DUE TO (OR AS A	ch line.						Approximate interval Batwe Onset and Det
MEDICAL	PART II. Other significant condition	ns contributing to death bu	it not resulting in t	the underlying	cause given in	Part i.	24a. WAS AN AI PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;		26. PL	ACE OF DEATH (Ch	neck only one	»)		
	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY	28b, TIME 0	Nursing Home	JRY AT	6 Other		JURY OCCURED	
ВУ Р	1 Netural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJUR	M 1 🗆 Y	ES 2 NO				
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Special	— At nome, farm, stre	et, tectory, offica		281, LOCA City o	ATION (Street and or Town, State)	d Number or Rui	ral Route Number,
COMPLET		ICIAN: To the best of my knowle ER: On the besia of axamination							ne(a) and manner as stated.
TO BE CO	290. BIGHAZUME AND TITLE DE CENTIFIE				D39				IED (Month, Day, Year)
	30. MAME AND ADDRESS OF PERSON WI		- 600		WOLF	= ST	BAC	TIMON	END ZIZE
	APR 05 1993	Freia Davidson-16	noubl						

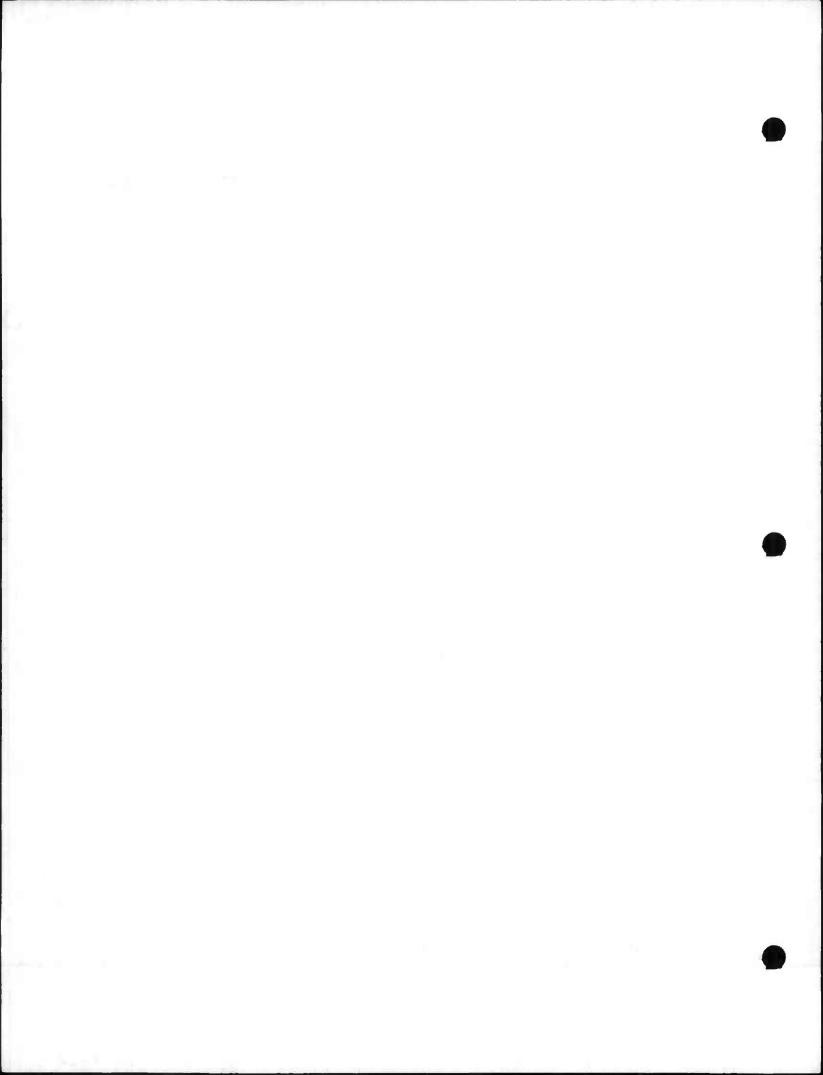


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTORS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR		STATE OF I	MARYLAND A	DEPAR	TMENT	OF H	DEATH	AND I	MENTA				
(1	1. DECEDENT'S NAME (First,	Middle, Last)			CATH	ICALE	OF	DEA	in_		OF DEATH			3. TIME OF DEATH A
			Wilmer F	. Watki	ns S	r.				Mar	ch 31,		3	8:56 M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. le		IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRT	HPLACE (State or Foreign
	214-03-1898		1 💢 M 2 🗆 F	75	YRS.	- 3	-13370	2000	2.50	Feb	. 7,19		Mc	
Œ	9a. FACILITY NAME (# not ins Fallston			to1			llst		ON OF DE	EATH		7.5	INTY OF	
5	RESIDENCE OF DEC		ai nospi	Lai		ra.	1151	.011					larfo	ord
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT							10d. INSIDE CITY
	Md.		Harford					F	alls	ton				1 YES 2 NO
RAL	10p. STREET AND NUMBER	1700	Daalaaa	ח			101	ZIP COD		017				WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	1709	Parkvue				SITES.		047			SA		
	1 Never Married 2 💢	Married	FORCES?	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			f yes, sp	ecify Cubi	ın, Mexica	n, Puerto	17 (Specify Yes Rican, etc.)	or No—	Blac	E — American Indian, ik, White, etc.
ВУ	3 Widowed 4 Divor	ced	IF YES, GIVE Y		_   '	U YES	2 KI NO	Specify	y:			Spec	white	
TED	15. DECE (Specify only	DENT'S EDUC	CATION completed)	16a. Di	ECEDENT'S	WORK done of	CUPATIO	ON st of worki	na	16b	KIND OF BU	SINESS/IN	DUSTRY	
Ë	Elementary/Secondary (0-	12)	College (1-4 or 5	+)								_		
COMPLET	12 yrs.	ddle Leetl		War	ter &	Sewe	erac				Balt Widdle, Meiden		0. M	ld.
	, , , , , , ,		enneth B	Motkin	20						MICICIIIII, MINICIONI			22
) BE	19a. INFORMANT'S NAME (Ty	pe/Print)		19	b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural I	Route Numi	ber, City or Tow	n. State. Zi	D Code)	UII
5	Mrs. Virgir	nia H.	Watkins		1709	Park	kvue	Rd.	Fal	lsto	n, Md.	21	047	
i	20a. METHOD OF DISPOSITION OF DISPOS	n 3 🗆 Remo	oval from State	20b. PLACE	AND DATE	OF DISPOS	ITION (Na	me of		DAT	E 20c. LO	CATION —	City or T	own, State
	Highview Memorial Gardens 4-3-1993 Fallston, Md.													
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY E.F. Lassahn Funer 11750 Belair Rd. Kingsville, Md. 2108								
					_									21087
	23. PART i. Enter the dis shock, or ha	seases, or c art fallure. I	omplications the List only one car	it caused the di use on each lin	aath. Do i a.	not anter	tha mo	da of dy	ing, suci	h as card	tiac or respi	ratory ar	rest,	Approximata intervai Between
	IMMEDIATE CAUSE (Final disease or condition							1-	Onset and Death					
	disease or condition resulting in death)  a. Candial - mi. arnest . Sw							idden .						
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은	Sequentially list condition if any, leading to immed	liate	DUE TO	(OR AS A CONSE	OUENCE O	F):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  C. 1/6 COPD- Chv-Rynnchibs Employsema 1049)									10423				
CERTIFICATION	that initiated events resulting in death) LAST					-0	2			, ,				6 montas -
S														
¥	PART II. Other significar	t condition	s contributing to	death but not	resulting	esulting in the underlying cause given in F				Part 1. 24s. WAS AN AUTOPSY PERFORMED?			241	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă									-	1   YES 2	NO		OF DEATH?	
Σ									·	—		,		1 TES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only on	no!			
Sic	EXAMINER?		HOSPITAL:	XER/Outpatient	3 🗆 DOA	OTHER	t:							
<u>₹</u>	27. MANNER OF DEATH		26a. DATE OF (Month, E	INJURY	28b. TIN		28c. INJ	URY AT			CRIBE HOW I	NJURY OC	CURED	
BY		Pending nvestigation	(Moriti, E	ray, roury	1144	M		RK? /ES 2	□ NO					
		Could not be	26a. PLACE C building.	of INJURY — At he etc. (Specify)	ome, farm,	street, facto	ory, office			28f. LOC City	ATION (Street or Town, State)	ind Numbe	r or Runal	Route Number,
	on certifier													
COMPLETED	(Check only		CIAN: To the best of											and the second
	The second secon			xamination eng/or	Investigation	ori, in my o	pinion, d				and place, an			a) and manner oa stated.
BE	296, SIGNATURE AND TITLE	N CENTIFIER	> 13	D. PA	REK	SH 1	yor	-	1843			29d. DAT	E SIGNE	(Month, Day, Year)
임	30. NAME AND ADDRESS OF	PERSON WHO		SE OF DEATH (ITE	M 27) /Type	Print)							5-51	172
	B-D-PAR			1908	Har	fera	1 11	d	Fall	Ston	MO	2	104	7
	31. DATE FILED (Month, Day)			VE STANATURE (	ande	2	70						-	/
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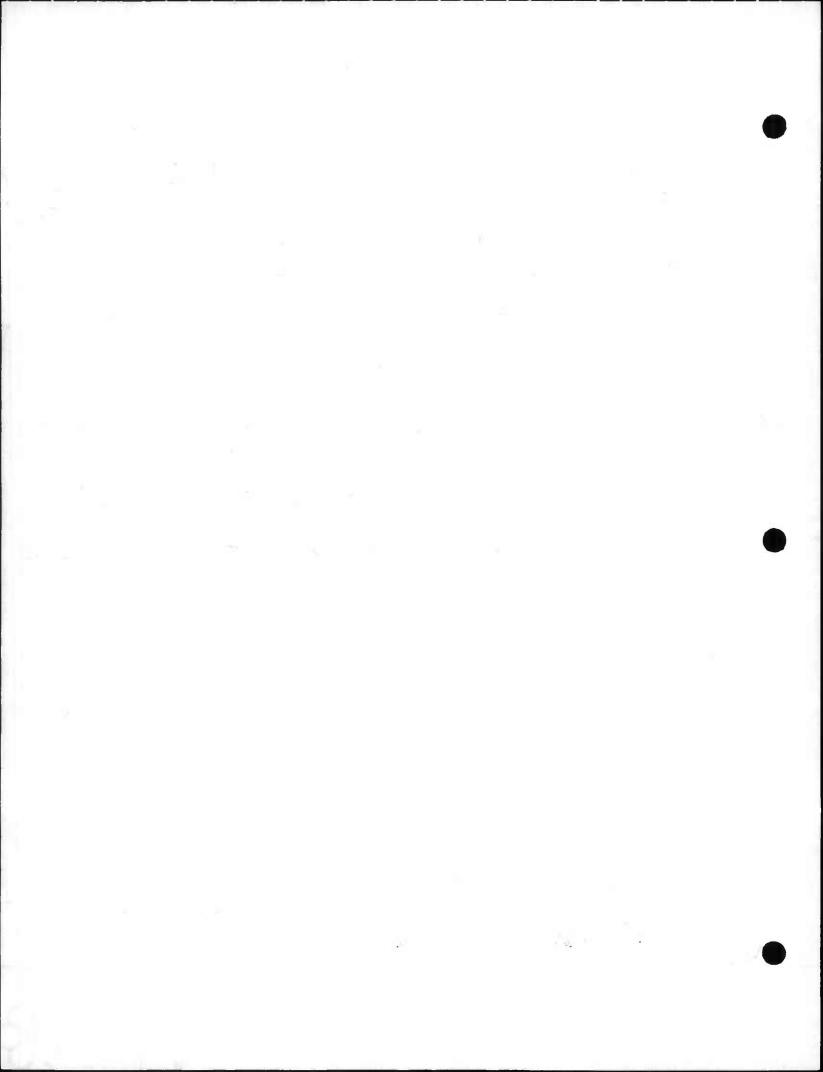
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -93 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 03 93 a ELMER L. WALTERS 04 10:00 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 📉 M 2 🗌 F 062-22-1447 64 06 20 NEW YORK 28 detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 8361 NORWOOD DRIVE MILLERSVILLE ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL MILLERSVILLE 1 YES 2 THO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8361 NORWOOD DRIVE 21108 U.S.A the hospital or attending physician, 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If wes. specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO LE YES, CIVE WITH OR DATES WWW. LT. -- KOREA 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie If yes, specify Cuban, Mexican, Puerto R

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY nry (0-12) College (1-4 or 5+) 12 0 COURIER COURIER SERVICE notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) CHARLES L. WALTERS BE PEARL M. STEWART 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 JUDITH S. WALTERS 544 DAHLGREEN ROAD-GLEN BURNIE, MD. 9 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Str within 24 hours after death. Page 6 mm must director, ery, crematory or other place)
MARYLAND VETERANS 4/5 Donation 5 - Other CROWNSVILLE, MD. ecify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE.MD nding physician and completely filled in by the Hyglene prior to bunal, cremation, or removal. medical 23. PART I. Enter the diseases, o shock, or heert fellur. compilcations that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition et. Esophageal CA
DUE TO (OR AS A CONSEQUENCE OF): traumatic event, resulting in death) executed CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): FUNERAL DIRECTOR: After this certificate has been signed by the attending physician within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to CAUSE (Disease or Injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 NO 1 | YES 2 | NO N/A AMP. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ltem. HOSPITAL: OTHER: 1 YES 2 NO ent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 COMPLETED 6 Could not be 4 Homicide 28 detarmined Item 2 29a. CERTIFIER

Thank and CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated HOSPITAL IMPORTANT: IF 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 를로 193 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21061 BURNIE, MD. 300 HOSPITAL DR.SUITE 125, GLEN SCHWARTZ M.D. DAVID A. 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE andelle

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	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT DF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 3. TIME OF DEATH FISC YEAR 04 0 :00 a. 3 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS ILANI 1 M 2 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 X NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8902 Mavis Ave. 21236 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, F

1 YES 2 X NO Specify: 1 Never Married 2 Merried BY 3 X Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUISTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 12 Deputy Clerk U.S. District Court 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Olaf Storm Anna Tiemann BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 0 8902 Mavis Ave., F. Carl Weiss, 3rd. MD 21236 Baltimore, 20s. METHOD OF DISPOSITION
1 17 Burlel 2 Cremetton 3 Removel from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION - City or Town, State OATE Parkwood Cemetery 4/5 Baltimore, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC. uncai 6009 Harford Rd., Baltimore, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition QUE TO (OR AS A CONS fary resulting in death) CERTIFICATION Sequentially list conditions, if sny, leading to immediate OUE TO (OR AS A CONSEC cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE that initiated events resulting in death) LAST ancom mas PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERF AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 X NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 N Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO В 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Yourn, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. TO THE HOS
TO THE FUN
De filed withi 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) BE 219508 tronda m - 2 Tem 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CIUST. JUSEPH TOWSON, MD. NATIVI EON M.D. 31. DATE FILED (Month, Pay. 32 REGISTRAR'S SIGNATURE

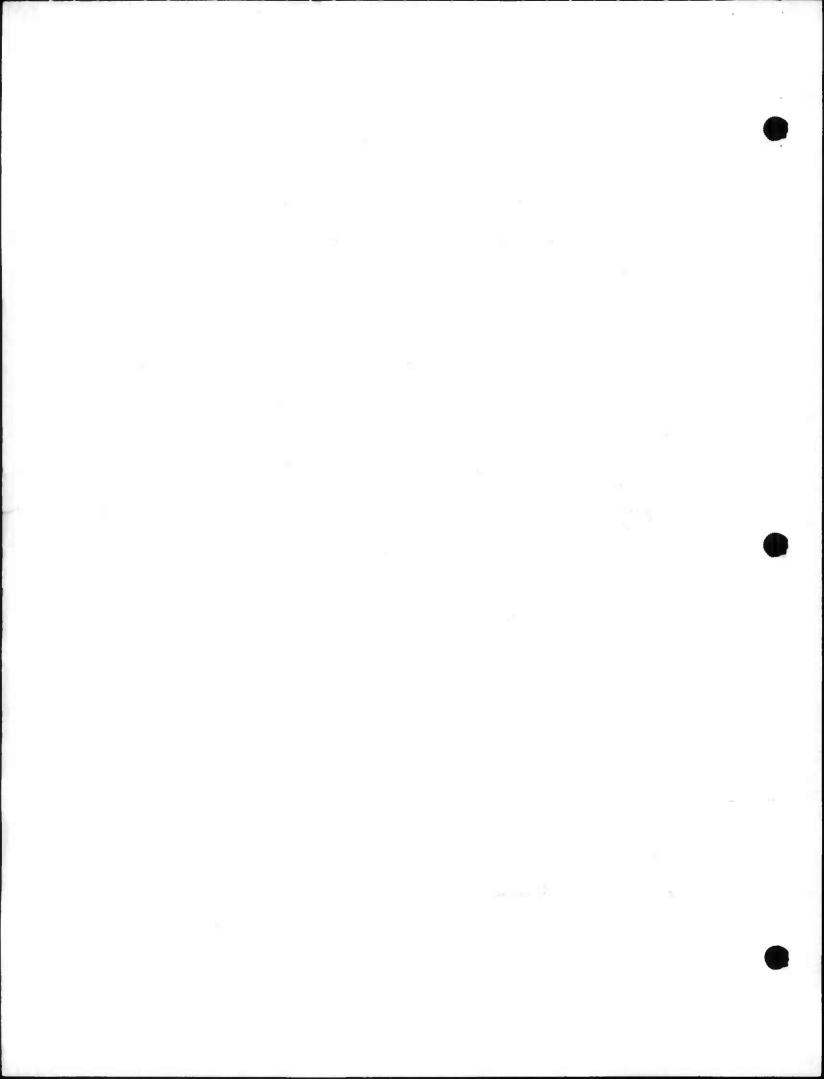
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CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH March 13, DAY 1993 YEAR Р Don Arguijo, Sr. 3:21 P A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 9-6-29 DAYS 449-36-3972 HOURS 1 🔀 M 2 🗌 F 63 YRS. Bexar Co. Texas 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Malcolm Grow USAF Medical Center Andrews AFB, MD Prince Georges RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Maryland Ft. Washington 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Per 8205 Arundel Dr. funeral director, page 5 should be detached for use as the burial-transit 20744 USA retained by the hospital or attending physician. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Pu 1 X YES 2 NO Specify: Retired 1973 Specify BY 3 Widowed 4 Divorced Mexican White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16s. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Retired Military US Air Force once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) at Serapio Arguijo BE Melchora Bacheco notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LaVern Arguijo same as item 10 pe 20s. METHOD OF DISPOSITION

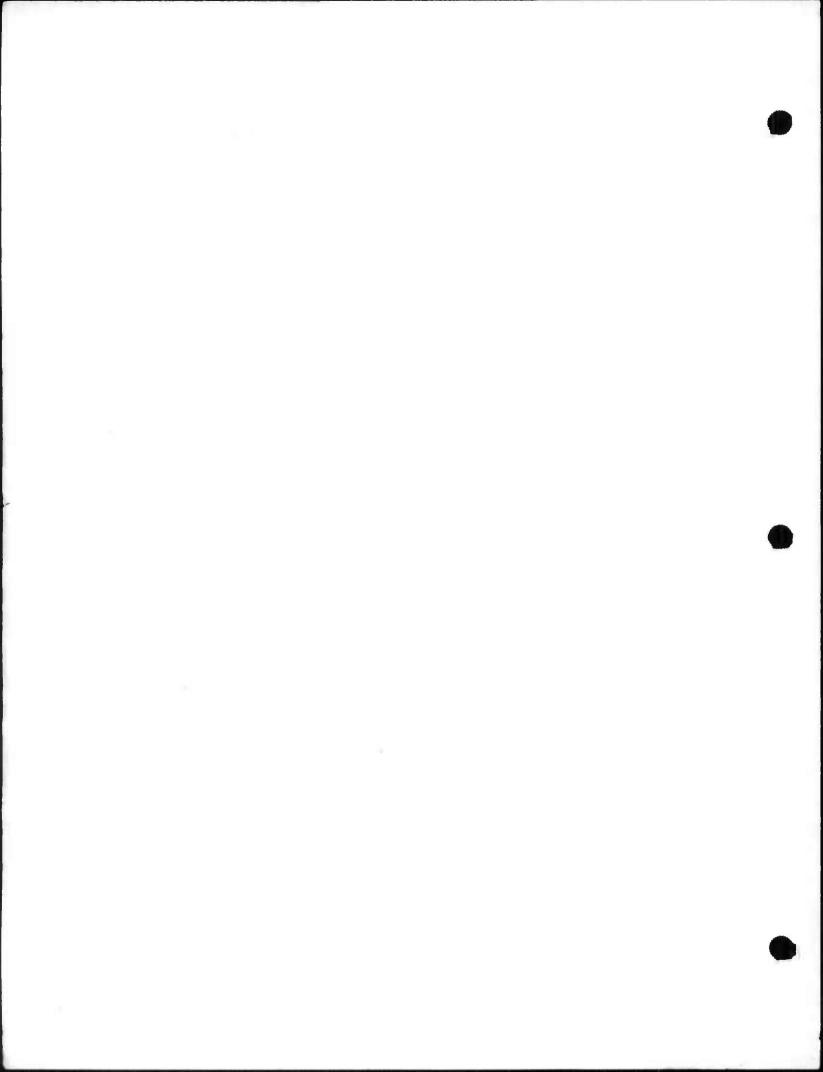
1 W Juriel 2 Cremetion 3 Removel from State
4 Donation 5 Other (Specify) 24 hours after death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Arlington Nat. Cemetery 3/18/93 Arlington, Va examiner FUNERAL SERVICE LICENSEE 21. SIGNATURE 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home ala 6160 Oxon Hill Rd, Oxon Hill attending physician and completely filled in by the mal Hygiene prior to burial, cremation, or removal. 20745 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one sause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition Cardiopulmonary Arrest resulting in death) executed within event, DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): Pontine Stroke traumatic 2months CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If eny, laading to immediate certificate be cause. Enter UNDERLYING Debilitation Secondary to prolonged hospitalization CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 the atten any injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 NO shows a 1 XYES 2 NO been it. of certificate has been the State Dept. of PHYSICIAN: WE 23 25. WAS CASE REFERRED TO MEDICAL The Item 28. PLACE OF DEATH (Check only one) IE HOSPITAL OR ATTENDING PHYSICIAN; The EUNERAL DIRECTOR: After this certificate of within 72 hours after death with the State NETANT; If Item 28 is marked, or Item HOSPITAL:
1 Ñ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER:
4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 TYES 2 NO 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be datermined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. TO THE HOSPITA
TO THE FUNERA
Be filed within 72
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) March 13, 1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Malcolm Grow USAF Medical Center Edward W. Kolar, Captain, USAF, MC Andrews AFB, MD 20331-5300 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Luka Davidson-Randall MAR 1 7 1993

DHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE MONTH	DAY	YEAR	3. TIME OF DEATH
- 1	Howard E	Anth	VOO			03	09	93	Pigm H
- 1	4. SOCIAL SECURITY NUMBER 5.			JNDER t YEA	AR IF UNDER 24 HRS.	7. DATE OF BIR	тн		PLACE (State or Foreign
	100 01 0500	0	MON	THS DAY	B HOURS MIN.	(Month, Day, 9 - 3 (	Ybar)	Country	
	T00-0T-0/00 I-	-	86						nsylvania
	9e. FACILITY NAME (If not institution, give etreet	end number)	9b.	CITY, TOV	VN OR LOCATION OF DEA	ATH	9c. CO	UNTY OF DE	EATH
DIRECTOR	Greater Laurel	Nursing H	ome	La	urel		Pr	ince	George's
Ĭ I	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LO	CATION				10d. INSIDE CITY
5 1	Md. Anne	Amundal		1				-	1 YES 2 NO
	10e. STREET AND NUMBER	Arundel		hia	10f. ZIP CODE		100 0		HAT COUNTRY?
FUNERAL	182 Wayson's Ti	railer Co	urt		20711		1 7		States
3 1	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN	U.S. ARMED		DECENDENT OF HISPANI		cify Yee or No-	14. BACE	- American Indian.
	1 Never Married 2 Married	FORCES? 1 YES	2 NO		, specify Cuban, Mexican YES 2 DE NO Specify:		etc.)	Specifi	, White, etc.
à l	3 🔀 Widowed 4 🗌 Divorced	ii 120, GIVE WAN ON DA			TES 2 22 NO Specify.			upoch,	White
ا ۾	15. DECEDENT'S EDUCATION	ON	18s. DECEDENT'S USU	AL OCCUP	ATION	16b. KIND	OF BUSINESS/II	NDUSTRY	
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₽	12	2	Liquor	Cont	rol Boar	<u>d  </u>			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Middle,	Meiden Surname)	)	- 1
	Elias Anthony				Laura	Lewis			
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AOI	ORESS (Str	eet and Number or Rural R			Zin Code)	
임	Susan Anthony				ard Rd.,C				; <b>I</b>
. 1									
- 1	20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Removal	from Stata	PLACE OF DISPOSITION other place)				20c. LOCATION -	— City or Ton	wn, State
	4 Donation 5 Other (Specify)		Resurred	tio	n Cemeter	y	Clint	ton, M	ld.
	21. SIGNATURE OF EMPERAL SERVICE LICENS	B/ /	,	22. NAM	E AND ADORESS OF FAC	Lee	Funei	cal H	lome, Inc.
	11.41)		8	663	3 Old Ale	exande	er Fer	rv Ro	oad
_	WV DO	960		Cli	nton.Md.	20735			
	23. PART i. Enter the diseases, or com			entar tha	mode of dying, auch	aa cardiac o	r respiratory a	errest,	Approximate
J	ahock, or heart failure. List iMMEDIATE CAUSE (Final	only one cause on ea			-				Interval Between Onset and Death
	disease or condition	Sal	10	1.	ac Do	in th	`		100 E-100
- 1	resulting in death) a	3000	CONSEQUENCE OF:	on			`		
- 1		DUE TO (OR AS A	CONSEQUENCE OF):						
2	Sequentially list conditions,								
	Sequentially net conditions,	DUE TO (OR AS A	CONSEQUENCE OF):						
Ĕ	If any, leading to immediate  Cause, Enter UNDERLYING								
CATIC	If any, leading to immediata cause. Enter UNDERLYING		200000 00000						
IFICATION			CONSEQUENCE OF):						
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury		CONSEQUENCE OF):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		CONSEQUENCE OF):						
L CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A		ha undar	lying causa givan in l	Part I. 24a.	WAS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS
ICAL CERTIFICATIO	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A		ha undar	lying causa givan in I		PERFORMED?	Y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A		ha undar	lying causa givan in I			Y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A		ha undari	lying causa givan in I		PERFORMED?	Y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions c	DUE TO (OR AS A	ut not resulting in t	2	lying causa givan in I	_ 10	PERFORMED?	Y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of	DUE TO (OR AS A	ut not resulting in t	2 THER:	6. PLACE OF DEATH (Che	1 []	PERFORMED? YES 2 NO	Y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of	DUE TO (OR AS A contributing to death be contributed as a contribution of the con	ut not resulting in the state of the state o	2 FHER: Nursing	6. PLACE OF DEATH (Che	nck only one)	PERFORMED?  YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DART II. Other algnificant conditions of the conditions of	DUE TO (OR AS A contributing to death be	ut not resulting in t	2 FHER: Nursing	6. PLACE OF DEATH (Che Home 5  Residence INJURY AT WORK?	nck only one)	PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DART II. Other algnificant conditions of  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	OSPITAL:   inpetiant 2   ER/Outp   28a. DATE OF INJURY (Month, Day, Year)	ut not resulting in the	PHER: Nursing F 28c M 1	6. PLACE OF DEATH (Che Home 5 Realdanca INJURY AT WORK? YES 2 NO	1 [] spick only one) 8 [] Other (Special DESCRIBITION OF COMMITTEE COMMITTE	PERFORMED?  YES 2 NO  City)  E HOW INJURY (	OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DART II. Other algnificant conditions c  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  11  ANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR AS A contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributed to death be contribut	ut not resulting in the	PHER: Nursing F 28c M 1	6. PLACE OF DEATH (Che Home 5 Realdanca INJURY AT WORK? YES 2 NO	1 [] spick only one) 8 [] Other (Special DESCRIBITION OF COMMITTEE COMMITTE	YES 2 NO  City)  E HOW INJURY C	OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of	OSPITAL:   Inpetient 2   ER/Outp   28a. DATE OF INJURY (Month, Day, Year)	ut not resulting in the	PHER: Nursing F 28c M 1	6. PLACE OF DEATH (Che Home 5 Realdanca INJURY AT WORK? YES 2 NO	1   1   1   1   1   1   1   1   1   1	YES 2 NO  City)  E HOW INJURY C	OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of	OSPITAL:   Inpetiant 2   ER/Outp   28a. DATE OF INJURY   (Month, Day, Year)   28b. PLACE OF INJURY   building, stc. (Special Control of the C	estient 3 DOA OF AT DOA	2 FHER: Nursing F 28c M 1	6. PLACE OF DEATH (Che Home 5   Residence   INJURY AT WORK7   YES 2   NO Office	1   1   1   1   1   1   1   1   1   1	PERFORMED? YES 2 NO  City) E HOW INJURY C	DCCURED  ber or Rural R	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
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III 72 IOUIS AREI GEARII WIRI INE STATE DEPT. UI FIEBIUT AND MERITAI MYGIERE PROFILO DURAL, CREMATION, OF REMOVAL	IT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
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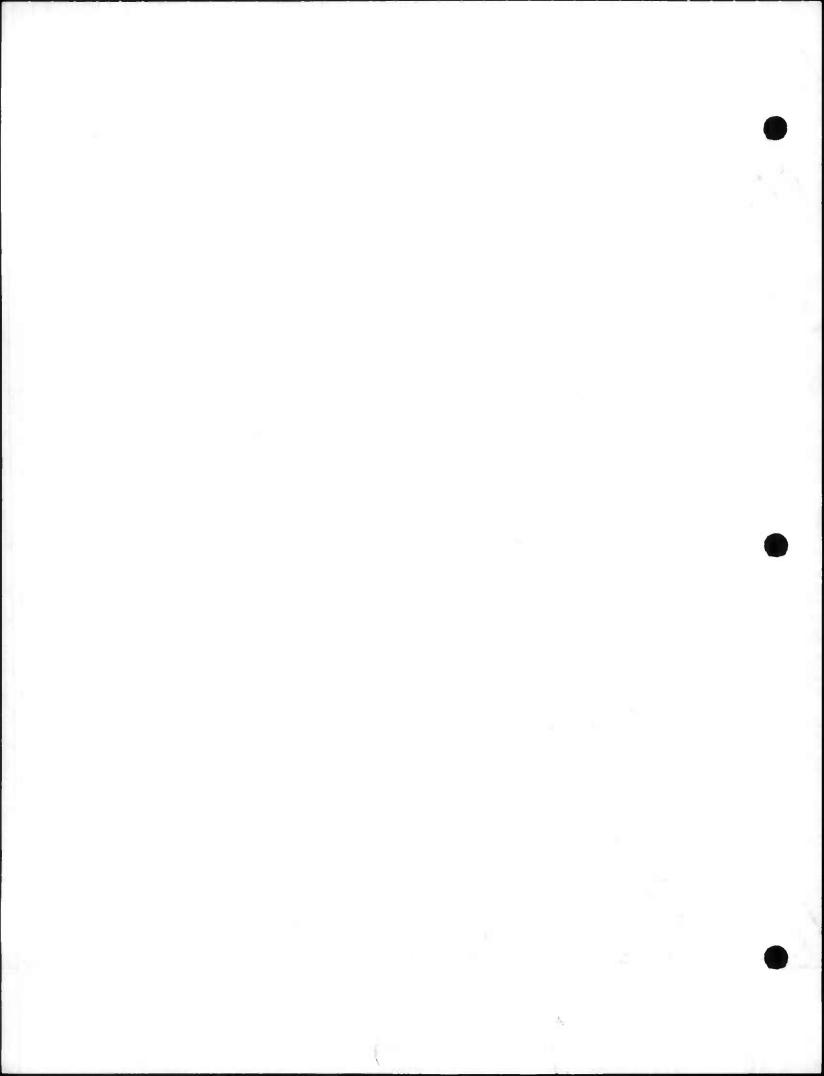
	1 - STATE REGISTRAR	DEPAR DERTIF						E		
	1. OECEDENT'S NAME (First, Middle, Last)	JEIIIII	ICAIL	_ 01	DEAI	-	REG. NO.		3. TIME OF DEATH	
	Bessie Thelma Amberman	1.					March 18	1993	10:15 A M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	lest birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH	IRTHPLACE (State or Foreign		
	212-05-2337 1 M 2 V F 77	YRS.	MONTHS	DAYB	HOURS	MIN.	(Month, Day, Year) 03 04 19		Maryland	
_	9s. FACILITY NAME (If not institution, give street end number)		9b. CITY	TOWN O	R LOCATIO	ON OF DE		9c. COUNTY		
ğ	Anne Arundel Medical Center			Anne	apoli	is		Anne A	Vrundel	
DIRECTOR	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN C	R LOCAT	ION				10d, INSIDE CITY	
듬	MD Anne Arundel		1	Annaj	polis	5			LIMITS?	
AL	10s. STREET AND NUMBER			10f.	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	701 Glenwood Street apt. #3	06			2140	)1		Unite	ed States	
Į.	11. MARITAL STATUS  1 Never Merried 2 Merried FORCES? 1 YES 2V	ARMED	13.	WAS DECI	ENDENT O	F HISPANI	C ORIGIN? (Specify Yee , Puerto Rican, atc.)	or No- 14. F	PACE — American Indian,	
BY	1 Never Merried 2 Merried FORCES? 1 YES 2V IF YES, GIVE WAR OR DATES	X			2XXNO	Specify:			Black, White, etc.	
	15. OECEDENT'S EDUCATION 16a.	DECEDENT'S	USUAL OF	CUPATIO	M		THE WIND OF BUILD	1	White	
ET	(Specify only highest grade completed)  Elementery/Secondary (0-12) College (1-4 or 5+)	(Give kind of vife. Do NOT us	vork done o e retired.)	during mos	st of working	9	16b. KIND OF BUS	INESS/INDUSTR	(Y	
MPL		Vurses	s Aic	t			Heal	th Care		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTH	ER'S NAM	E (First, Middle, Meiden	Surname)		
BE	Edward J. Davis						Bessie War			
0	190. INFORMANT'S NAME (Type/Print) Shirley H. Atwell	19b. MAILING					oute Number, City or Town			
		11	_			le A	nnapolis,	-		
h		remetory or of	her place)	ITION (Nar	ne of		OATE 20c. LOC	CATION — City of	or Town, State	
- 0	1. SIGNATURE OF FUNERAL BERVICE LICENSEE	pour	an t	UNE AN	D ADDRES	ervi	ce 03-19-9	93 Alex	andria, VA	
	War and of The		1.4	7 10.	·ho	/ 00	John M.	Taylo	r Funeral Hom	
	23 PART I Enter the diseases of a reality in the	. Property	14	1 00	ire o	0 66	oucester s	St. Ann	apolis, MD	
	23. PART I. Enter the diseases, or complications that caused the caused the cause on each life about, or heart fellure. List only one cause on each life	ne.	ot enter	tha mod	de of dyla	ng, such	es cardiec or respir	ratory arrest,	Approximata Intarval Between	
1	IMMEDIATE CAUSE (Finel									
	OUE TO (OR AS A CONSEQUENCE OF)									
Z	- Atherosclerosis agreea & command many									
CERTIFICATION	If any, leading to immediate	EOUENCE OF	):	1	, -11		& core.	ich	years	
5	CAUSE (Disease or Injury									
E	that initiated events  resulting in death) LAST	EQUENCE OF	):							
S	d									
CAL	PART II. Other significant conditions contributing to death but not	resulting i	n the un	derlying	ceuse gl	ven in P	Brt I. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
20	Atrial fibrillation						_ 1 _ YES 2)		COMPLETION OF CAUSE OF DEATH?	
MED	•						_	1	1 TES 2 NO	
AN										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Very 2 NO 1 Value of 2 EP/Output Level		OTHER		CE OF DE	ATH (Chec	k only one)			
HYS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 27. MANNER OF DEATH 28e, DATE OF INJURY	3 DOA 28b. TIME	4 - Nursi	ing Home	_		Other (Specify)			
	1 Netural 5 Pending (Month, Day, Year)	INJU	JRY	28c, INJU WOR			28d. DESCRIBE HOW IN	JURY OCCURED	,	
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	ome, ferm, s	reet, facto				281. LOCATION (Street or	nd Number or Ru	rai Route Number	
	4 Homicide datermined building, atc. (Specify)						City or Town, State)		The state of the s	
2	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, d	leath occurre	d at the tir	ne, date e	nd place.	and due to	the cause(a) and mand	per se stated		
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination end/or	Investigation	i, in my op	olnion, de	eth occure	d at the tis	me, date end place, end	due to the caus	se(e) and menner ee stated.	
BE C	296 SIGNATURE AND TOTAL OF CENTREES				29c. LICEN				IED (Month, Day, Year)	
TO B	Charles IV Kmzar				DO	50	128	► May	19 1993	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT)	EM 27) (Type,			13		4	1		
	Charles W. KINZer, (VI), 1	833	AF	orps	st D	rive	Annapo	lis, M	D. 21401	
	31. DATE FILED (MONTH Day, Year) MAR 2 3 1993 Julia Sairdson A	ndess								
	2 0 1000 Hamper 1/2									

con .		1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART				IYGIENE DO	U.	1262
		1. DECEDENT'S NAME (First, Aug. 100)					2. DATE OF MONTH		YEAR 3.	TIME OF DEATH
		Franklin C.					3		3	1-30 PM
		4. SOCIAL SECURITY NUMBER			ONTHE DAYS	IF UNDER 24 HRS.	7. DATE OF I	v. Year)	B. BIRTHPLA Country)	ICE (State or Foreign
The same	l ï		1 XM 2 □ F 8	9 YRS.			8/15	/1903		nsylvania
20	oc	9a. FACILITY NAME (If not institution, give str	notial Hos	1. 107:	taure	PR LOCATION OF D			Y OF DEAT	
(三年初)	2	RESIDENCE OF DECEDENT	UPLICIT LOS	Spired 1	acore	ac ara	ce	170	L 10	6.0
1	DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			104	I. INSIDE CITY
##.		Maryland	Harford			Aber	deen		1[	LIMITS?  YES 2 X NO
permit	FUNERAL	10e. STREET AND NUMBER			100	I. ZIP CODE		10g. CITIZI	EN OF WHAT	COUNTRY?
in. ansit	삘	601 Cornel			206	21	001		U.S.	A.
020 physician. burtal-transit	2	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED	13. WAS DEC	ENDENT OF HISPA ecify Cuban, Mexico	NIC ORIGIN? (S	pecify Yes or No- 1	14. RACE — Block, W	American indian, hite, etc.
fing ph	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			2 NO Speci		,,	Specify:	
ro 5 %	ED	15. DECEDENT'S EDUC	ATION 16	Ba. DECEDENT'S US	SUAL OCCUPATE	ON	165 (0)	O OF BUSINESS/INDU		Black
2121 al or atte for use	E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wor	rk done during mo	ist of working	Tou. rui	or bosiness/moo	3 ini	
	집	6		Fai	mer			Farmi	nø	
AND 2 the hospital detached to once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	e, Maiden Surname)	11/2	
Y de de de de de de de de de de de de de	BEC	Robert Ja	mes Ambus	sh		Rose	etta	Virgini	a F	ussell
BALTIMORE, MARYLAND er death. Page 6 may be retained by the hospit the funeral director, page 5 should be detached val. if examiner must be notified at once.	2	19s. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DORESS (Street &			City or Town, State, Zip C		21084
E, N y be re page 5	-	Franklin C. Am	bush Jr.	211 1	ladonn	a Road	Ja:	rrettsvi	lle,	Md.
ALTIMORE, I Jeath. Page 6 may be funeral director, page 1 xaminer must be n		29a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove	20b. PL	LACE AND DATE OF	DISPOSITION (Na	ame of	DATE	20c. LOCATION — CI	ty or Town,	State
ALTIMOR death. Page 6 ma e funeral director, pl. examiner must		4 Donation 5 Other (Specify)		James			3/25	Jarrett	svil	le. Md.
ALTIM death. Page funeral direct		21. SIGNATURE OF FUNERAL SERVICE LICE	Par OH			rtz Ful		Home		
BAI ter dea the fur		11. Denetel	en Turt	12				Maryla	nd	
n by remo		23. PART i. Enter the diseases, or co	emplications that caysed the	he death. Do not	t enter the mo	de of dying, suc	ch as cardiac	or respiratory arre	st,	Approximate
		IMMEDIATE CAUSE (Final							i	Interval Between Onset and Death
760, ed within 24 ompletely fille is, cremation, event, the	1	disease or condition a.	Myocan	dead I	Marce	luón			ı	1 /-
68760, ecuted with and complete burial, crem		Comme to a file to the control	Myo Case Due (TO IOR AS A CO	ONSEQUENCE OF):	Q <sub>o</sub>	9				
	NO.	Sequentially list conditions,	Ische	un	tha	M. D	rsiase			
O. BOX 68 errificate be executing physician and cigiene prior to buriant other traumatic	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF):						
certificate ding physical principle or continue physical	윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):						
* 0 bt F	E	resulting in death) LAST							İ	
DS, P he death the atten Mental H njury, o		DANT II On a stantilland and the								
255 7	CAL	PART II. Other aignificant conditional		not resulting in	the underlying	g cause given in	Part I. 24	. WAS AN AUTOPSY PERFORMED?	AM	RE AUTOPSY FINDINGS ILABLE PRIOR TO
w requires that been signed pt. of Health a	MEDIC	100000	yur				10	YES 2 NO		MPLETION OF CAUSE DEATH?
RECO requires the een signed of Health		V					1		1 (	YES 2 NO
Sept as L	SICIAN:	25. WAS CASE REFERRED TO MEDICAL								
Item	Ö	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch				
SICIAN Certifi the	PHYS	1 TYES 2 NO NO 27. MANNER OF DEATH	1 Inpatient 2 ☐ ER/Outpatie	ent 3 L DOA 4		e 5 Residence				
NG PHYSIC fler this ce eath with th		1 Natural 5 Pending	(Month, Day, Year)	INJUF	ry wo	PRK?	2ed. DESCHI	BE HOW INJURY OCCU	HED	
VDING VDING T death	B	2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF INJURY —	At home, ferm, stre			281 LOCATIO	N (Street and Number o	e Bural Bouts	Alumbar
S after	딢	4 Homicide 6 Could not be determined	building, etc. (Specify)	50, 50, 50,			City or To	wn, State)	Tibrei Tibble	Trumbol.
S S S S S S S S S S S S S S S S S S S	PLET	29e. CERTIFIER , NO CERTIFYING PHYSIC	AN: To the heat of our beauty de		da la va	2005 - O 1000	27.00			
크 크 스 누	₽ I		AN: To the best of my knowledg On the besis of examination an							d manner on stated
HOSPITAL FUNERAL Within 72	COM	296. SIGNATURE AND TITLE OF CERTIFIER			, op					
TO THE HOSPIT TO THE FUNERA De filed within 7	H	William	MD			D 3 2 6		-	SIGNED (Mo	nth, Day, Year)
₽₽₽ <b>₹</b>	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type. P	rine)					
		Kammedin Me	Chani MD ?	os Ren	chylton	S+ - 11	, r	( Come A	1001	pm 0
		31. DATE FILED (Month, Days Now)	32. PAGINTRAP DEPRESE	RE Hondall	)	1 71	LLVVE	- Joac n	ואי ערי	UTA
		MAR 22 93	Janus							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ar death. Page 6 may be retained by the hospital or attending physician.
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Press 1. Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	if examiner must be notified at once.
PI ETED BY DHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY ELINEDA I SUCCESSION OF THE PARTY OF T

dical examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
emoval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
by the funeral director, page 5 should be detached it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it
s after death. Page 6 may be retained by the hospita	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita

	1 - STATE REGISTRAR	CERT	IFICATE (	OF DEAT	ГН		REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last) Emerson	Henr	v And	erson	$\neg \neg$	2. DATE OF	DEATH			3. TIME OF DEATH
	Emerson H. Anderson		,	010011		монтн 3	24	93	YEAR	12100
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birtho	ay) IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF E	MRTH		a. BIRTH	PLACE (State or Foreign
	214-07-7003 X1X1 M 2 D F 8	30 YR	S. MONTHS DV	WS HOURS	MIN.	3-26-	7 9 1	2	Countr	yland
	9a. FACILITY NAME (If not institution, give street and number)		Sh CITY TO	WN OR LOCATION			1 / 1		NTY OF D	
Œ		: + - 1	_ i							
5	Dorchester General Hospi	Itai	L Ca	ambrid	ıge			1	Jorc	hester
DIRECTOR	10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR L	OCATION						10d. INSIDE CITY
듬	Maryland Dorchester		Cambr	idge						LIMITS? X X YES 2 NO
긪	10s. STREET AND NUMBER			101. ZIP CODE	E			10a CIT		HAT COUNTRY?
B/	407 E. Appleby Avenue			2161	3			14.011-11.	US	
FUNERAL	11 MARITAL STATUS 12 WAS DECEMENT EVEN	IN U.S. ARMED	13 WM S	DECENDENT O		C OBIGINS (S	nacity Vac	or No		— American Indian,
E	1 Never Married X Married FORCES? 1 TYPES, GIVE WAR OR I	2XXNO	If yo	e, specify Cube	n, Mexican,	Puerto Rica	n, etc.)	U 140	Bleck	, White, etc.
В	3 Widowed 4 Divorced	UNIES	''	AES & M MO	Specify:				Specif	<sup>y:</sup> White
8	15. DECEDENT'S EDUCATION	16a. DECEDEN	T'S USUAL OCCU	PATION		16b. KIN	ID OF BUS	INESS/INC	DUSTRY	
П	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind	of work done durin IT use retired.)	g most of working	ng					
4	8	Rail	road Wo	orker						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				HER'S NAM	E (First, Middl	le Maiden :	Surname)		
	John T. Anderson			1		L. Gr		,		
BE	19a, INFORMANT'S NAME (Type/Print)	19b. MAJL	ING ADDRESS (St	reet and Number	or Rural Ro	oute Number, C	City or Town	. State. Zic	o Codel	
2	Ottilee H. Anderson									. 21613
	20a. METHOD OF DISPOSITION 20		TE OF DISPOSITIO		11.0				City or To	
	1 Donation 5 Other (Specify)	metery, crematory	or other plece) emoria	Park	. 3	1			-	, Md.
	21. SIGNATURE O AUNERAL SERVICE LICENSEE	201. 11		E AND ADDRES			Cai	пртт	Luge	, IIU.
	• (1)		The	omas E	unei	ral H	lome			
	An C) April		700	Locu		C+ C	· 1			Md. 21613
					SI		amn	rias	7 P	
	23. PART (./Enter the diseases, or complications that cause shock, or heert failure. List only one cause on	ed the death. E	o not enter the	mode of dyi	ing, such	aa cerdiac	or reapir	ratory an	reat,	Approximate
	immediate cause (Final	ed the death. E each line.	o not enter the	mode of dyi	ing, such	aa cerdiac	or reapir	ratory an	reat,	
	shock, or heert failure. List only one cause on	ed the death. Deach line.	o not enter the	mode of dyi	ing, such	aa cerdiac	or reapir	ratory an	reat,	Approximate Interval Between Onset and Death
	immediate cause on disease or condition	ed the death. E each line.	psis	mode of dyl	ing, such	as cerdisc	or reapir	ratory an	reat,	Approximate Interval Between Onset and Death
NC	shock, or heart failure. List only one cause on of IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (on as	A CONSEQUENC	epsis Pne	mode of dyi	ing, such	aa cerdiac	or reapir	ratory an	reat,	Approximate Interval Between
ATION	shock, or heart failure. List only one cause on of IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate	A CONSEQUENCE	epsis Pne	mode of dyi	ing, such	aa cerdiac	or reapir	atory an	reat,	Approximate Interval Between Onset and Death
ICATION	shock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (on as Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENC	epsis  Pne	mode of dyi	ing, such	aa cerdiac	or reapir	atory an	reat,	Approximate Interval Between Onset and Death
TIFICATION	shock, or heart failure. List only one cause on of IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	A CONSEQUENC	epsis  Pne	mode of dyi	ing, such	aa cerdiac	or reapir	atory an	reat,	Approximate Interval Between Onset and Death
SERTIFICATION	shock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (on as Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENC	epsis  Pne	mode of dyi	ing, such	aa cerdiac	or reaplr	ratory an	reat,	Approximate Interval Between Onset and Death
L CERTIFICATION	shock, or heart failure. List only one cause on or immediate cause or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	Pne	umonia	ing, such	as cerdiac	or reapir	atory an	reat,	Approximate Interval Between Onset and Death
ICAL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	A CONSEQUENC  A CONSEQUENC  A CONSEQUENC	Pne	umonia	ing, such	as cerdisc	or reapir	AUTOPSY MED?	reat,	Approximate Interval Between Onset and Death 4 day  Y day  WERE ALTOPSY PINOINGS ANALABLE PRIOR TO
DICAL	shock, or heart failure. List only one cause on or important the cause or condition resulting in death)  Due to (on as sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (on as sequentially interest of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	A CONSEQUENC  A CONSEQUENC  A CONSEQUENC	Pne	umonia	ing, such	as cerdisc	or reapir	AUTOPSY MED?	reat,	Approximate Interval Between Onset and Death  4 Clays  7 Clays  WERE ALTOPSY PROBINGS ANALARLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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MEDICAL	shock, or heart failure. List only one cause on or important the cause of condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death	A CONSEQUENC  A CONSEQUENC  A CONSEQUENC	Pne	umonia	given in P	an cerdiac	or reapir	AUTOPSY MED?	reat,	Approximate Interval Between Onset and Death  4 Clays  7 Clays  WERE ALTOPSY PROBINGS ANALARLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS.  DU	A CONSEQUENC  A CONSEQUENC  A CONSEQUENC  Dut not resulti	Pne or Muraing	tying cause s	given in P	as cerdiac	was an / Penrore 2 Yes 2	MITOPSY MED?	24b.	Approximate Interval Between Onset and Death  Y Clay  Y Clay  WERE AUTOPSY FINDINGS ARALAREE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS.  DU	A CONSEQUENC  A CONSEQUENC  A CONSEQUENC  Dut not resulti	Pne of the under the opposite of:	tying cause of the Home 5 Per House of the Home 5 Per House of the Home 5 Per House of the Home 5 Per House of the Home 5 Per House of the Home 5 Per House of the House of th	given in P	as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac	WASI AN A PERFORM  VESI 2  WASI AN A PERFORM  VESI 2	AUTOPSY MED?	24b.	Approximate Interval Between Onset and Death  Y Clay  Y Clay  WERE AUTOPSY FINDINGS ARALAREE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Shock, or heart failure. List only one cause on of immediate cause or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death in the cause of the conditions contributing to death in the cause of the conditions contributing to death in the cause of the caus	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE  A CONSEQUENCE  Trustient 3 DO  286.  IV — At home, far	Pne of the under the office of the under the u	tying cause s  E. PLACE OF DI Home S   Re INJURY AT WORK?	given in P	as cerdiac  as t	was An A PERFORM PERFORM VES 2  scrip) RE HOW IN (Street as wen, State)	AUTOPSY WED?	24b.  Cuneo or or flurel fi	Approximate Interval Between Onset and Death  Y clays  Y clays  WERE AUTOPSY PINGINGS  ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS.  DU	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE  A CONSEQUENCE  Trustient 3 DO  286.  IV — At home, far	Pne of the under the office of the under the u	tying cause s  E. PLACE OF D  Home 5   Re  BAJURY AT WORK?	given in P	as cerdiac  as t	was An A PERFORM PERFORM VES 2  scrip) RE HOW IN (Street as wen, State)	AUTOPSY WED?	24b.  Cuneo or or flurel fi	Approximate Interval Between Onset and Death  Y clays  Y clays  WERE AUTOPSY PINGINGS  ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heart failure. List only one cause on of immediate cause or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death in the cause of the conditions contributing to death in the cause of the conditions contributing to death in the cause of the caus	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE  A CONSEQUENCE  Trustient 3 DO  286.  IV — At home, far	Pne of the under the office of the under the u	tying cause s  BLUMONIA  Tying cause s  BLUMONIA  THOME 5   Re  BLUMONY AT WORK?  YES 2    Office  date and place, on, death occur	given in P	as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac	was An A PERFORM PERFORM VES 2  scrip) RE HOW IN (Street as wen, State)	AUTOPSY MEDT	24b.  Current or fluid R  ted. he couse(s)	Approximate Interval Between Onset and Death  Y clays  Y clays  WERE AUTOPSY PINGINGS  ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death  PART III. Other significant conditions contributing to death  DUE TO (OR AS.	A CONSEQUENC  A CONSEQUENC  A CONSEQUENC  Dut not resulti  trustient 3 DO  286.  IV — At home, far ectry  wiedge, death ocu	PILE OF:  POTHER:  A OTHER:  A I Mursing TIME OF 18  Murred at the time, street, factory, surred at the time, settlen, in my opinion.	tying cause s  BLUMONIA  Tying cause s  BLUMONIA  THOME 5   Re  BLUMONY AT WORK?  YES 2    Office  date and place, on, death occur	given in P	as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac	was An A PERFORM PERFORM VES 2  scrip) RE HOW IN (Street as wen, State)	AUTOPSY MEDT	24b.  Current or fluid R  ted. he couse(s)	Approximate Interval Between Onset and Death  Y Clay  Y Clay  WERE AUTOPSY FINDINGS ARALARLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death the significant c	A CONSEQUENC  A CONSEQUENC  A CONSEQUENC  Dut not resulti  trustient 3 DO  286.  IV — At home, far ectry  wiedge, death ocu	PICE OF:  POTHER:  A OTHER:  A A I Mursing TIME OF 18  MILLIETY M 1  m, streat, factory, surred at the time, sation, in my opini	tying cause s  B. PLACE OF DI  Home 5   Re  BNJURY AT WORK?   YES 2    Office  29c. LICE D -	given in P	as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac	NACE AN / PERFORM PERFORM IN (Street a) and manual place, and	AUTOPSY MEDY CO.	24b.  Current R  ted.  he cause(a)  E SIGNED  3 — 2	Approximate Interval Between Onset and Death  Y Clay  Y Clay  WERE AUTOPSY FINDINGS ARALARLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death  PART III. Other significant conditions contributing to death  DUE TO (OR AS.	A CONSEQUENC  A CONSEQUENC  A CONSEQUENC  Dut not resulti  trustient 3 DO  286.  IV — At home, far ectry  wiedge, death ocu	PICE OF:  POTHER:  A OTHER:  A A I Mursing TIME OF 18  MILLIETY M 1  m, streat, factory, surred at the time, sation, in my opini	tying cause s  B. PLACE OF DI  Home 5   Re  BNJURY AT WORK?   YES 2    Office  29c. LICE D -	given in P	as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac	NACE AN / PERFORM PERFORM IN (Street a) and manual place, and	AUTOPSY MEDY CO.	24b.  Current R  ted.  he cause(a)  E SIGNED  3 — 2	Approximate Interval Between Onset and Death  Y Clay  Y Clay  WERE AUTOPSY FINDINGS ARALARLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death    25. WAS CASE REFERENCE TO MEDICAL EXAMINER:   1   VEB 2   NO    27. MARNIER OF DEATH   286. DATE OF BLUERY (Month, Day, Thar)    28. DATE OF BLUERY (Month, Day, Thar)    29. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the best of my known one)    29. SIGNADURE AND TITLE OF CERTIFIER    30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH    29. SIGNADURE AND TITLE OF CERTIFIER    31. DATE FILED (Month, Day, Near)    32. REGISTBAR'S SIGNADURE AND TITLE OF CERTIFIER    33. DATE FILED (Month, Day, Near)    34. REGISTBAR'S SIGNADURE    35. REGISTBAR'S SIGNADURE    36. REGISTBAR'S SIGNADURE    37. REGISTBAR'S SIGNADURE    38. REGISTBAR'S SIGNADURE    39. REGISTBAR'S SIGNADURE    31. DATE FILED (Month, Day, Near)    32. REGISTBAR'S SIGNADURE    33. REGISTBAR'S SIGNADURE    34. REGISTBAR'S SIGNADURE    35. REGISTBAR'S SIGNADURE    36. REGISTBAR'S SIGNADURE    37. REGISTBAR'S SIGNADURE    38. REGISTBAR'S SIGNADURE    39. REGISTBAR'S SIGNADURE    31. DATE FILED (Month, Day, Near)	A CONSEQUENC  A CONSEQUENC  A CONSEQUENC  Dut not resulti  trustient 3 DO  Ty At home, farecity  NATURE	PILE OF:  POTHER:  A OTHER:  A I Mursing TIME OF 18  Murred at the time, street, factory, surred at the time, settlen, in my opinion.	tying cause s  B. PLACE OF DI  Home 5   Re  BNJURY AT WORK?   YES 2    Office  29c. LICE D -	given in P	as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac	was An A PERFORM PERFORM VES 2  scrip) RE HOW IN (Street as wen, State)	AUTOPSY MEDY CO.	24b.  Current R  ted.  he cause(a)  E SIGNED  3 — 2	Approximate Interval Between Onset and Death  Y Clay  Y Clay  WERE AUTOPSY FINDINGS ARALARLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death investigation  21. WAS CASE REFERENCE TO MEDICAL EXAMINERT OF DEATH  1. YES 2 NO  27. MANNER OF DEATH 1. Natural 5 Pensing Investigation 3 Suicide 1 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my known one) 2 MEDICAL EXAMINER: On the best of examination of the best of the could not be determined  29e. SIGNADURE AND TITLE OF CERTIFER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ARE LEADING TO THE LEADING TO THE DEATH ARE LEADING TO THE DEATH ARE LEADING TO THE DEATH ARE LEADING TO THE DEATH ARE LEADING TO THE DEATH ARE LEADING TO THE DEATH ARE LEADING TO THE DEATH ARE LEADING TO THE LE	A CONSEQUENC  A CONSEQUENC  A CONSEQUENC  Dut not resulti  trustient 3 DO  Ty At home, farecity  NATURE	PICE OF:  POTHER:  A OTHER:  A A I Mursing TIME OF 18  MILLIETY M 1  m, streat, factory, surred at the time, sation, in my opini	tying cause s  B. PLACE OF DI  Home 5   Re  BNJURY AT WORK?   YES 2    Office  29c. LICE D -	given in P	as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac  as cerdiac	NACE AN / PERFORM PERFORM IN (Street a) and manual place, and	AUTOPSY MEDY CO.	24b.  Current R  ted.  he cause(a)  E SIGNED  3 — 2	Approximate Interval Between Onset and Death  Y Clay  Y Clay  WERE AUTOPSY FINDINGS ARALARLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO



Argentina

3. TIME OF DEATH 0934

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: White

1 X YES 2 NO

8. BIRTHPLACE (State or Foreign

2. DATE OF DEATH

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

notified at once.

pe

must

examiner

traumatic event, the medical

or other

Item 23 shows any Injury,

0

marked.

60

Item 28

IMPORTANT: IF

물품을 223 MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

2

permit.

burial-transit

BALTIMORE, MARYLAND 21215-0020

IMMEDIATE CAUSE (Final disease or condition resulting in death) mona Sequentially list conditions, CONSEQUENCE OF: If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

resulting in death) LAST PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.

24a. WAS AN AUTOPSY PERFORMED3 1 YES NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

Approximate

Interval Between

Onset and Death

25.	EXA	MINEF	REFE	RRED	то	MEDICAL	
	1 🗑	YES	2 🗌	NO			

that initiated events

3 Sulcide

4 Homicide

HOSPITAL: 27. MANNER OF DEATH 1 Natural 2 Accident

Could not be

28a. DATE OF INJURY (Month, Day, Year)

26b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)

OTHER:

28d. DESCRIBE NOW INJURY OCCURED

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29d, DATE SIGNED (Mo

	1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as state
one)	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the

e cause(s) and manner as stated.

26. PLACE OF DEATH (Check only one)

29c. LICENSE NUMBER

e 5 🗆 Residence 8 🗆 Other (Specify)

	/	1	ei	u	10	2				
O. NAN	E AND A	DDRESS	OF PERSON	WHO/COM	LETED	CAUSE	OF DEATN	(ITEM 27)	ppe, Pr	2

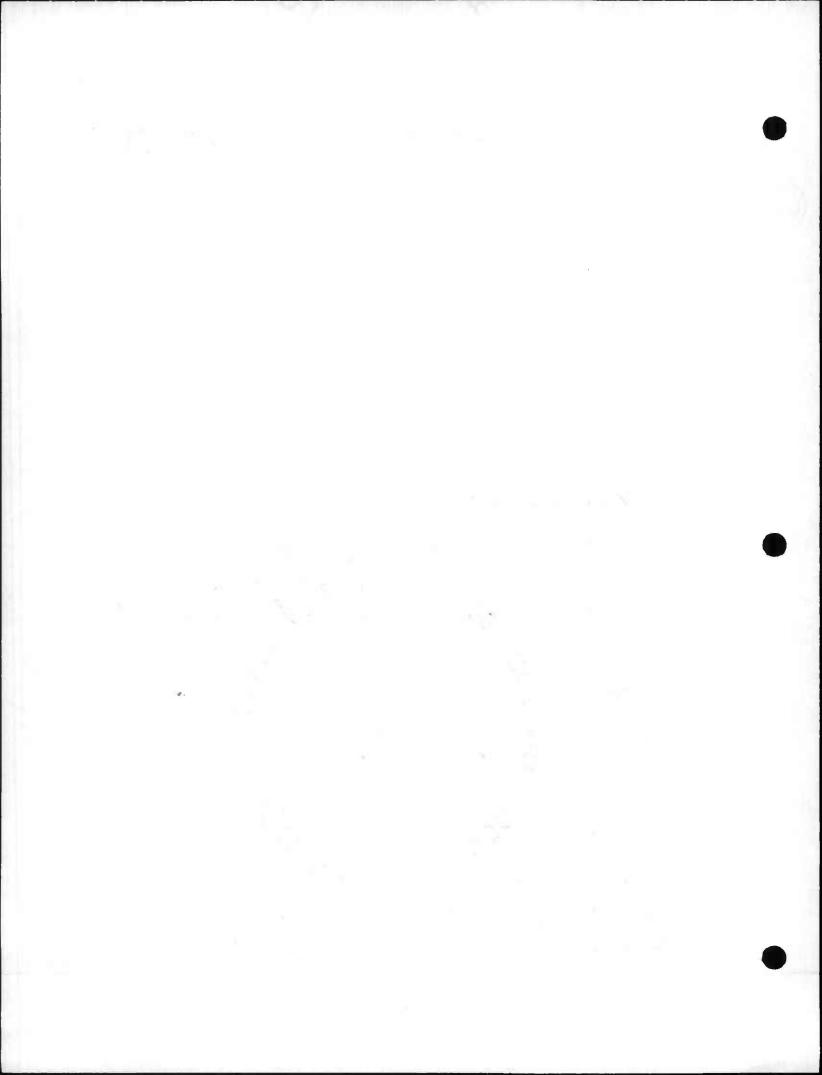
32, REGISTRAR'S SIGNATURE

hours after death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the signed by the attending physician and completely filled in by Health and Mental Hyglene prior to burial, cremation, or remo

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within this certificate has been with the State Dept. of A FUNERAL DIRECTOR: After ti within 72 hours after death

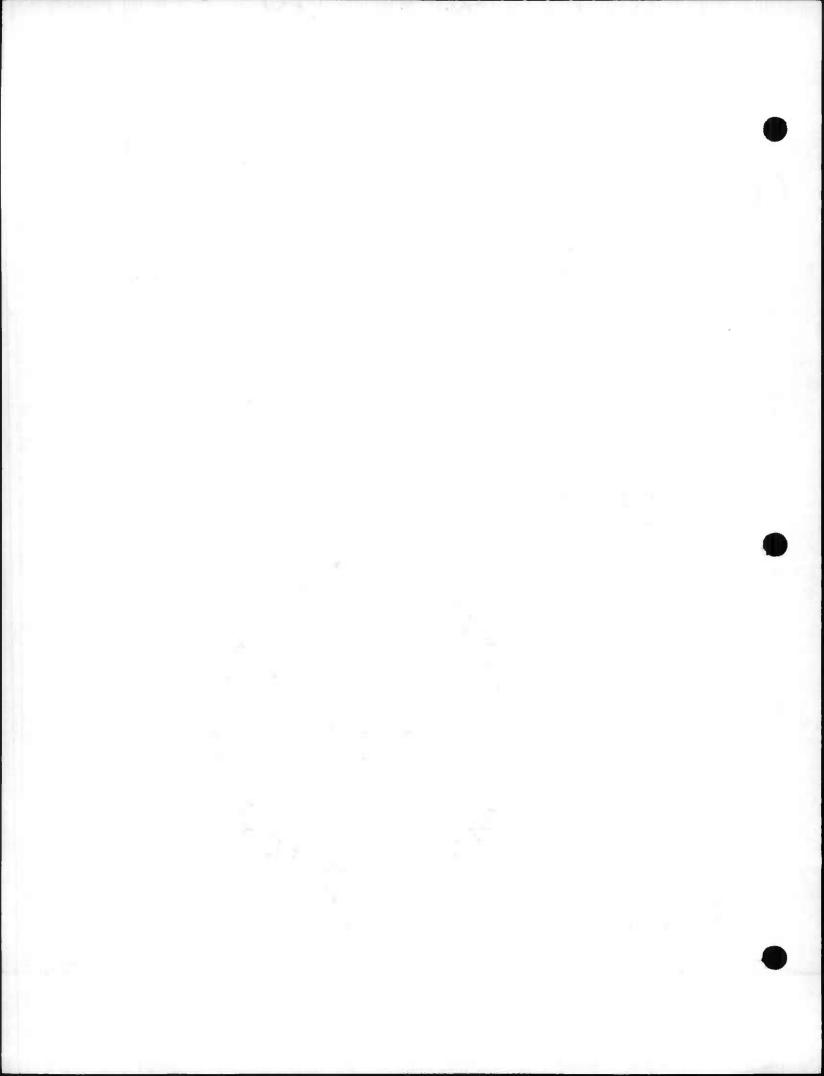
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DNMH-16 Rev 1/89



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	6.	AI	ber-	+	2. DATE OF DEATH DA	7 YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER / S. SEX 1 M 2	<b>X</b> F 91	yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-22-1902	0	IRTHPLACE (State or Foreign ountry) IARYLAND
TOR	Pa. FACILITY NAME (II not institution, give street and nut     WASHINGTON COUNTY HOS     RESIDENCE OF DECEDENT				TOWN MD	ATH	9c. COUNTY C	DE DEATH NGTON
DIRECTOR	10a. STATE 10b. COUNTY  MARYLAND WASHINGT	OIN	10c. CIT	Y, TOWN OR LOCA HAGERST				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 750 DUAL HIGHWAY			16	21740		U.S.A	OF WHAT COUNTRY?
B	1 Never Married 2 Married FORCE	ECEDENT EVER IN 18:5? 1 YES , GIVE WAR OR DAT	2 NO	If yes, as	CENDENT OF HISPANI secify Cuben, Mexican 3 2 NO Specify:	C ORIGIN? (Specify Yes , Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (	1-4 or 5 +)	16a. DECEDENT'S (Give kind of a life. Do NOT us	1.22	ON ost of working	16b. KIND OF BUS		ny .
ŏ O	17. FATHER'S NAME (First, Middle, Last)		1104 112 1	HULL	18. MOTHER'S NAM	NE (First, Middle, Maiden		
BEC	SAMUEL E. GRUBER					. SHUPP		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural R	oute Number, City or Town	n, State, Zip Code	1)
	GLENDORA BURGER		1690	00 WARBI	ER COURT	LOT 295 H	AGERSTO	WIN MD 21740
	20e_METHOD OF DISPOSITION 1		PLACE AND DATE OF PAUL (		-20-93	CL	EAR SPE	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- Jack		THOME		RAL HOME II EAR SPRING		722
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	oue to lon as a co	CONSEQUENCE OF	THE D	Arrest ine iscure entre	1784		Interval Between Onset and Death
	PART II. Other significant conditions contribu							
MEDICAL	Survey agriculture Survey Contraction Contraction	any to onem ou	, not resulting i	n the underlying	g cause given in r	PERFOR	MED?	34b. WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (Chin	ok ontv poel		
3	EXAMINENT HOSPIT	AL: ent 2 DEA/Outpet	Sent 3 🗆 DOA	OTHER:	m 5 ☐ Residence 6	UNIVERSITY OF THE PARTY OF THE		
BY PHYSICIAN: ME	27. MANNER OF DEATH 28s.	MATE OF INJURY Month, Day, Year)	20b. TIM	E OF 28c. IN.		28d. DESCRIBE HOW IN	LIURY OCCURE	>
	3 Suicide a Constitut to 28s.	"LACE OF INJURY - nullding, etc. (Specif)	At home, farm, a	freet, factory, offic		28f. LOCATION (Street a City or Reen, State)	nd Number or Ru	ral Route Number
COMPLETED	CERTIFYING PHYSICIAN To the bound							se(x) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CONTIFIER	- wi	2		29¢ LICENSE HUM	1202	> 18 1	Mare R 1993
	Whi H. Fride, M.	. 138	E.A.J	rietam	St. Ha	gentoum	MS	21740
	MAR 2.2 1993	SULL SU	demole i		/	7		



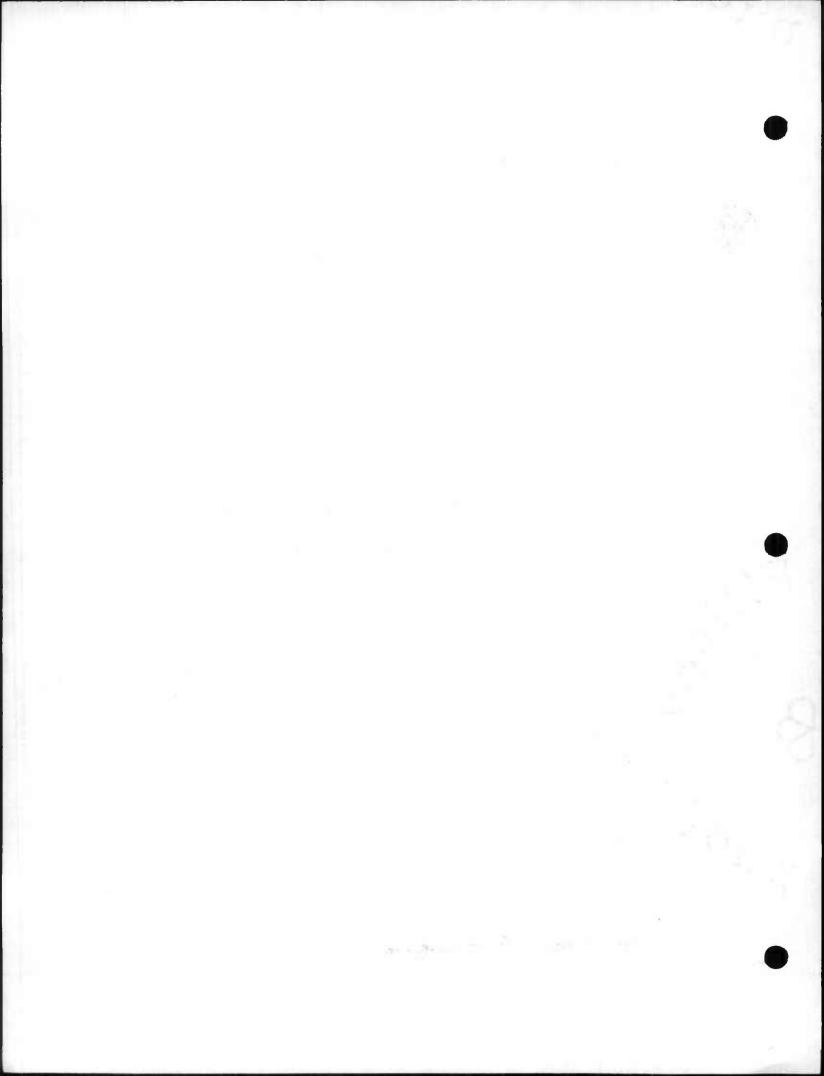
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	E		
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	F.MYRTLE ANDRE	NS				MARCH 1		P 4:52 P	М
	4. SOCIAL SECURITY NUMBER 190-48-8403	1 □ M X M F 9	yrs. lest birthday)3	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-18-189	99 V	BIRTHPLACE (State or Foreign Country)	
	Se. FACILITY NAME (If not institution, give			•	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
DIRECTOR	Allegany County	y Nursing Home	3	CUMBER	LAND		ALLEG	CANY	
E	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
	MD Al	legany	Cu	mberlan				LIMITS?	
FUNERAL	1112 Oldtown Re	oad		107	21502		OF WHAT COUNTRY?		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED		ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No 14.	RACE - American Indian,	_
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	n, Puerto Rican, etc.)		Black, White, etc. Specify:					
	Λ							white	
E	15. DECEDENT'S EDU (Specify only highest grade	e completed)	(Give kind of wo life. Do NOT use	ork done during mos	N st of working	16b. KINO OF BUS	INESS/INDUST	TRY	
COMPLETED	Elementary/Secondary (0-12) 1 2	College (1-4 or 5 +)	clerk	remed.)		B &	O Rail	road	
OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden		Toda	_
BE C	Charles Will	iam Hott				a Elizabeth		ter	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural F	Route Number, City or Town	, State, Zip Coo	de)	
F	Mr. John E. And	drews	602 W	ellingto	on Lane (	Cumberland	, MD 2	1502	
	20a. METHOD OF DISPOSITION 1 1 □ Burlel 2 □ Cremation 3 □ Ren	noval from State 20b. F	PLACE AND DATE OF	DISPOSITION (Na	me of			or Town, State	П
	4 Donation 5 Other (Specify)	Hi	tery, crematory or oth 11crest				umberl	and, MD	_
	21. SIGNAL ONE OF FONEHAL SERVICE LI	CENSEE	.//		DADDRESS OF FA	ouny ineral Home	9		
	yames y	+ Oscara	un	Cumb	perland.	MD 21502			
	23. PARTyl. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Hate	th line.	p-fe	de of dying, such	h as cardiac or respi	ratory arreat	Approximate intervat Betwee Onset and Des	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL O	PART II. Other algnificant condition	ns contributing to deeth but	t not reaulting in	the underlying	g ceuse given in	Part I. 24e. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (Chi	eck only one)	2,9		=
ΥS	1 YES 2 NO	1 Inpatient 2 ER/Output 26a, DATE DF INJURY	tient 3 DOA 28b, TIME	Nursing Home		6 Other (Specify)			
	1 X Natural 5 Pending	(Month, Day, Year)	INJU		RK?	28d. DESCRIBE HOW II	JURY OCCUR	ED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Specify	At home, farm, str			261. LOCATION (Street a City or Town, State)	nd Number or F	Bural Route Number,	
COMPLETED	one)	ICIAN: To the best of my knowled						suse(s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	1 1			29c. LICENSE NUN	IBER	294. DATE SH	GNED (Month,/Day, Year)	_
38		Kanj Ito Ha	1		D19:	315/	<b>&gt;</b> 3	118/93	
2	30. NAME AND ADDRESS OF PERSON WIDE VIMALA RANJITH	AN 517 OLDTOWN	N ROAD C	UMBERLAN	ND MARYL	AND 21502	/		
	31. DATE FILED (Month, Day, Year)	32. REDISTRAR'S SIGNAT	TURE						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

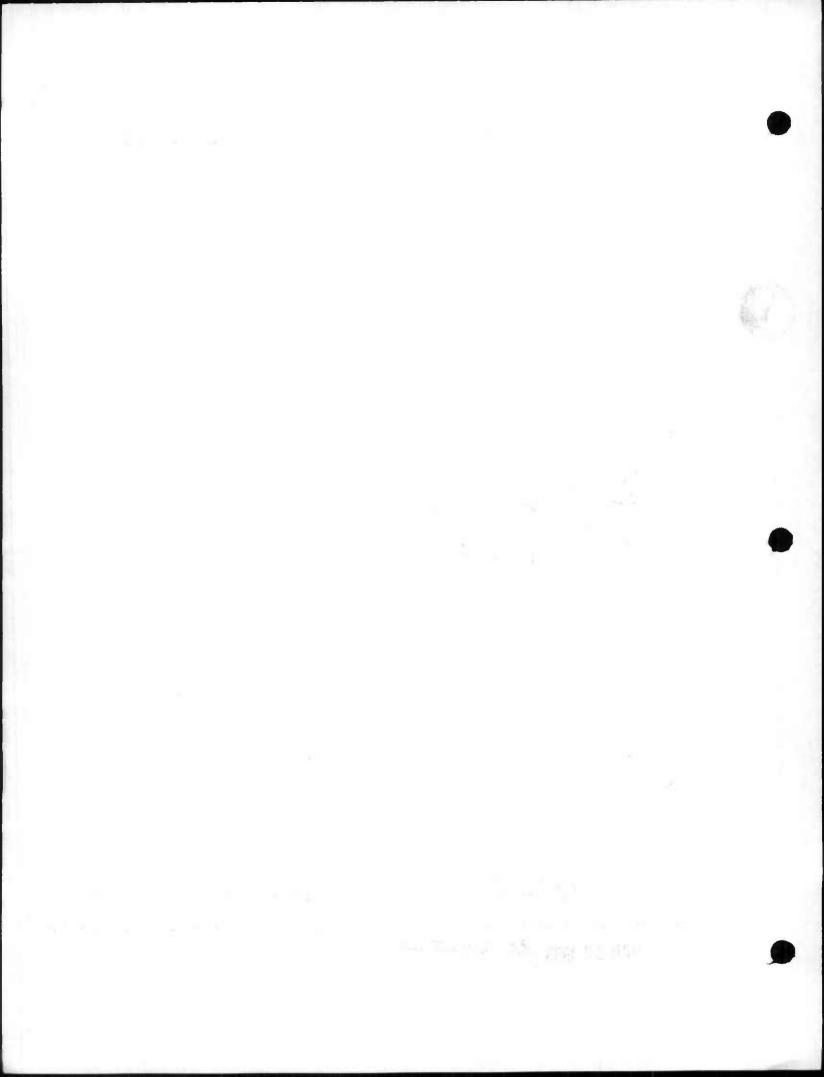
NE	J	J	U	9	2	6
10						

1. DOCCORDET PANAME PARK MAIN Large   1. DOCCORDET PANAME PARK PARK MAIN LARGE   1. DOCK MAIN SCHOOL   1. DO		- STATE REGISTRAR	C	ERTIF	ICATE C	F DEATH	REG. NO	_	•	7 6 (
BRALEY   O3 22 1993   77-05		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF	DEATH
ST9-56-1496   TAME (FOR CONTINUE) OR STREET AND MARKET OR CONTINUE OR CONTINUE OR CONTI					Υ					5 A.
Denton   D		579-56-7496 1X	M <sup>2</sup> □ F 48				(Month, Day, Year)	944	Country)	or Foreign
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TO STREET AND MARRIER  24309 AS BUTY Drive  10 WAS COCCEDENT EVER IN U.S. AMARD  11 Mark STRUE  11 Mark STRUE  12 WAS DECEDENT STRUCK ON WARK FOR AMARD  13 WAS DECEDENT STRUCK ON THE STRUCK ON WARK FOR AMARD  14 MACE AMARD FOR	16	Field nr. Route	404		Den	ton		Ca	roline	
10			re			CATION	·		LIMITS1	?
TYPES, DUCKEDENTE SIZE OF PLACES   TO VALUE OF BUSINESSIMOUSTRY   Secondly	VERAL	24309 Asbury Drive							ZEN OF WHAT COUNTY	RY?
Separation   Sep		1 Never Married 2 Married IF	YES, GIVE WAT OR DATES	RMED NO	If yes	, specify Cuben, Mexicar	, Puerto Rican, etc.)	or No-	Black, White, etc.	
The majorant's majorant's majorant's properties of the majorant's		15. DECEDENT'S EDUCATION	16a. D	Give kind of	work done during	ATION a most of working	16b, KIND OF BU	SINESS/INDU		ne
The Marker of Park Residence of Compilerations that caughed the death. Do not enter the mode of dying, such as certilac or respiratory arrest, inferent diseases, or compilerations that caughed the death. Do not enter the mode of dying, such as certilac or respiratory arrest, inferent diseases, or compilerations that caughed the death. Do not enter the mode of dying, such as certilac or respiratory arrest, inferent diseases, or compilerations that caughed the death. Do not enter the mode of dying, such as certilac or respiratory arrest, inferent diseases, or compilerations that caughed the death. Do not enter the mode of dying, such as certilac or respiratory arrest, inferent diseases, or compilerations that caughed the death. Do not enter the mode of dying, such as certilac or respiratory arrest, inferent diseases, or conditions, if any, isading to immediate cause. Enter (MODELY) as A consequence or;  Sequentially list conditions, if any, isading to immediate cause. Enter (MODELY) as A consequence or;  DUE TO (OR AS A CONSEQUENCE OF):  25. WAS CASE REspirate to MEDICAL Examination acontributing to death but not resulting in the underlying cause given in Part i.  26. WAS Diseases or injury resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  27. WASHER OF DEATH  Without S   Physical S   Door	MPLE	12	100	Do NOT us	se retired.)		Ret	ail S	store	
The marker of properties and number of Aural Pauler Number. City or Tourn, State 20 Cody  Jane Bracley  24.909 A Soluty Drive Depthon, MD 21629  25. METHOD OF DISPOSITION NO 21629  26. METHOD OF DISPOSITION NO 21629  27. Depthon State Committee 3			raley					,		
20. BLACE AND LATE OF CHARGE 12 CHARGE AND ADDRESS OF RACILITY John M. Taylor Function Sequences of conditions and control of the control of	0 B	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural R	loute Number, City or Tow	n, State, Zip		
Note:   2			200 51 405			-				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF PACILITY John M. Taylor Funeral 147 Duke of Gloucester St. Annapolis, 147 Duke of Gloucester St. Annapolis, 147 Duke of Gloucester St. Annapolis, 147 Duke of Gloucester St. Annapolis, 147 Duke of Gloucester St. Annapolis, 147 Duke of Gloucester St. Annapolis, 147 Duke of Gloucester St. Annapolis, 147 Duke of Gloucester St. Annapolis, 147 Duke of Gloucester St. Annapolis, 147 Duke of Gloucester St. Annapolis, 147 Duke of Gloucester St. Annapolis, 147 Duke of Gloucester St. Annapolis, 158 Duke of Gloucester St. Annapolis, 159 Duke of Gloucester St. Annapolis, 159 Duke of Gloucester St. Annapolis, 150 Duke of Gloucester St. Annapolis, 159 Duke		XX Buriel 2 - Cremetion 3 - Removal In	om State cemetery, or MO 7 11	ematory pro	per place) VOXONAV	n CEmotoru	3-26-93	CHOWN — C	Sty or Town, State	10
23. PART I. Enter the-diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause an each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  Sequentially list conditions.  Sequentially list conditions.  DUE TO (OR AS A CONSEQUENCE OF):  Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):			1110000	201100	22. NAME	AND ADDRESS OF FAC	SILITY Tohn M.	Taul	on Funera	P H
23. PART I. Enter the-diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval ones of a process of condition resulting in deeth.  NOTE TO (OR AS A CONSEQUENCE OF):  DUE T	Yell	1/1/2	A.							
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  26. WAS CASE REFERREO TO MEDICAL EXAMINER?  27. WANNER OF DEATH  28a. OATE OF INJURY  28b. TIME OF  10 John North Injury  28b. TIME OF  10 John North Injury  28c. INJURY AT  WORK?  10 John North Injury  28c. INJURY AT  WORK?  10 John North Injury  28c. CERTIFIER  (Check only  10 John North Injury  28c. CERTIFIER  (Check only  10 John North Injury  28c. CERTIFIER  (Check only  10 John North Injury  28c. CERTIFIER  (Check only  10 John North Injury  28c. CERTIFIER  (Check only  10 John North Injury  28c. CERTIFIER  (Check only  10 John North Injury  28c. CERTIFIER  (Check only  10 John North Injury  28c. CERTIFIER  (Check only  10 John North Injury  28c. CERTIFIER  (Check only  10 John North North Injury  28c. CERTIFIER  (Check only  11 John North	. 1 11	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF	F): F):					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF OEATH (Check only one)  27. MANNER OF DEATH  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  29. CERTIFIER (Month, Day, Near)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF INJURY  28. PLACE OF OEATH (Check only one)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  28. PLACE OF OEATH (Check only one)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  28. PLACE OF INJURY  A (Month, Day, Near)  29. CERTIFIED (Month, Day, Near)  29. CERTIFIED (Month, Day, Near)  29. C. M. E.  29. CLICENSE NUMBER  29. CLICENSE		PART ii Other elegificant conditions cont	elbustens so do etc. bus - a							
Accident 3   Suicide 4   Homicide 29e. CERTIFIER   29e. CICENSE NUMBER   29e. CICENSE NU	MEC	PANT II. Other agrinicant conditions con	ributing to death but not	resulting	In the underly	ying cause given in i	PERFOR	MED?	AWAILABLE PR COMPLETION OF DEATH?	OF CAUS
The studied and place and	S S	FVARMERO	PITAL:			. PLACE OF OEATH (Che	ck only one)			
The studied and place and	I XSI	12 YES 2 NO 1 1	potient 2 ER/Outpatient		4 - Nursing H		Other (Specify)	Fie	ld	
3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) 31. DATE FILED (Month, Pay, Year) 32. REGISTRAR'S SIGNATURE	4	Netural 5 Pending		28b. TIM INJ	URY	WORK?	28d. OEŞCRIBE HOW II	NJURY OCCI	URED	
296. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner ee stated.  (Check only one) MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as 29th. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Types, Print)  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Yes O 3 / 2 2 / 19 / 11 Penn Street, Baltimore, Maryland 212 / 13 DATE FILED (Month, Day, Yes) 32. REGISTRAR'S SIGNATURE	<u> </u>	3 Suicide 8 Could not be	Se. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, i	Kreet, factory, o	ffice		and Number o	or Rural Route Number,	
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Doy, Year) 29d. DATE SIGNED (Month, Doy, Year) 29d. DATE SIGNED (Month, Doy, Year) 29d. DATE SIGNED (Month, Doy, Year) 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E.	E I	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: T	the best of my knowledge, d	eth occum	ed at the time, d	lets and place, and due t	to the cause(e) end man	ner ee state	d.	
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Doy, Year) 29d. DATE SIGNED (Month, Doy, Year) 29d. DATE SIGNED (Month, Doy, Year) 29d. DATE SIGNED (Month, Doy, Year) 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E. 29d. DATE SIGNED (Month, Doy, Year) 0.C.M.E.	ŏ									aa stated
31. Date Filed (Month, Pag, Year) 32. Registrar's Signature	) BE C	290. SIGNATURE AND TITLE OF CERTIFIER	oche 1	W)						
31. DATE FILED (Month, Day, 'bar) 32. REGISTRAR'S SIGNATURE		TLARON LOLE,	LETED CAUSE OF DEATH (ITE	990000000	0110325					
1 1951 gune varidos. Manages		31. DATE FILED (MORTH, Pay, Year) 5 1993	Juha Davidson					4		

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WINDSHIP TOWNS		b	
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hay be retained by the hospital or	ctor, page 5 should be detached for u		9000
retained by	should be	fter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	offfind at
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24 nours	/ filled in	tion, or re	the mar
ted within	completen	аї, сгета	event
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es mat n	igned by	ealth and	rs any ir
iaw ieduii	is been si	ept. of Hi	23 show
MIN: IIIE	tificate ha	e State D	r Item
NG PRIOR	er this cer	th with th	arked.
I LENDIN	TOR: After	after dea	28 Is m
א חט זאו	VAL DIREC	be filed within 72 hours after death	IMPORTANT: If item 28
TENNOT	1E FUNER	ed within	PRITANT
2	T 01	be file	IMP.

BALTIMORE, MARYLAND 21/15-0020

		STATE OF MARYLA				IENTAL HYGIEN	E	93	09268	
	REGISTRAR		CERTIFIC	CATE OF I	DEATH	REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Last)  Jean E. Bartolomeo					2. DATE OF DEATH DO	AY 19	73 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5			IF UNDER 1 YEAR	IF UNDER 24 HRS.	5 1 Days of Bussia			M	
	214-48-1384	□ M 2 7 F	44 YRS.	NONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-11-48		S. BIRTHPL Country)	ACE (State or Foreign	
Œ	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR	b. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH		
FUNERAL DIRECTOR	817 Windsor Rd.	Arno1d			Ann	e Arı	inde1			
RE	10a. STATE 10b. COUNTY	TOWH OR LOCATIO	N			10	d. INSIDE CITY LIMITS?			
ā		Arundel	Arn	old				1	YES 2 NO	
3AL	10e. STREET AND NUMBER	101. ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?			
NE	817 Windsor				21012		US	A		
	11. MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECEN	IDENT OF HISPANI	C ORIGIN? (Specify Yes, Puerto Ricen, etc.)	or No-	4. RACE — Black, W	American Indian, hite, atc.	
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Specify:			
8	15. DECEDENT'S EDUCAT	ION	1Se. DECEDENT'S U	SUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDI		White	
ET	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of wo	rk done during most retired.)	of working					
MPL			Bookeepe	r		Accou	counting			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden				
BE	Richard		Edwards		Ruth			ahes		
5	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow		Code)		
	Roy Bartolomeo					d MD 2101	2			
	20a. METHOD OF OISPOSITION  1 X Burlal 2 Cremation 3 Removal	from State ceme	PLACE AND DATE OF	er place)	e of	OATE 20c. LO	20c. LOCATION — Cify or Town, Stata			
	MD Veterans Cem.   3/22 CDownsville, MD						MD			
	(D) a	22. NAME AND ADDRESS OF				495 Ritchie Hwy.				
Barranco FH Severna Park MD 21								2114	6	
	23. PART I Inter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory erreet, abock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Daath  OUE TO (OR AS A CONSEQUENCE OF):									
SERTIFICATION	Sequentially liet conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d									
IL C	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY						RE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL						PERFOR	MED?	CO DF	MABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
SIC		OSPITAL:		THER:						
HX	27. MANNER OF DEATH	2Se. DATE OF INJURY	2Sb. TIME (		5 Rasidence 8	Other (Specify) 28d. DESCRIBE HOW to	LILIBY OCCU	oen.		
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WORK	3 2 NO	Total Degonioe Hote II	130111 0000	NEU		
Э ВУ	2 Accident Investigation 3 Suicide S Could not be 2Se. PLACE OF INJURY — At home, farm,					8t. LOCATION (Street and Number or Rural Route Number,				
TEL	4 Homicide datarmined building, atc. (Specify)									
COMPLETED	29e. CERTIFIER (Check only  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(s) and manner as stated.									
W	one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	296. SIGNATURE AND TITLE OF CHICAGO (Montile Day, Year)  29c. LICENSE NUMBER 29d. DATE SIGNED (Montile Day, Year)									
2 30. NAME AND ADDRESS OF PERSON WAS COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Clifford L. Hungra M.D. 780 Ritchie Huy. Sever,							1	MI	7114/	
	31. DATE FILED (Month, Day, Year) MAR 2 3 1993	32 REGISTRAB'S SIGNAT	Andres .	conc ()	4. 30	everna Ka	12	10.	01176	
	1000	G								



	1 - STATE OF STATE OF		MENT OF HEALTH AND	MENTAL HYGIEN REG. NO		0 09269		
	1. OECEDENT'S NAME (First, Middle, Last)			2. OATE OF DEATH	AY YEA	3. TIME OF DEATH		
	milton, H. Barne	Iton, H. Barnes						
	4. SOCIAL SECURITY NUMBER 5. SEX	L SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				RTHPLACE (State or Foreign		
	220 26 1341 1 M 2 - F 83 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)					Maryland		
_	9a. FACILITY NAME (If not institution, give street and number)	91	b. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH		
DIRECTOR	Manokin Manor Nursing F	lome	Princess	Anne	Som	erset		
ည္က	ton. STATE 10b. COUNTY	10c. CITY, T	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?			
	Maryland Somerset	P	Princess Anne			1 X YES 2 NO		
₹	10e. STREET AND NUMBER		tof. ZIP CODE			OF WHAT COUNTRY?		
FUNERAL	11974 Edgehill Terr.		21853			USA		
2	1 Never Married 2 Married FORCES?	ENT EVER IN U.S. ARMED 1 SYS 2 NO	NO If yes, specify Cuban, Maxican, Puarto Rican, atc.)			ACE — American Indian, llack, White, atc.		
B	3 XXWidowed 4 Divorced	WAR OR DATES	1 TYES 2 NO Speci	fy:	s	Specify: White		
	t5. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTR	BINESS/INDUSTRY		
		life Dr. NOT use retired )						
COMPLETED	10	Material	Handler		ing Co.			
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Middle, Maiden	Surname)	19)		
8	Benjamin B. Barnes  19s. INFORMANT'S NAME (Type/Print)	105 MAILING AL		Ora Watson al Route Number, City or Town, State, Zip Code)				
임	Design Control of the							
	Phyllis B. Roxbough 20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSIT	edarbrooke Lane		CATION — City o			
	t ∰ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify)	Gunby Pres	byterian Cemet	ery St	Stockton, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	10	22. NAME AND ADDRESS OF FA	ID ADDRESS OF FACILITY IS Funeral Home				
	Many Orlean				ні11. і	Maryland 2186		
23. ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,								
	shock, or heart allure. List only one ceuse on sech line.  IMMEDIATE CAUSE (Finel  Onset and D							
	disease or condition and construction and construction failure							
	DUE TO (OR AS A CONSEQUENCE OF):							
S	Sequentielly list conditions,  DUE TO (OR AS A CONSEQUENCE OF):							
¥	If eny, leading to immediate cause. Enter UNDERLYING							
을	CAUSE (Disesse or Injury that Initiated evante	TO (OR AS A CONSEQUENCE OF):			1(2.)			
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evante resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant conditions contributing	to death but not resulting in	the underlying cause given in	Part I. 24s. WAS AI	NAUTOPSY	24b. WERE AUTOPSY FINDINGS		
CAL	· Carcinoma	ion lo	tate		RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
요ㅣ	- Partirum	Riche	4	1 TYES	2   110	DF DEATH?		
PHYSICIAN: MEDIC								
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (C	heck only one)				
ž l	HOSFITAL:	2 ER/Outpatient 3 DOA 4	OTHER: ☑ Nursing Home 5 ☐ Realdance	6 Other (Specify)				
표	(Month		28b. TIME OF 18c. INJURY AT 28d. DESCRIBE HOW IN WORK?			JURY OCCURED		
2 Accident Investigation								
	3 Suicide 8 Could not be buildle 4 Homicide datarmined							
COMPLETED	29s. CERTIFIER . CERTIFYING DAYSICIAN: To the heat	of my knowledge death and	at the time date and story and t	a to the country and	man en alched			
Z D	(Check only one)  1 CERTIFYING PHYSICIAN: To the best one)  2 MEDICAL EXAMINER: On the basis of					use(a) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CENTIFIER	-			-			
BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  298. DATE SIGNED (Roonth, Da					593		
임	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	Jwsus Evangelista Jr.,	324 Main St. C	risfield, Md.	21817				
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DIVISION OF VITAL RECORDS, P.O. R	MAN AND APPRICATION OF THE PARTY AND AND AND AND AND AND AND AND AND AND
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		FOR	OTITE OF 1110V				12.0		93 0927
_		1 - STATE REGISTRAR	STATE OF MARYLA	CERTIFI	CATE OF L	ALTH AND I DEATH	MENTAL HYGIEN REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)	R BENE	Dur			2. DATE OF DEATN	AY Y	3. TIME OF DEATN
1		4. SOCIAL SECURITY NUMBER 5			IF UNDER 1 YEAR		,5 55	93	A PM
***		214-28-5636 11 M 2 □ F 63 VRS. MONTHS				IF UNDER 24 HRS.	7. DATE OF BIRTH (MOTING DAY, 1992)	.9	BIRTNPLACE (State or Foreign Country) Maryland
	OR O	90. FACILITY NAME (If not institution, give street Baltimore County	96. CITY, TOWN OR LOCATION OF DEATH Randallstown, Maryland Baltimore						
	ᇤᅵ	RESIDENCE OF DECEDENT  10a_STATE _ 10b. COUNTY		40a CITY	TOWN OR LOCATIO				
	DIRECTOR	Maryland Carro	11		nchester				10d. INSIDE CITY LIMITS?  1 YES 2 NO
	FUNERAL	101. STREET AND NUMBER  101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?  21102 USA							
	5		2. WAS DECEDENT EVER IN FORCES? 1- YES	U.S. ARMED	13. WAS DECEN	DENT OF NISPAN	IIC ORIGIN? (Specify Yes	or No.— 14.	. RACE American Indian,
	8	1 Never Married 2 🔀 Merried 3 Wildowed 4 Divorced	if yes, give wan on DAT Korean Conf	res		NO Specify	n, Puerto Rican, etc.)		Specify: White
		15. DECEDENT'S EDUCATION (Specify only highest grade continue)		(Give kind of w	JSUAL OCCUPATION ork done during most	of working	16b. KIND OF BUS	SINESS/INDUS	TRY
	COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Supervisor Black & Decker					er		
notified at once	CO	17. FATHER'S NAME (First, Middle, Last)  Jesse M. Benedi	.ct		1		ME (First, Middle, Maiden Z. Sykes	Surname)	
	BE C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and	Number or Rural I	Route Number, City or Tow	n, State, Zip Co	de)
	2	Dorothy M. Benedict 3270 Grafton St., Manchester, Maryland 21102							
must be		1 M Burlel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify) Maryland  TVergreen Men. Gardens 3/25/93 Finksburg, Maryland							
examiner		21. SIGNATURE OF FUNERAL SERVICE LICENS	black		22. NAME AND ECK ha 3296	appress of FA rdt Fun Charmil	eral Chape	el, P. hester	A., Md. 21102
medica		23. PART I. Enter the diseases, or com	plications that caused	the death. Do no					Approximate
		IMMEDIATE CAUSE (Finel	Onset an					Onset and Death	
event, the	disease or condition PNE MONIA  a. PNE MONIA								
	z	DUE TO (OR AS A CONSEQUENCE OF)  METASTATIC WING CANCER							
	CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING							
		CAUSE (Disease or Injury that initiated events  OUE TO (OR AS A CONSEQUENCE OF):							
Or Other		reaulting in death) LAST							
, C	2	DARK II On a la Maria de Maria							
El :	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ca					Part I. 24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
snows any	M	1 [] YES 2 [] NO							
2 3	ži								
	2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF DEATN (Check only one)  HOSPITAL:  OTHER:							
COMPLETED BY PHYSICIAN:	2	1 YES 2 NO 1	Inpetient 2 ER/Outpat	lient 3 DOA	4 - Nursing Home				
		MANNER OF DEATH  28e. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  1  Accident Investigation  28e. INJURY AT WORK?  1  YES 2 NO				?	26d. DESCRIBE NOW INJURY OCCURED		
		3 Suicide 6 Could not be determined	City of Town State)						Rural Route Number,
	7	29e. CERTIFIER (Check pay)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
	5	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
يا او	u 11	296. SIGNATURE AND TITLE OF CERTIFIER // 29c. LICENSE NUM							
	ם	D404				-91		12(9)	
F	2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)							

32. REGISTRAR'S SIGNATURE

Fishia Davidson-Pandare

31. DATE FILEO (Month, Day, Year) MAR 2 3 '93

		FOR
1	_	STATE
	_	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR	JIME OF MIN	CE	RTIF	ICATI		DEA		MEN		EG. NO				
- 8	1. DECEDENT'S NAME (First, Middle, Last)									TE OF D		AY.	NEAR .	3. TIME OF DEATH	٦
		Dutter							3	3		1 1	993	736P	м
- 8	O DE MINISTER CONTRACTOR OF THE PERSON OF TH	SEX 6.	AGE (In yrs. lest		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		TE OF BI	Year)		8. BIRTH Countr	IPLACE (State or Foreign y)	
	215-32-9691 1 9a. FACILITY NAME (If not institution, give street	/ -	88	YRS.	101 000				6	5	1	904		D	
œ				7	96. CITY		R LOCATI						INTY OF D		П
5	Carroll County	Gen. no	spita	<u> </u>		wes	tmi	nste	er			U:	arro	11	4
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN I	OR LOCAT	ION							10d. INSIDE CITY LIMITS?	
	MD Carr	oll			_		tmi		er					1 YES 2 XNO	
RAL	104. STREET AND NUMBER						ZIP COD							VHAT COUNTRY?	
FUNERAL	2522 Littlestow	n Pike	ED IN ILC AD	150	1 40	_	2115					U			4
	1 Never Married 2 Married	FORCES? 1 []	YES 2 TH	O MED		If yes, spe	ENDENT C	n, Mexica	in, Puer			or No—	Black	American Indian, r, White, etc.	
B	3) Widowed 4 Divorced	IF TES, GIVE THAT	OR DATES			I YES	2 X NO	Specin	y:			127	Speci	white	
COMPLETED	15. DECEDENT'S EDUCATE (Specify only highest grade con		16a. DEC	CEDENT'S	USUAL O	CCUPATIO	N st of worldr	na .	1	16b. KINC	OF BU	SINESS/IN	DUSTRY		٦
	Elementary/Secondary (0-12)	oliege (1-4 or 5 +)	IIIa.	Do NOT u	se retired.)										
₽ N	17. FATHER'S NAME (First, Middle, Last)		OW.	ner	/man	age		-					ehan	dise/grai	_1
	Milton Bowma	20						HER'S NA							П
H	19a. INFORMANT'S NAME (Type/Print)	11	196	MAILING	ADDRES	E /Street o		arri					h 0-4-1		4
2	Mr. Edward Bow	man		501								er,			ı
	20a. METHOD OF DISPOSITION		20b. PLACE A	NDDATE	OF DISPOS	SITION /No.	me of		0	ATE	20c LO	CATION -	City or To	wn, State	
	1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	St.	Mar	y S	Cem	etei	ry	3/	24	Si	lve	r Ru	n, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE			22.	NAME AN	D ADDRE	SS OF FA	CILITY				Chap		7
	Robert K.	Pritts	. Sr.		4	12	Wasi	nine	rto	n R	d.	We	stmi	nater MT	
	23. PART I. Enter the diseases, or comshock, or heart failure. List	plications that ca	used the dea	eth. Do	not enter	the mo	de of dy	ing, suci	h ea c	ardiac d	or reepi	ratory ar	rest,	Approximate	
					1				0 1	1/2	^			Interval Between Onset and Death	
	disease or condition resulting in death)	Upp DUE TO (OR	er c	rai	Sho	in	ma	Y (V)	21	ge	edu	im	2	Jul ( au	4
		DUE TO (OR	AS A CONSEO	UENCE O	<b>የ</b> ):							١	0		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (DR	AS A CONSEO	UENCE O	F):										-
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury														1
E	that initiated events	DUE TO (DR	AS A CONSEQ	UENCE O	F):									1 = 11.0	
ER	resulting in death) LAST														4
	PART ii. Other eignificent conditions of	ontributing to dee	th but not re	suiting	in the ur	nderiying	Cause (	given in	Part i.	24a.		AUTOPSY	24b.	WERE AUTOPSY FINDINGS	1
PHYSICIAN: MEDICAL										4	PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE	
ME														1 YES 2 NO	
ž															
S		OSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only	one)					7
14S	1 VES 2 NO 1	Inpetient 2 ER		28b. TIN	4 🗆 Nur	sing Home	5 🗆 Re	sidence							4
	1 Netural 5 Pending	(Month, Day, Y			JURY M	28c. INJI		□ NO	284. 0	DEŞCHIB	E HOW II	NJURY OC	CURED		1
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE DF IN	JURY — At hon	ne, term,	atreet, fact				281. L	OCATION	(Street a	and Numbe	r or Rural R	loute Number,	Ⅎ
COMPLETED	4 Homicide 6 Could not be detarmined	building, etc.	(Specify)						С	city or Tow	m, State)				1
٦	290. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my	cnowledge, dea	th occum	ed at the t	lme, date	and place	and due	to the	cause(s)	and mer	voer se ste	ted.		1
N N	one) 2 MEDICAL EXAMINER: D													) and manner as stated.	1
	296. SIGNATURE AND TITLE OF CERTIFIER				-		29c. LICE	ENSE NUN	MBER			29d. DAT	E SIGNED	(Month, Day, Year)	Н
386	- Chiliageles	4 veec	an	m			2)	8 3	20	De		<b>•</b> '	3/8	2192	
٩	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETEO CAUSE O	DEATH (ITEM	27) (Type	, Print)		00	h 0-	ral	Q N	di	100	Mm	n'meter ma	1
j	CHITRACTED	4 M	Me A	NN	A	1	00)	7 /2	000	- 14	4	20 12	1111	21152	
	MAR 2 4 '93	33 REGISTRAR'S	SIGNATURE	LOR											

TO THE HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

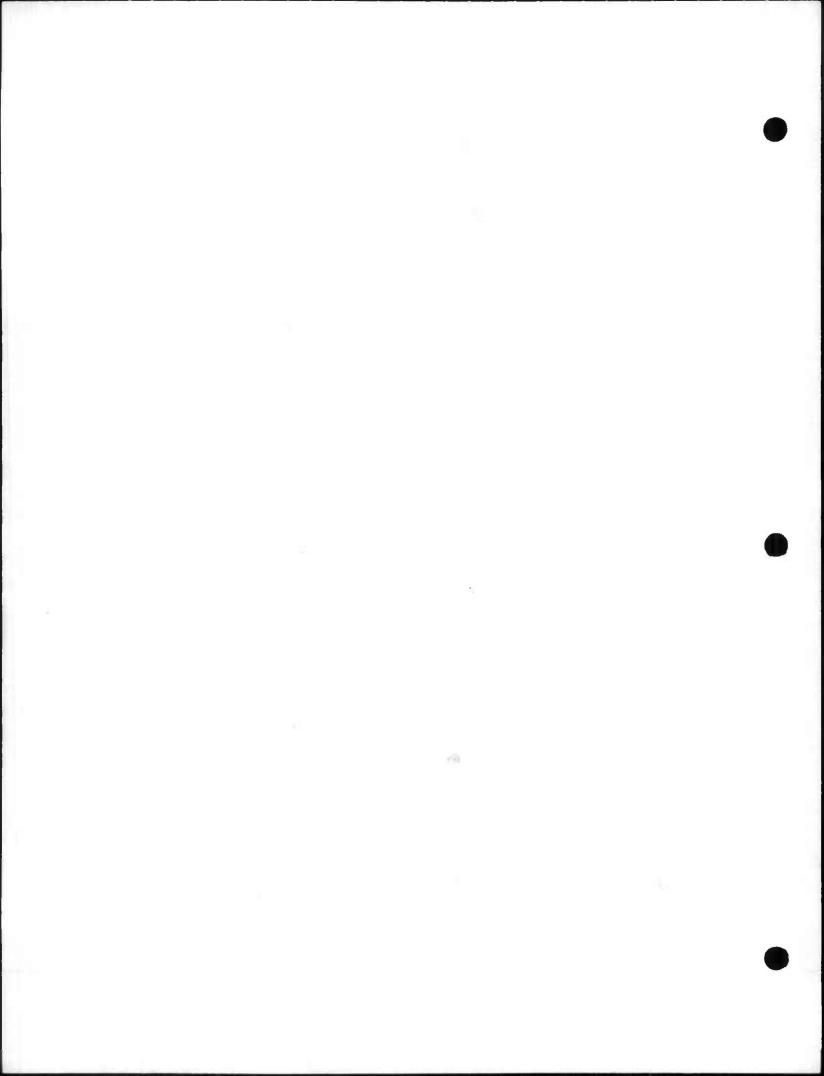
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

York made the conjugate of

	3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit and the properties of the purial transit and Mental Hymine prior to burial cremation or remain.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show find within 72 hours after death with the State Dent, of Health and Mental Hysiene prior in builal, cremarion, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifi

	1 - STATE REGISTRAR	01111E 01 1111	CE	RTIF		E OF			MENIAL	REG. NO	C	7 14
8	1. DECEDENT'S NAME (First, Middle, Lest) Milton Beale	Milt	on Beal	_					2. DATE	OF DEATN	-93	YEAR 0565 A N
	0/0 0/ 710/	SEX 6	78	birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE (Moort)	26,1	914	B. BIRTNPLACE (State or Foreign Country) Otecasi, N.C.
OB	9a. FACILITY NAME (If not institution, give street Washington Adventi		tal		Ι.	y, town o		Md.	209	12	20 1120	gomery
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY					on Local		C. 20	0019			10d. INSIDE CITY LIMITS? 1 1 V YES 2 NO
FUNERAL	100. STREET AND NUMBER 134-42 Street, N.E.	Apt. B4	2				20019				U.S.	EN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	PORCES? 1 FYES, GIVE WAR	YES 2 XNC	NED O			ecify_Cubi	nn, Mexica	n, Puerto R	? (Specify Yes ican, etc.)	or No—	14. RACE — American Indian, Black, White, etc. African America
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Florentary/Secondary (0-12) First Grade	non npleted) College (1-4 or 5+)	(Give	e kind of a	usual of work done per retired.)	occupation during mo	ON est of worki	ing		umber		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Sandy Beale						Me	erend	dia	Mitch	e11	
TO E	190.INFORMANT'S NAME(Type/Print) Barbara Beale									or, City or Tow ,Washi		Code)
	20a. METHOD OF DISPOSITION 1 Surist 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	- 0	Bapta	D DATE	" nur olace	ch C	emet	_	1	-93.A	uland	er, N.C.
	21. SIGNATURE OF PENERAL SERVICE LICEN	row	JU.	10	22.	W.H.	Ba 6	ss of FA	funer Stree	al Ho	ne, .Wash:	20010 ington, D.C.
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO TO	The second of th	HENCE OF	/ n	H	y	ote	now	'n	ratory arre	Approximate interval Between Onset and Death To Week  3 Weeks
CERTIF	that initiated events resulting in death) LAST	Les to (or	R AS A CONSEOU	-	ent	fer	uenc	y				8 Week
MEDICAL	PART II. Other algoriticant conditions of Augusta Perene Perene fevere	ontributing to de Hellity The al	Vaseu Tary	suiting Nan Apts	in the un	hee	causel ne	given in	Part i.	24e. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMRIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
YSICIAN:	1 YES 2 YNO	OSPITAL: Disputters 2 1 E	9VOutpatient 3 (	DOA	OTHE	R:			8 Other			•
ВУ РНУ	27. MANNEB OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Mooth, Day)	JURY Mear)	26b. TIM INJ	E OF URY M		URY AT RK? (ES 2 [	□ NO	28d. DE\$	CRIBE HOW I	NJURY OCCU	JRED
ETED I	3 Suicide 8 Could not be determined	28e. PLACE OF 8 building, etc	NJURY — At hom c. (Specify)	ie, farm, i	street, fac	tory, offic				TION (Street a r Town, State)	and Number o	r Rural Route Number,
COMPLE	296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:											d.  cause(s) and menner as stated.
O BE	296. SIGNATURE AND ETTLE DE DESTRIPER	ay	MO.				29c. LIC	819.	BER /	(up)	29d. DATE ▶ 3	SIGNED (Month, Day, Year) -17-93
	DAVID A. GUZ	KHY. M	P. 63	27) (Type,	GR	org	al	Ave.	NW	. WA	8H B	c. 20011.
	31. DATE FIND AMPHIN Pay, Shari 1993	32. REGISTRAFIE	SIGNATURE P	indel	e	<b>V</b>			-			



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF N		CERTIF	ICATE (			MENIAL	REG. NO			
1. DECEDENT'S NAME (First	, Middle, Last)	CAROL F	AYE H	OOKER	BOTTO	RFF		2. DATE OF		AY	YEAR	3. TIME OF DEATH
(AKA)	CAR		BOTTOR					02	28			11:00A M
4. SOCIAL SECURITY NUM		5. SEX 1   M 2 XXF	6. AGE (In yrs	last birthday)	IF UNDER 1 YE	EAR IF UND	ER 24 HRS.	Treatment in the	Day, Year)	_	6. BIRTHP Country)	LACE (State or Foreign
577-72-103				O YRS.				Septe	mber			h Carolina
9a. FACILITY NAME (If not in GLADYS SPEL	LMAN N		ENTER	. 0 -		WN OR LOCA HEVERL		EATN	[		UNTY OF DEA	
RESIDENCE OF DE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR L	OCATION					- 1/2	IOd. INSIDE CITY
Maryland	Prince	e Georges			Temple	Hill	S				- 1	LIMITS?
10e. STREET AND NUMBER		uco. gos				10f. ZIP CO				10g. Cl		IAT COUNTRY?
2906 Fair	lawn S						0748				ted S	
1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	XXIO	If ye		ban, Mexico	NIC ORIGIN? en, Puerto Ric ly:		or No—	14. RACE - Black, Specify	- American Indian, White, etc. : Black
15, DEC (Specify on	EDENT'S EDU ly highest grade	CATION completed)	18a	Give kind of	work done durin		lding	16b. K	IND OF BU	SINESS/IN	DUSTRY	
9th grade	0-12)	College (1-4 or 5	)	Hom	emaker				Dome	estic		
17. FATNER'S NAME (First, A	fiddle, Last)					18. MC	THER'S NA	AME (First, Mic	idle, Maiden	Sumame)		
Augustus	Tone/Print)	Theodo	e		oker		Mary	2	Leni			Williams
Augustus &		ooker (pai	ents)									and 20748
20e METHOD OF DISPOSIT	ION		20b. PLA	CEANDDATE	OF DISPOSITIO	N (Name of		OATE			- City or Tow	
4 Donation 5 Other	r (Specify)		_ Cantelly	cremetory or o	-				Sui	tlar	nd, Ma	ryland
21. SIGNATURE OF FUNERA		atrily,	9-	_		1 Coo		L				1 Home C.20011
23. PART I. Enter the d	liseeses, or o	complications tha	caused the	death. Do r								Approximate
shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	ieart fellure. nel	e. NAJ	orite	line.	· CrEAZ							interval Between Onset and Death
Commentally list condition		b		ISEQUENCE O								
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate	DUE TO	(OR AS A CON	ISEQUENCE OF	F):							
CAUSE (Disease or Injuthat initiated events		c. DUE TO	(OR AS A CON	ISEQUENCE OF	F):			<del></del>				
resulting in death) LAS	т	d										
PART II. Other algorifica	ant condition	s contributing to	death but n	ot resulting	In the under	riving ceuse	alven in	Part I 2	4s. WAS AN	ALITOPSY	245.3	WERE AUTOPSY FINDINGS
						.,	9		PERFOR	MED?	/	MAILABLE PRIOR TO
									YES 2	NHO	- 1	OF DEATH?
	M <sub>a</sub> ,											1 123 2 1 110
25. WAS CASE REFERRED T	O MEDICAL					6. PLACE OF	DEATH (C)	neck only one)				
EXAMINER?		HOSPITAL:	ER/Outpation	t 3 🗆 DOA	QTHER: 4 V Nursing	Home 5 🗆	Residence	6 Other (	Specify)			
	Pending Investigation	28a. DATE OF (Month, D		28b. TIM	URY	WORK?	□NO	28d. DESC	RIBE HOW I	NJURY O	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26a. PLACE O building,	F INJURY — A atc. (Specify)	t home, farm,	street, factory,	office		261, LOCAT City or	ION (Street l Town, State)	and Numbe	er or Rural Ro	ute Number,
29a. CERTIFIER 1 P. OFR	TIFYING PHYSI	CIAN: To the best of	my knowledou	death coour	ad at the time	deta and ala				7 015	190	
one)												and manner as stated.
Purlan	Dever	re ho				29c. LI	CENSE NU	MBER	-	29d. DA	TE SIGNEO	Month, Day, Year)
30. NAME AND AODRESS O	F PERSON WH	COMPLETED CAUS	LOS /	(ITEM 27) (Type	Print)	Red	H	e TAK	ille	nza	0 4-	ادع
31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATUR	E LPN	· iory		17.	7111	111	1.	00	/Q/
MAK 1 1 199	33	Julia Davide	on-Pano	lace								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

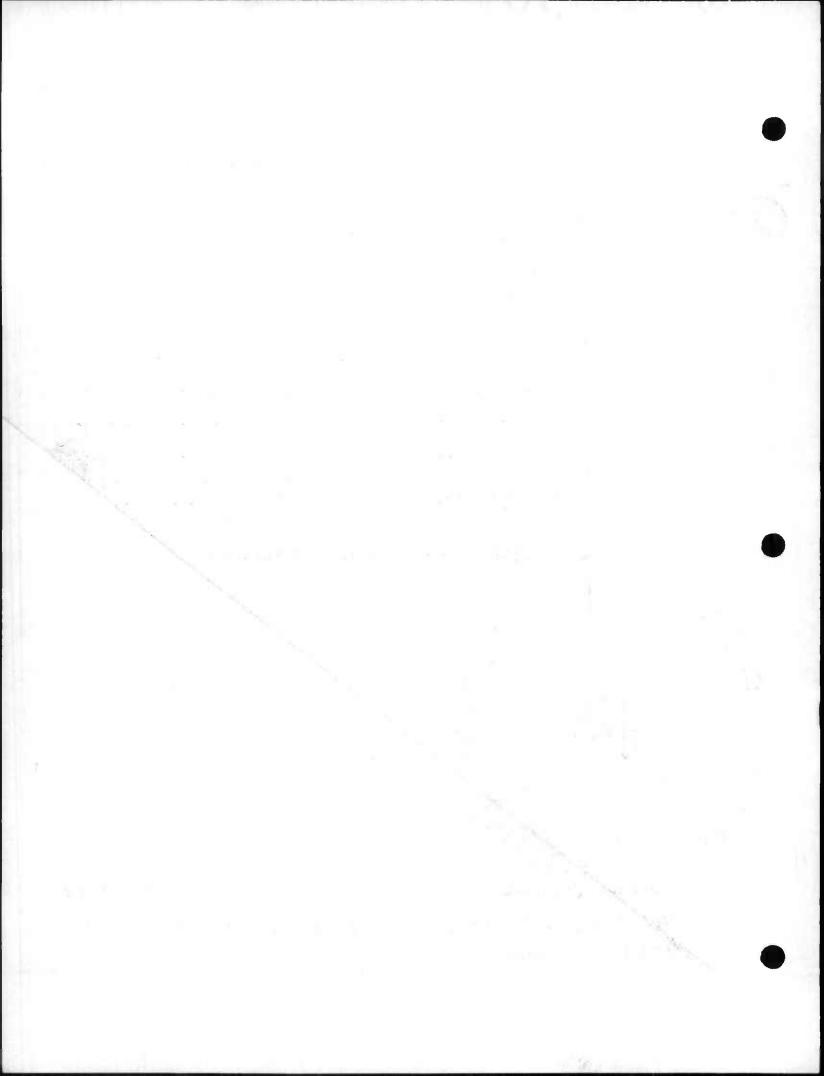
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

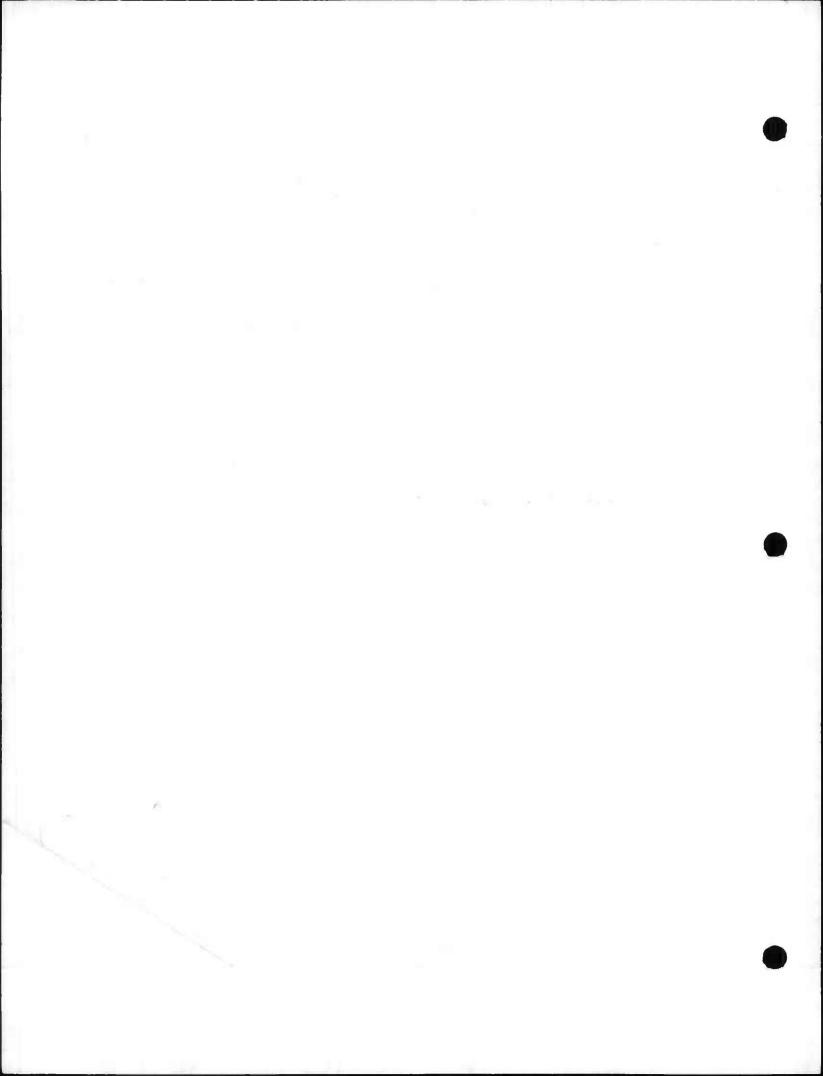
BALTIMORE, MARYLAND 21215-0020

DNMN-16 Rev 1/89



	_	REGISTRAR		CERTIF	CATE OF DE	ATH	REG. NO	).		
		1. DECEDENT'S NAME (First, Middle, Last	)				ATE OF DEATH	DAY	3. TIME OF DEATH	
		Donnie Mae BRO	WN				arch		93 5:52 A	
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)		IDER 24 HRS. 7. D	ATE OF BIRTH		BIRTHPLACE (State or Forei	מק
	1	267-32-1769	1 🗆 M 2 🗔 🔭	66 YRS.	MONTHS DAYS HOUR		Worlth, Day, Year) 2/25/19	26	Georgia	
4000	i.	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN OR LOC		2/23/13	_	Y OF DEATH	
	5 5	Doctors Communi	tu Hasnital	I	Lanham			Drin	ce George	
	)   š	RESIDENCE OF DECEDENT			Larinam			1 //con	ce beorge	
-	DIRECTOR	10a. STATE 10b. COUN		10c. CITY	, TOWN OR LOCATION				10d. INSIDE CITY	
F.			ce George's	Hya	ttsville				1 YES 2 NO	ı
permit.	ĭ.	10e. STREET AND NUMBER			101. ZIP C	ODE		10g. CITIZE	N OF WHAT COUNTRY?	
020 physician. burlal-transit	FUNER	4810 Rockford Dr.	ive		207	784		U.	S.A.	
215-0020 attending physician. se as the burial-tran	5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECENDEN	IT OF HISPANIC OF Juban, Mexican, Pur	RIGIN? (Specify Ye	s or No- 1	I. RACE — American Indian, Black, White, etc.	
21215-0020 al or attending physic for use as the burial-	8	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I		1 🗆 YES 2 🗎	NO Specify:	or to recent, ecc.)		Specify: Black	
as th		-	1							
2121 al or affi for use	ETED	15. DECEDENT'S ED (Specify only highest grad		(Give kind of w life. Do NOT use	USUAL OCCUPATION ork done during most of w	orking	16b. KIND OF BU	JSINESS/INOU	STRY	
d to	٣	Elementary/Secondary (0-12)	College (1-4 or 5+)		R OF SOCIAL	SVC		GOV	T	
The hospital detached to	once.			Director					Ι.	
	4-1	17. FATHER'S NAME (First, Middle, Leat) RICHARD	ANDERSON		16. N	OTHER'S NAME (FI		Sumame)		
C 2 3			THE DELICOIT							
MAR retained b	TO B	194. INFORMANT'S NAME (Type/Print) LOIS HOLMES		196. MAILING	ADDRESS (Street and Nun	nber or Rural Route	Number, City or To	wn, State, Zip C	ode)	
. 3 8	8				BROADLEAF	7		D 2077		
ب ع ⊾ا	must	20a. METHOD OF DISPOSITION  1\(\frac{1}{2}\) Burlai 2 \(\Gamma\) Cremation 3 \(\Gamma\) Re	movel from State Ce	b. PLACE AND DATE Of matery, crematory or otice	F DISPOSITION (Name of ner place)		DATE 20c. L	OCATION — CI	ty or Town, State	
Page 6 may all director, p		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	IOENOES (I	HARMONY	MEMORIAL I		<u>-18 LA</u>	NDOVER	MD	
	examiner	21. SIGNATURE OF FUNERAL SERVICE E	ICENSEE I	/ = .	22. NAME AND ADD	JENKINS		LIOME		
		Mawaka	10.00	CULTOXI		ANDOVER			MD	
5 A B	medical	23. PART I. Enter the diseases, or	complications that cause	d tha death. Do n	ot antar the mode of	dying, such aa	cardiac or rear	piratory arres	t, Approximate	
A hours		IMMEDIATE CAUSE (Final	. List only one cause on	aach iina.					Interval Bety Onset and E	
	the state of	disease or condition	(bull a)	hund	a					
within mpietely cremat	event,	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	):				<del>-  </del>	_
Co co cia			. Settu	201					1	
	traumatic	Sequentially list conditions, if any, leading to immediate	DUE TO OR AS	A CONSEQUENCE OF	):					
se be selor	E S	cause. Enter UNDERLYING	6						ļ	
tiffca phy iene	1	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	):					_
P.C. Car	y, or other	resulting in death) LAST	d							
the death the attendance of Mental	51	PART II. Other significant condition	one contributing to death	hut met mandtin a l	also send of the con-					
Y = 5 5	> B	74 mont	Nie Contributing to death	but not resulting ii	tha underlying caus	ie given in Part		RMED?	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO	
	B S	300	11211911. 7	P D			1 TYES	2   NO	OF DEATH?	SE
9 9 6	\$ ≥	- Lynn I	Made x	are inc	mon	6-1-			1 TYES 2 NO	
	23 ×	Edera	- of Left	lower	Elleni	TX				
N: The N: The State D	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:		26. PLACE 0 OTHER:	F DEATHYCheck on	ly one)			_
SICIAN: The Certificate of the State	YS	1 TYES 2 NO	1 Inpatient 2 - ER/Out	patient 3 DOA	4 Nursing Home 5	Residence 6 🗆	Other (Specify)			
PHYSIC OF THIS CO.	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		T 28d.	DESCRIBE HOW	INJURY OCCU	RED	
After th	marked BY Pt	1 Natural 5 Pending 2 Accident Investigation			M 1 TYES	2 NO				
TENDING TOR: After death	* 0	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, st pcf(y)	reet, factory, office	261.	LOCATION (Street City or Town, State	end Number or	Rural Route Number,	
	m 28 ETE	4 Homicide determined	100							
~ ~ ~	Item P.E.	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	vledge, death occurre	d at the time, date end pi	ace, and due to the	cause(e) and me	nner as stated		
DIRECT DI			ER:On the besie of examination							ed.
보 날 ?	E S	2 MEDICAL EXAMIT								
보 날 ?	COMPL	29b. SIGNATURE AND TIPLE OF DEHILIS	1//		290	ICENSE NUMBER		204 DATE (	NOVED WHOM DON MAN	
보 날 ?	POR IR		1//		29c. i	LICENSE NUMBER	29	29d. DATE 5	GNED (Marin, Day, Year)	
TO THE HOSPITAL OF TO THE FUNERAL DIF	TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIC	and	EATH (ITEM 27) (Type	Ma	LICENSE NUMBER	89	29d. DATE :	GNED (Marin, Day, Year)	
보 날 ?	POR IR	296. SIGNATURE AND TITLE OF CERTIFIC	1//		Print)	LICENSE NUMBER	89 114. IU	► 3 <sub>1</sub>	GNED (Norm, Day, Year) 12193	_
보 날 ~	POR IR	296. SIGNATURE AND TITLE OF CERTIFIC	and	LANDOUR	Ma	LICENSE NUMBER L, D209 CHEVER	89 UY, M	► 3 <sub>1</sub>	GNED (Hannin, Day, Year) L243 785	_



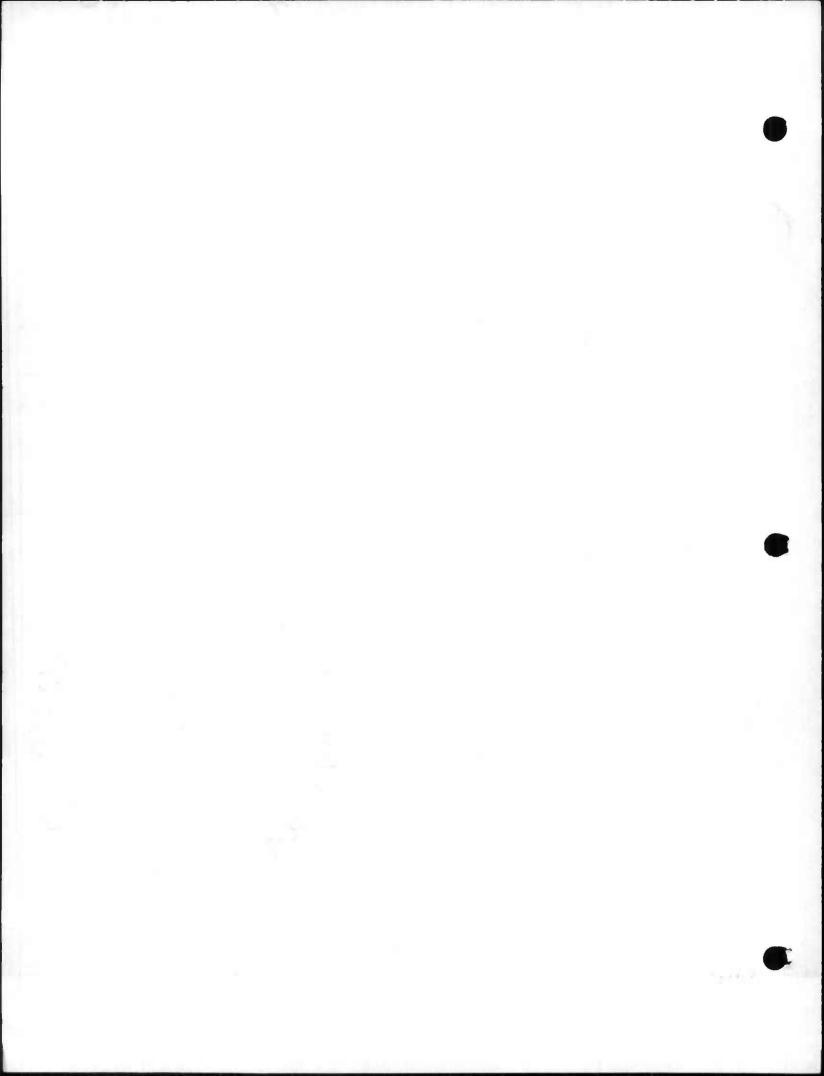


31. DATE FILED (Morith, Day, Year)
MAR 1

<u>1993</u>

								HEG. NO			
- 1	1. DECEDENT'S NAME (First, Middle, Lest)  JAMES BATTLE	(JAMES	DIEDCE	DAT	TIE	CD )		ATE OF DEATH	AY	4400 4 00	TIME OF DEATN
	4. SOCIAL SECURITY NUMBER							13- 17	7 9		34A8X; M
		5. SEX	6. AGE (In yrs. ies	YRS.	MONTHS DAY		(M	TE OF BIRTN onth, Day, Year)		Country)	ACE (State or Foreign
	577-38-7114	7.	62	THO.				1/30/19			ington, DC
œ	9e. FACILITY NAME (If not institution, give:		CENTED			N OR LOCATION OF	DEATN		10.000	INTY OF DEAT	
0	PRINCE GEORGE'S	HOSPITAL	CENTER		CHE	VERLY			PR	INCE (	GEORGE
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION				10	d. INSIDE CITY
BIG	Maryland Prine	ce Georg	els	Н	attsvi	lle.				1,	LIMITS?
7	10e. STREET AND NUMBER	ce ocorg	C 3	11)	Vactsvi	10f. ZIP CODE			10g, CIT		T COUNTRY?
FUNERAL	6909 Shepherd S	treet				20784				U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS E	ECENDENT OF NISP	ANIC OR	GIN? (Specify Yes	or No-	14. RACE -	American Indian,
ВУ Е	1 Never Married 2 X Married 3 Wildowed 4 Divorced	IF YES, GIVE W	X YES 2 1	VO.	1 🗆 Y	ES 2 NO Spec	can, Puer dly:	to Rican, etc.)		Specify:	Vhite, etc.
											White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		/G	CEDENT'S We kind of a Do NOT us	VSUAL OCCUPY Work done during	ITION most of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 i	•).								-
M	12 17. FATHER'S NAME (First, Middle, Last)		Mar	nager				Americ		<u>_egion</u>	Post
								st, Middle, Meiden			
BE	Dorsey Battle							nderson			
2	Sales for some all the second					et end Number or Rura					
. 3	Margaret Battle					d Street,					
	20e METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Ren	noval from State	cemetery, cre	gratory or or	her place)	(Name of		ATE 20c. LO	CATION —	City or Town	, State
- 0	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	0511055	_   MD \	eter	an's C	emetery :	3/22	/93  Ch	relte	nham,	Maryland
2	21. SIGNATURE OF FUNERAL SERVICE L	DH	0		Fran	AND ADDRESS OF I	h's	Sons F	uner	al Hor	me, P.A.
	Jack D	true	nol .			Baltimor					
	23. PART i. Enter the diseeses, or	complications the	t ceused the de	ath. Do r	ot enter the	mode of dying, su	ich as c	ardiec or reapi	iratory ar	rest,	Approximate
	shock, or heart failure.										
					,						Onset and Death
	its MEDIATE CAUSE (Final disease or condition				hear	11.	0	u			Onset and Death
	INMEDIATE CAUSE (Final				hear	11.	0	re			Onset and Death
Z	ityMEDIATE CAUSE (Final disease or condition resulting in death)				hear	11.	0	il	24		Onset and Death
TION	in MEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	los DUE TO are		OVENCE OF	hear	11.	0	il	24		Onset and Death
ICATION	in MEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO	(OR AS A CONSECUTION AS A CONSECUTION	QUENCE OF	role	11.	0	il over	24		Onset and Death
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO	egister eriv	QUENCE OF	role		0	il over	26		Onset and Death
ERTIFICATION	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. OUE TO	(OR AS A CONSECUTION AS A CONSECUTION	QUENCE OF	role	11.	0	il over	24		Onset and Death
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Lordon Due to d.	(OR AS A CONSEC	QUENCE OF	esole	t fai	lu di	io Vac		ula e	Onset and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Lordon Due to d.	(OR AS A CONSEC	QUENCE OF	esole	t fai	lu di	24a. WAS AN PERFOR	AUTOPSY	34b. W/	Onset and Death  ERE AUTOPSY FINDINGS BILABLE PRIOR TO
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Lordon Due to d.	(OR AS A CONSEC	QUENCE OF	esole	t fai	lu di	24a. WAS AN	AUTOPSY	34b. William AM	Onset and Death  ERE AUTOPSY FINDINGS BILL BUE PRIOR TO MPLETION OF CAUSE F DEATN?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Lordon Due to d.	(OR AS A CONSEC	QUENCE OF	esole	t fai	lu di	24a. WAS AN PERFOR	AUTOPSY	34b. William AM	Onset and Death  ERE AUTOPSY FINDINGS BILL BLIE PRIOR TO MOPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Lordon Due to d.	(OR AS A CONSEC	QUENCE OF	in the underly	d far ann	du du	24a. WAS AN PERFOR	AUTOPSY	34b. William AM	Onset and Death  ERE AUTOPSY FINDINGS BILL BUE PRIOR TO MPLETION OF CAUSE F DEATN?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSEC (OR AS A CONSEC (OR AS A CONSEC death but not r	QUENCE OF	in the underly	ring cause given in	n Part I	24a. WAS AN PERFOR	AUTOPSY	34b. William AM	Onset and Death  ERE AUTOPSY FINDINGS BILLABLE PRIOR TO MOPLETION OF CAUSE F DEATN?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	a. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	QUENCE OF	in the underly	ring cause given in	n Part I	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. Windows	Onset and Death  ERE AUTOPSY FINDINGS BILL BUE PRIOR TO MPLETION OF CAUSE F DEATN?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	a. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSECTION AS A CONSE	DUENCE OF	on the underly  26  OTHER: 4   Nursing H  E OF 28c.  URY	ring cause given in  PLACE OF OEATN (Come 5 □ Residence INJURY AT WORK?	n Part I	24a. WAS AN PERFOR	AUTOPSY MED?	24b. Windows	Onset and Death  ERE AUTOPSY FINDINGS BILL BUE PRIOR TO MPLETION OF CAUSE F DEATN?
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32. REGISTRAG'S SIGNATURE
3 Julia Davidson-Randelle



93-1306-033 M.L.JR.

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DIRECTOR

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CERTIFICATION

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH M12 MONTH 953 9:46 A TOBY LYN BYRD 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign 23 MONTHS DAYS HOURS JUNE 2, 1969 1 [X] M 2 □ F "GEORGIA 259-23-3650 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGES CLINTON SOUTHERN MARYLAND HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE'S 1 XYES 2 NO CLINTON 10e. STREET AND NUMBER 10f. ZIP CODE 10g CITIZEN OF WHAT COUNTRY 10904 SWEET GUM WAY 20735 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married ecify Cuban, Mexican, Pu 1 TYES 2 X NO Specify: Specify: 3 Widowed 4 Divorced BLACK 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a, DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) during most of working Elementary/Secondary (0-12) College (1-4 or 5+) **12TH** LABORER PVT. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) UNKNOWN MOZELLE BYRD 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MOZELLE BYRD 10904 SWEET GUM WAY.CLINTON.MARYLAND 20735 20a. METHOD OF DISPOSITION
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1 Straight 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 1 St Burial 2 Cremation 3 4 Donation 5 Other (Specify) NATIONAL HARMONY MEMORIAL 3/22 LANDOVER, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
J.B. JENKINS FUNERAL HOME 7474 LANDOVER RD, LANDOVER, MARYLAND 20785 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, **Approximate** shock, or heart feilure. Liet only one ceuse on each line interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition AMITRIPTYLINE INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO YES 2 NO COMPLETION OF CAUSE YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inpetient 2 XER/Outpetient 3 ☐ DOA ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Found: 3-12-93 Found SUBJECT INGESTED DRUGS 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 10904 Suite Gum Way Clinton. Maryland 70735 3 \ Suicide 8 Could not be 4 Homicide 29a. CERTIFIER 1 \_\_\_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the ceuse(a) and menner ea stated. 29d. DATE SIGNED (Month, Day, Year) 03/1.3/93 29c. LICENSE NUMBER O.C.M.E.

DEATH (ITEM 27) (Type, Print)

THEOREMAN'S SIGNATURE PRINCEPLE

111 Penn Street, Baltimore, Maryland

permit. use as the burial-transit retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 detached for funeral director, page 5 should be to notified 2 e hours after death. Page 6 may Must examiner the medicai completely filled in by 0 cremation, the executed ithin event. DIVISION OF VITAL RECORDS, P.O. BOX 68760. attending physician and con ntal Hygiene prior to burial, traumatic certificate be other 6 requires that the death the atten any injury. signed by t Shows been t. of WE has be Dept. 23 The Hem certificate h HOSPITAL OR ATTENDING PHYSICIAN: 6 this c marked, After t death DIRECTOR: P Pours after of I Nem 28 is 69 FUNERAL I IMPORTANT:

DHMH-18 Rev 1/89

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_	1 - STATE REGISTRAR	STATE OF MARYL			F DEATH	MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las	DOIANGEY N	lae	Воз	kin	2. DATE MONT	OF DEATH	× -9	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 519-34-1818	1 □ M 2500XF	(In yrs. lest bythdey) 57 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Jul	of BIRTH th, Day, Year y 19,	1935	Country)	ACE (State or Foreign
CTOR	9a. FACILITY NAME (If not institution, giv Malcolm Grow Med			7-14	or location of		ase	9c. COUNT		eorge <sup>t</sup> s
딥	RESIDENCE OF DECEDENT  10a, STATE  10b, COU	NTY	10c. CI	TY, TOWN OR LOC					_	od, INSIDE CITY
DIRE	Maryland Prin	ce George's	For	estvill	e					LIMITS?
ERAL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZE		AT COUNTRY?
Ë	2701 Lake Hurst	Avenue			20747			U.	S. 0	f A.
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? DECEDENT EVER IF YES, GIVE WAR OR D. 1954 - 19	2 NO	It yes,	ECENDENT OF HISP specify Cuban, Mexic ES 2 1 NO Spec	can, Puerto	N? (Specify Yea Rican, etc.)	or No — 1	I. RACE -	American Indian, white, etc.
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u		most of working Proof	Ce	NSUS B	ureau		
COMPI	17. FATHER'S NAME (First, Middle, Last)	2	Acminis	trative	- Reader		S. GO		ent.	
Ш	Stanley Harold	Adams				,	Mae Cl			
0	19a, INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stree	t and Number or Rura				ode)	
임	James E. Boykin		2701	Lake Hu	rst Ave.	. For	estvil	le. Mo	i. F	20747
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Re		PLACE AND DATE	OF DISPOSITION		DAT		CATION — CH		
	4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE_OP-FUNERAL SERVICE	Mk	d. Vets.	Cemete		3-19-	93 Che	ltenh:	em, I	Maryland
	Joseph O	Barton G	atu	6633	Old Alex	L	ee Fun	v Pd	Cliv	
	23. PART I. Enter the diseases, o	r complications that cenaed b. List only one cause on a	the death. Do	not enter tha n	node of dyling, su	ch ss cen	diac or respi	ratory arres	t,	Approximats
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Alexande		Card	was u	ule.	du	w	_	Interval Between Onset and Death
CATION	Sequentially list conditions, if any, isading to immediate	b. DUE TO (OR AS A	CONSEQUENCE O	n:						
	cause. Enter UNDERLYING CAUSE (Disease or Injury		See at the second							
CERTIFI	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	P):						
MEDICAL (	PART II. Other significant conditi	ons contributing to death b	ut not resulting	in the underly	ing cause given in	n Part I.	24s, WAS AN PERFOR	MED?	CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
SICIAN: N	IN. WAS CASE BEPENRED TO MEDICAL EXAMINERY				PLACE OF DEATH (C	check only or	ne)			
YSI	1- YES 2 NO	HOSPITAL: 1 □ Inpatient 2 ☑ ER/Outp	etient 3 DOA	OTHER: 4 - Nursing He	ome 5 🗆 Residence	8 🗆 Othe	er (Specify)			
ВУ РНУ	27. MANNER DEATH  1 Natural 5 Pending  2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Till	JURY Y	NJURY AT WORK? YES 2 NO	28d. DE	SCRIBE HOW IN	UURY OCCU	RED	
8	3 Suicide 6 Could not b 4 Homicide determined	e PLACE OF INJURY building, etc. (Spec	— At home, term,	street, factory, of	fice		ATION (Street a or Town, State)	nd Number or	Rural Rou	e Number,
OMPLET		SICIAN: To the best of my knowl NER: On the basis of axamination								nd manner as stated.
S =	296. SIGNATURE AND TITLE OF CERTIF				296. DICENSE NO					onth, Day, Year)

IVA

3. TIME OF DEATH

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DHMH-18 Rev 1/89

2. DATE OF DEATH

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MONTH 03

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Baker

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthe 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 63 DAYS 1 XM 2 | F HOURS 579-38-8894 Hawai 9a. FACILITY NAME (If not institution, give street and number) 9001 Cherry Lave 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Golden Oaks Nursing DIRECTOR Hime Laure 1 Prince George's ine Dr. Manyland RESIDENCE OF DECEDENT 10a. STATE 10b\_COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Prince George's Hillcrest He YES 2 NO Heights FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 20 detached for use as the burial-transit United States hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 ∑ YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 X Never Married 2 Married BY IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify 3 Widowed 4 Divorced 1947-1967 White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5 +) 12 Defense Map Agency (Ged) Computer Technician once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) funeral director, page 5 should be notified at Katherine Paddon Leonard A. Baker, Sr. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Baker Same as 10a.-10f. Pe 20a. METHOD OF DISPOSITION
1 Burlel 2 Commetted 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must b 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Crematory Clinton, Md. 3 - 11 + 93examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. Clinton, Maryland 20735 cremation, or removal medical 23. PART |. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition DUE TO (OR AS A CONSEQUENCE OF): HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in desth) (Prebiovascular accidents traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST this certificate has been signed by the atternition with the State Dept. of Health and Mental inked, or Item 23 shows any Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER Wurst 1 - YES 2 (NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 8 - Other (Specify) 27. MANNER OF BEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 2 Accident DIRECTOR; After the hours after death with them 28 is mark 1 YES 2 NO BY 28s. PLACE OF INJURY - At home, farm, street, factor 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL COMPOSITION TO THE FUNERAL COMPOSITION TO THE FUNERAL COMPOSITION TO THE PROPERTY OF THE PROPER 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 296. SIGNATUSÉ AND TITLE OF CERTIFIE D35130 BE 10 2 O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Laurel-Bowne Rd M ARGOLIS, MD 14333 0 Joh 32. REGISTRAR'S SIGNATURE Luka Davidson Randale 7 1993 MAR 1

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriable filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLET

29e. CERTIFIER (Check only one)

29b. SIGNATURE AND TITLE OF CERTIFIER

ALICIA FRY
31. DATE FILED (MONTH, Day, Year)
WAR 1 7 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JOHN HORING HOS 32. REGISTRAR'S SIGNATURE Julia Davidson-Randell

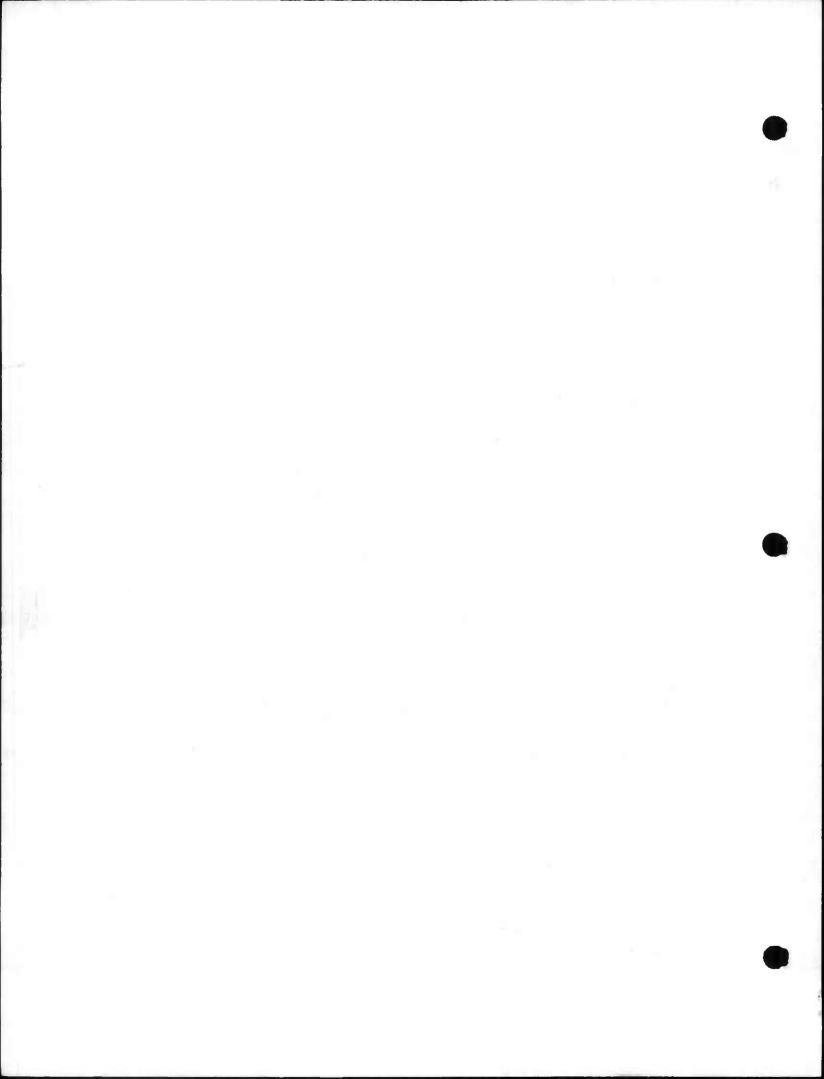
		FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT (			MENTAL HYGIEN REG. NO.		3 09279
		1. DECEDENT'S NAME (First, Middle, Last)	Jean Ma	rie B	erke	ley	_		2. DATE OF DEATH MONTH DA	Y	YEAR 9 3. TIME OF DEATH
Š.		4. SOCIAL SECURITY NUMBER 579-58-7692	1 🗆 M 2 📈 F	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 Y	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year)	46	8. BIRTHPLACE (State or Foreign Country) Wash., D.C.
9)	TOR	98. FACILITY NAME (If not institution, give st  JOHNS HOPKINS H  RESIDENCE OF DECEDENT						LOCATION OF DI		TIMORE	
	- DIRECTOR	Md. Prin	ce Geor	ge's		andy	wir	ne			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔯 NO
	FUNERAL	100. STREET AND NUMBER  12411 Lytton A	Avenue	EVER IN II S AR	MED	12 446		20613	NIC ORIGIN? (Specify Yes		ZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian,
	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WA	YES 2 X		If ye	Black, White, etc.  Specify:  White				
	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	ive kind of w Do NOT us		ng most		16b. KIND OF BUS			
at once.	E COMPL	12 1 Bookkeeper Bookkeeping  17. FATHER'S NAME (First, Middle, Lest)  Raymond M. Jarboe  Bookkeeping  16. MOTNER'S NAME (First, Middle, Maiden Surname)  Margaret E. Trumbo									
be notified at once	TO B	19a. INFORMANT'S NAME (Type/Print)  Raymond E. Bej			b. MAILING			-	Route Number, City or Town		
must		20a. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Remo	***************************************	20b. PLACE / cemetary, cre St. F	and date of matory or other test	r's C	huu	3-17- cch Cei	ml I Wa.	ldor	f, Md.
val. I examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	d. Bal			063 Cl i	13 ( nta	on Ma.	exander b 20735	err	
at Hygiene prior to bunal, cremation, or removal, or other traumatic event, the medical	ERTIFICATION	23. PART Sinter the diseases, or canock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or considerable the shock, or canock failure the shock, or canock failure the shock, or canock failure the shock, or canock failure the shock, or canock failure the shock, or canock failure the shock, or canock failure the shock, or canock failure the shock, or canock failure the shock, or canock failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or heert failure. If the shock, or canock failure is the shock, or canock failure is the shock, or canock failure is the shock, or canock failure is the shock failure is the	List Drily Dria cause  Line A  Pos Pue TO (0)	DR AS A CONSECUTOR AS A CONSEC	QUENCE OF	Afric	mode M	of dying, auc	h aa cardiac or reapli		Approximate interval Between Onset and Death 2 day 2 day 3
ne State Dept, of Health and Mental Hygiene or Item 23 shows any Injury, or other	SICIAN: MEDICAL CI	PART II. Other significant conditions  Describ to Cere  Acute Rened to  SERGIS  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 MNO	s contributing to d	adrac	, R	OTHER:	SE PLACE	HIS del HOLOTE 18 DIENTESSE DE OF DEATH (CH	espirator	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
death with t	D BY PHYSIC	27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. DATE OF IV (Month, Day) 28a. PLACE OF building, et	Year)	28b. TIME INJU me, farm, s	M 1			28d. OEŞCRIBE HOW IN 281. LOCATION (Street a		
00 E	ш	4 Homicide determined		1-1-0-17/					City or Town, State)		

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated.

DHMN-16 Rev 1/89

93

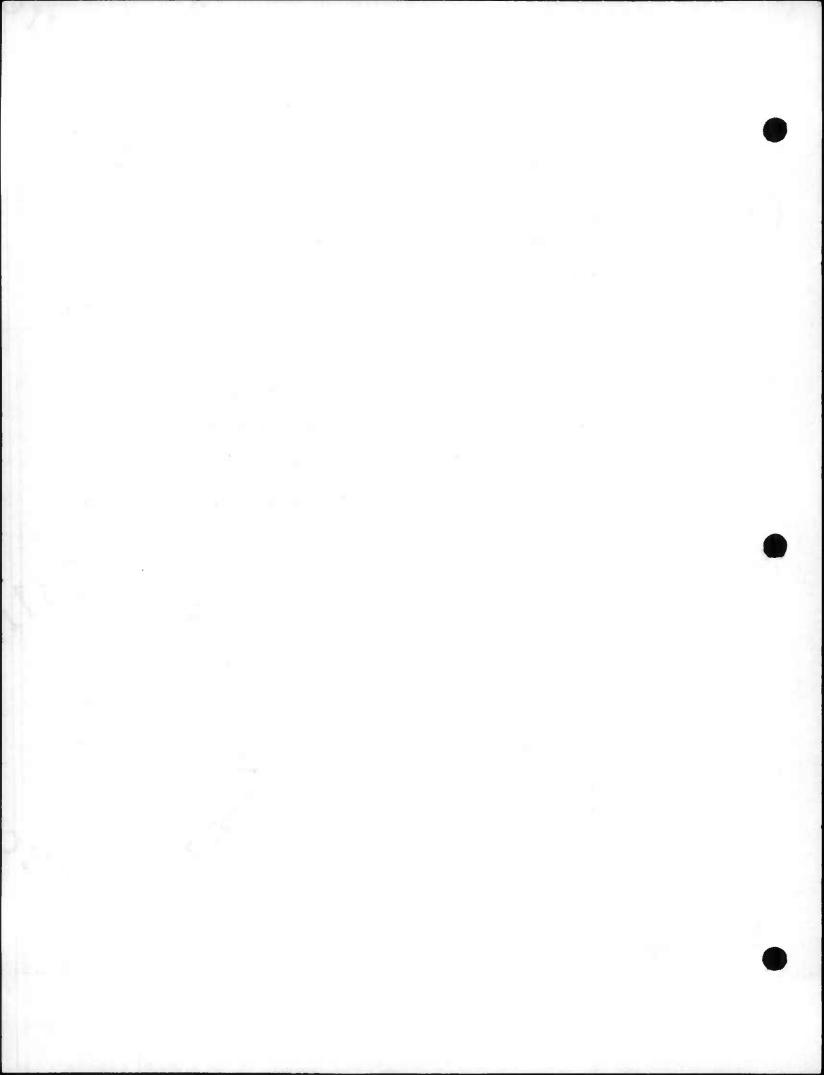
29d. DATE SIGNED (Month, Day, Year)



1	110	
BALTIMORE, MARYLAND 21215-0020	rtificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ag physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, Page bids to bunial, cremation, or removal
	24 h	filled ion.
D. BOX 68760,	executed within	ig physician and completely filled in by the ilene prior to burial, cremation, or removal.
. BO	ificate be	physicia me prior
0	e	2 8

BALTIMORE, MARYLAND 21215-0020 ter death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transfer must be notified at once.	TO BE COMPLETED BY FUNE	11. MARITAL STAT  1 Never Marrie  3 Widowed  Elementary/Se 0-4  17. FATHER'S NAM Benja  19a. INFORMANT' Aleat  20a. METHOD OF  1 St Burlet 2 4 Donation 5  21. SIGNATURE DI  23. PART I. Ent
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Ent sho IMMEDIATE CA disease or con resulting in dei Sequentially lit if any, leading cause. Enter U CAUSE (Diseas that initiated er resulting in dei PART II. Other  25. WAS CASE REI EXAMINER? 1  YES 2 27. MANNER OF 0 1  W Natural 2  Accident 3  Suicide 4  Homicide  29a. CERTIFIER (Check only one) 2

	1 - STATE REGISTRAR	SIAIE UF MI			ICATE				IENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
1	Georg	ge		Bro	own				March 22,	199	3	2323 M
	4. SOCIAL SECURITY NUMBER	5. 9EX (	L AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign
	218-12-9765	1 ☑ M 2 ☐ F	75	YRS.	MONTHS	DAYS (	HOURS	MIN.	June 02-19	917	Mar	yland
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWN OR	LOCATIO	ON OF DE	EATH 9c. COUNTY OF OEAT			DEATH
O. I	Calvert Memorial	l Hospital		Prince Frederick Calv							lver	t
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	Y		too CIT	Y, TOWN O	A L OCATIO				10d. INSIDE CITY		
E	Maryland Calv			Huntingtown						LIMITS?		
	10e. STREET AND NUMBER	ert			Hunt		ZIP CODE		10g, CITIZEN OF WHAT COUNT			1 TYES 2 NO
12	2820 Stinnett Ro	ad		20639								
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMEO 13, Y			AS DECEN		~ -	C ORIGIN? (Specify Yes	or No-	USA 14. BAC	E — American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1		K NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, W						E — American Indian, k, White, atc.		
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade		16a. DEC	EOENT'S	USUAL OC	CUPATION	of working		18b. KIND OF BU	SINESS/IN	DUSTRY	
	(Specify only highest grade completed)  (Give kind of work done during life. Do NOT use retired.)  (Give kind of work done during life. Do NOT use retired.)							v				
M P	0-4 Labor											
8	17. FATHER'S NAME (First, Middle, Last)							E (First, Middle, Maiden	Sumame)			
H	Benjamin Brown							Brooks				
2	19a. INFORMANT'S NAME (Type/Print)  Aleathia Brown								oute Number, City or Tow ntingtown,			1 20620
	20a. METHOD OF DISPOSITION		1				_	nu				
	1 Donation 5 Other (Specify)	oval from State	20b. PLACE A					03			City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
	Sewell Funeral Home 1451 Dares Beach Rd. Prince Frederick, Md											
	23. PART I. Enter the diseases, or o	1. des	WW.									lerick, Md
	shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Ce Ealellas mf and Beam Stem, CVA.  Due To (or As A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  C. Per March Vas C. Asserti											
CAL	PART II. Other algnificent condition	a contributing to d	eath but not re	sulting	in the unc	leriying (	cause g	iven in F	Part I. 24a. WAS AN PERFOR		248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
: MEDI									1 YES 2	NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						CE OF D	EATH (Chec	ck only one)			
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 - Nursi		5 🗆 Re	sidence (	Other (Specify)			
BY PHYSICIAN	27. MANNER OF DEATH  1 Westural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	IJURY Year)	28b. TIM	E OF JURY M	26c. INJUF WORK 1 YE	RY AT K? S 2	NO ON	28d. DESCRIBE HOW I	NJURY OC	CCUREO	
	3 Suicide 8 Could not be determined	28e. PLACE OF building, et	INJURY — At hon c. (Specify)	ne, farm, :	street, facto	ry, office			28f. LOCATION (Street a City or Town, State)		er or Rural	Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	_							o the cause(a) end mar ime, data and place, an			a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Monifo, Dey, Year)  3 / 23 / 93 = 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	Dr. Kioumarce					deri	ick	MD	20679			
					e rre	-del I	LCK	LID	20070			
MAR 2 1 1993 Julia Savidson Mandae												



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	The less 1, 2, 3 should		
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the turns be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

		- 01	-MITTIC	AIL	JF DEAL	П	REG. NO	)			
	Agnes	C. B	ARNCOR	D			2. DATE OF DEATH MONTH PAY 1993 1:10 P.				
4. SOCIAL SECURITY NUMBER 214–42–0898	5. SEX 1 M 2 X F	6. AGE (In yrs. las		UNDER 1 YE	-	MIN.	7. DATE OF BIRTH AUG . 20,	1910	8. BIRTHPLACE	(State or Foreign t Virginia	
9a. FACILITY NAME (If not institution,	give street and number)		91	CITY, TO	WN OR LOCATIO	N OF DE		9c COUR	NTY OF DEATH		
Homewood Reti		er		Frederick Frede						ick,	
100. STATE 10b. CO			10c. CITY, T	DWN OR LO	rederic	k			L	NSIDE CITY IMITS?	
10e. STREET AND NUMBER					10f. ZIP CODE	_		1 (X) YES 2 NO			
603 Charles S							.701			5.A	
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR YES 2 AN WAR OR DATES	MED IO	ED  13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, atc.)  1 YES 21 NO Specify:  Specify: White, atc.							
15. OECEDENT'S (Specify only highest	EOUCATION grade completed)	18s. OE	CEDENT'S US	JAL OCCUP	PATION		16b. KIND OF BU	SINESS/INO	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+) iifo.		cher	g most of working		State	Schoo	l for	the Deaf	
17. FATHER'S NAME (First, Middle, Las William Issac					18. MOTHE	R'S NAM	E (First, Middle, Malden		3,02	one bear	
19s. INFORMANT'S NAME (Type/Print)											
Paul E. Barr, Jr.  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8200 Retreat Rd., Walkersville, Md. 21793											
20c. METHOD OF DISPOSITION 10 Burlel 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of commencer, gregatory of other place) Nt. Olivet Cemetery March 4, 1993 Frederick, Maryland											
21. SIGNATURE OF THERAL SERVICE	E LICENSEE		- 100 0		E AND AOORESS			) 11	edelite	, mary ran	
Subord (	. C. Bosy	fil 1	100021				Basford hurch Str				
23. PART I. Enter the diseases, shock, or hasrt fall iMMEDIATE CAUSE (Finel disease or condition resulting in death)	s.	t caused the delese on asch line.  SEU MONIA (DR AS A CONSED		antar tha	mode of dyin	g, such	as cardiac or resp	iratory srre	est,	Approximata ntarvai Between Onset and Death	
Sequentisity list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	(OR AS A CONSED									
PART II. Other significant cond	itions contributing to	death but not re	aulting in th	ne underli	ving cause giv	en in P	art I. 24a. WAS AN	AUTOBEV	OAN MIPPER	UTOPSY FINDINGS	
_ Chroni	- 1 1		Imm		dises		PERFOR	MED?	AVAILA COMPL OF DEA	BLE PRIOR TO ETION OF CAUSE	
25. WAS CASE REFERRED TO MEDICA				28	PLACE OF DEA	TH (Chec	k only one)				
EXAMINER?	HOSPITAL:	ER/Outpatient 3		HER:			Other (Specify)				
27. MANNER OF DEATH	28a, DATE OF	INJURY	26b. TIME OF	28c.	INJURY AT		28d. OESCRIBE HOW II	NJURY OCC	UREO		
1 Natural 5 Pending 2 Accident Investigat	(Month, Di	ty, Year)	INJURY		WORK?	ND				ĺ	
3 Suicide 8 Could not datarmine	28s. PLACE O	F INJURY — At hon atc. (Specify)	ne, Isrm, stree	i, lactory, o	ffica	1	281. LOCATION (Street a City or Town, State)	and Number o	or Rural Floute Nu	mber,	
29s. CERTIFIER	UVOICIAN. T		-								
(Check only one) 2 MEDICAL EXA	HYSICIAN: To the best of MINER: On the basis of sa	my knowledge, dea	th occurred at westigation, in	my opinio	late and place, a n, death occured	nd due to at the tir	o the cause(s) and man me, data and place, an	ner ss atate d due to the	d. csuse(a) and ma	enner as stated.	
296. SIGNATURE AND VITLE OF CERT	1. (mil	70	1	U	29c. LICENS		ER 87		SIGNED (Month,	Dayl Year)	
Dr. George I.	Smith, Jr.				inth St	tree	t. Freder	ick.	Md. 217	01	
31. DATE FILED (Martin Day, Year)		R'S SIGNATURE	3 5 4 8 1				,				

. . . and the second of the second o

1 - STATE REGISTRAR	SINIE OF MIAN	CERTI	FIC	ATE OF			HENIAL N	EG. NO	C	20	0 2 2 0 2
1. DECEDENT'S NAME (First, Middle, Last	)						2. DATE OF	DEATH			3. TIME OF DEATH
Weldo	n Lloyd Bear	1					Mar.	2	1993	YEAR	5:30 P. M
4. SOCIAL SECURITY NUMBER	-	GE (In yrs. last birthda	y) IF I	UNDER 1 YEAR	IF UNDER :	24 HRS.	7 DATE OF	NTOIG			LACE (State or Foreign
217-36-6727	1X M 2   F	31 YRS	MON	THS DAYS	HOURS.	MIN.	Dec.	1y, Year)	1911	Coll (	orado
9a. FACILITY NAME (If not institution, give	street and number)		9b.	CITY, TOWN	OR LOCATIO	N OF DE		20,	7	INTY OF OE	
102 E. Green			1								
RESIDENCE OF DECEDENT	DL.			M	<u>iddle</u>	LOWI				rede	rick
10a. STATE 10b. COUN		10c. C	CITY, TO	WN OR LOCA	TION						10d. INSIDE CITY
Md.	Frederick			Middle	etown						1 X YES 2 NO
10e. STREET AND NUMBER				10	f. ZIP CODE				10g. CIT	IZEN OF WI	IAT COUNTRY?
102 E. Green St.					21	769				U.S.A	١.
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	-	13. WAS DE	CENDENT OF	F HISPAN	IC ORIGIN? (S	pecify Yes		14. RACE -	- American Indian.
1 Never Married 2 Married	FORCES? 1 Y				pecify Cubar S 2 🙀 NO		n, Puerto Rica	n, etc.)		Black, Specify	White, etc.
3 X Widowed 4 Divorced					2 30 110	арвану				W	nite
15. DECEDENT'S ED (Specify only highest gra		16a. DECEDENT					16b. KIN	ID OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	T use ret	done during m ired.)	ost or working	g					
12	admin	ist	rator			fec	lera]	gov	ernme	ent	
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)											
William B. Bean Lacy Stone											
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
Margaret Ann Robertson 509 Majorca Ave., Altamonte Springs, Fla.32714											
20a. METHOD QR DISPOSITION		20b. PLACE OF DISF	POSITIO	N (Name of ce	metery, crem	atory or				City or Tow	
1 Buriel 2.X Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from Stata	Smithsbu	ro	Cremat	orv	3/	3			urg.	
21. SIGNATURE OF FUNERAL SERVICES	LICENSEIF		-0		ND ADDRES			DILL	CITOL	urg,	ra.
Q LODE / V	ento.			Dona.	ld B.	Tho	mpson	Fune	ral	Home	
Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 21769											
23. ART Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart foliume. List only one cause on each line.											
IMMEDIATE CAUSE (Final	clay only one cause b	ii accii iiia.									Onset and Death
disease or condition resulting in death)	EVA			0-06	- 60					>	
resulting in equality	a. TYCT	S A CONSEQUENCE	OF):					, , ,			
Sequentially list conditions, If any, leading to immediate	DUE TO (OR /	AS A CONSEQUENCE	OF):								
cause. Enter UNDERLYING	C.										
CAUSE (Diseese or Injury that Initiated events	DUE TO (OR /	AS A CONSEQUENCE	OF):								
resulting in death) LAST	d										
DART II Other deptileent on did		6 by 6 - 66 - 17 - 181-								1	
PART II. Other algoliticent condition	ona contributing to daar	n but not resultin	ig in ti	ne underiyir	ng cause g	iven in	Part I. 24	PERFOI	AUTOPSY RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
							11	YES 2	NO		COMPLETION DF CAUSE OF DEATH?
											1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1 -		LACE OF DE	EATH (Ch	eck only one)				
1 YES 2 NO	1 Inpatient 2 ER/	Outpatient 3 🗆 DOA		FHER: ☐ Nursing Ho	me 6 to	sidence	6 Other (S)	pecify)			
27. MANNER OF DEATH	26a. DATE OF INJU (Month, Day, Ye	RY 28b.	TIME OF		JURY AT		28d. DESCRI	BE HOW	NJURY O	CCURED	
1 Netural 5 Pending		"	INJURY			NO					
2 Accident Investigation 3 Suicide 6 Could not b	26a. PLACE OF INJ	URY — At home, fam	m, stree	t, factory, offi	ca		26f. LOCATIO			or or Rural Ro	ute Number,
4 Homicide determined	building, atc. (	Specify)					City or Ti	own, State,			
29a. CERTIFIER	(0)(0)(A)(-7-4)										
and and	SICIAN: To the best of my k										
2 MEDICAL EXAMI	NER: On the basis of examin	ation and/or investig	atton, ir	т ту ориноп,	delitri occur	ed at the	time, cate and	piace, ar	id oue to i	me cause(s)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF					29c. LICE	NSE NUR	IBER		29d. DA	TE SIGNED	Month, Day, Year)
1	and a				10	146	26		7	3/9/	95
30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	Treet	ype, Prir	trec	leric	L	md	6	170	1	
	ulia Davidson-A	IGNATURE									
I IIIMIN + 1 1000											



TO BE COMPLETED BY FUNERAL DIRECTOR

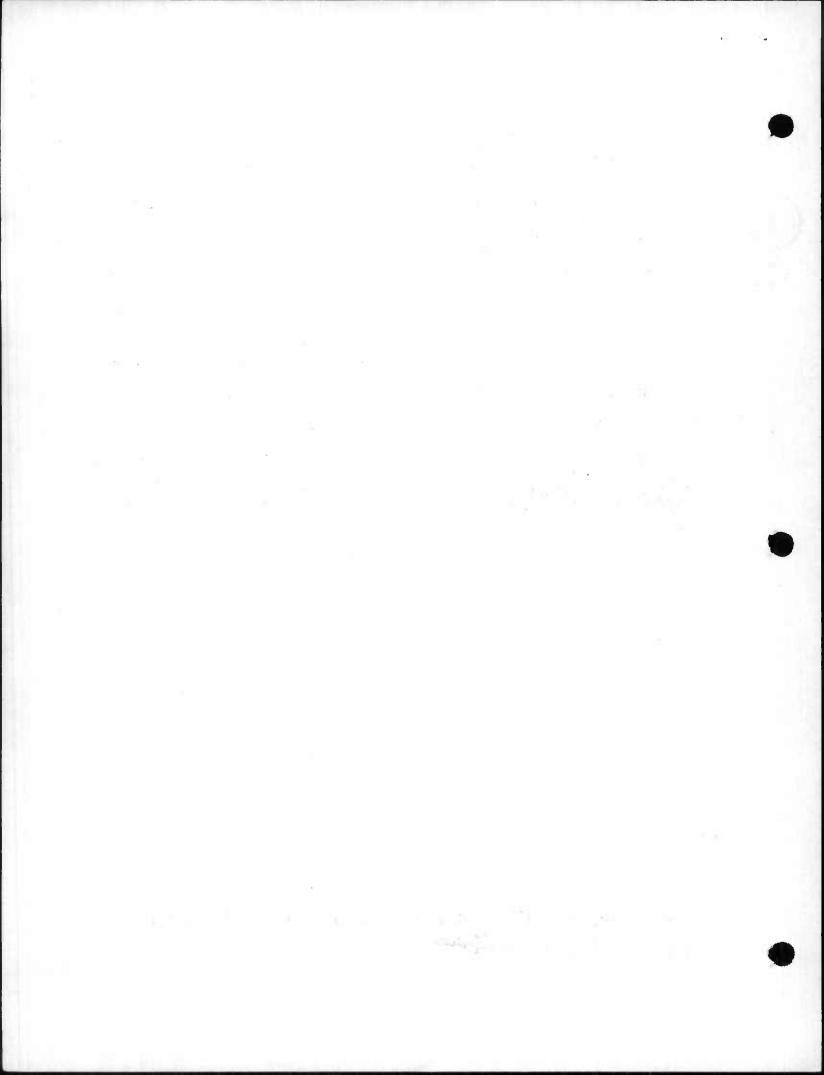
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "seconds after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89



(		1	photograph of though		
	BALTIMORE, MARYLAND 21215-0020	iter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit	oval.	

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CERTIFIC	ATE OF DEA	<b>ITH</b>	REG. NO.							
Į.	1. DECEDENT'S NAME (First, Middle, Lest)  MINYON JANE BROWN maiden name	( WATERS	)	2. DATE	OF DEATH	1998 "1000" M						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (	In yrs. lest birthday) F	UNDER 1 YEAR OF UND	/Monti	of BIRTH h, Day, Year) IX 7-1911	8. BIRTHPLACE (State or Foreign Country)  MD						
TOR	9a. FACILITY NAME (if not institution, give atreet and number)  THE UNION MEMORIAL HOSPITAL RESIDENCE OF DECEDENT	96.	BALTIMOR		9c. C	COUNTY OF DEATH						
[[	10a. STATE 10b. COUNTY	10c CITY TO	WN OR LOCATION	B-0111		10d. INSIDE CITY						
DIRECTOR	MD MONTGOMERY		R SPRING			1 YES 2 NO						
VERA	13309 OCTAGON LANE ( COLESVI	ILLE AREA	) 10f. ZIP CO	0E 904	10g. 6	U.S.A.						
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT EVER IN FORCES? 1 YES  14. WIdowed 4 Divorced  15. WAS DECEDENT EVER IN FORCES? 1 YES  17. WAS DECEDENT EVER IN FORCES? 1 YES  18. WAS DECEDENT EVER IN FORCES? 1 YES	2. 100	13. WAS DECENDENT If yes, specify Cu 1 YES 2 786	gan, Maxican, Puerto I	N? (Specify Yea or No- Rican, etc.)	14. RACE — American Indian, Black, White, etc. ARRO AMERICAN						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (14 or 5 +)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use ret DOMESTI	done during most of wor ired.)	ding 16b.	. KIND OF BUSINESS/ 分表分析を数据							
N N	12	DOMESTI										
BE CC	17. FATHER'S NAME (First, Middle, Lost) CHARLES ALLEN WATERS				Middle, Maiden Sumami BETH THOM							
TO E	19a. INFORMANT'S NAME (Type/Print)  JAMES H. WATERS  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  SAME AS 10 E											
	XOK METHOD OF DISPOSITION 1   Burlail 2   Crametion 3   Removal from State 4   Donetion 5   Other (Specify)   TREDERICK, MD.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	CK, MD. 21701										
	CHARLES E, HICKS 114 HOUSE OF HICKS F. SER. 106 E. CHURCH ST.											
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Respiratory — Chronic Obstructive Pulm Disease  Due to for as a consequence or):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):											
ᄗ	PART II. Other eignificent conditions contributing to death be	at not resulting in th	n underhilan oeuse	gluon in Dort i	24a, WAS AN AUTOPS	SY 24b. WERE AUTOPSY FINDINGS						
MEDICAL	Gennary Artery Disease Bilotack Axillary Ana	e		given in Part I.	PERFORMED?	AMILABLE PRIOR TO						
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			DEATH (Check only on	ne)							
YS!	1 VES 2 NO 1 Inpetient 2 ER/Output		HER: Nursing Home 5 🗆	residence 6 🗆 Other	r (Specify)							
ву РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2	NO 28d. DES	CRIBE HOW INJURY	OCCUREO						
	3 Suicide 4 Homicide  6 Could not be determined  28e. PLACE OF INJURY building, etc. (Special County of the state of the s	— At home, ferm, street	, factory, office	28f, LOC/ City (	ATION (Street and Num or Town, State)	nber or Rural Route Number,						
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge one) CERTIFYING PHYSICIAN: To the best of my knowledge one of the best of azaminston											
TO BE C	296. SICHATURE AND TITLE OF CERTIFIER			CENSE NUMBER	29d. D	DATE SIGNED (Month, Day, Year) North \$ 1993						
	30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Solan Menymon MD 2018 Chives, ty Plany Bultimore, Md											
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA MAR 1 0 1993 L.C.			7	Ö							
		A STATE OF THE STA	the Control of the Co									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE OF	DEATH	REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)	-		0-	4.0		2. DATE OF DEATN		3. TIME OF DEATH		
	THOMAS	上.	L	501	VD		MONTH D	~ O'S	1.39 PM 4		
	4. SOCIAL SECURITY NUMBER 5.	i. SEX	B. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	A BIRT	NPLACE (State or Foreign		
	217 10 1202	₩ 2 □ F	69	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cour	RYLAND		
DIRECTOR	98. FACILITY NAME (If not institution, give street SOUTHERN MAR RESIDENCE OF DECEDENT		HOSAT	TH	9b. CITY, TOWN	CLINTO	EATN	PRINCE	DEATH OFORGES		
2	10a. STATE 10b. COUNTY			10c. CITY	r, TOWN OR LOCA	TION			10d. INSIDE CITY		
	MARYLAND CHARL	ES			PLATA			LIMITS?			
FUNERAL	100. STREET AND NUMBER  ROUTE #2 BOX 2266				10	20646		WHAT COUNTRY? STATES			
BY FUR	11. MARITAL STATUS  1	FORCES? 1 STATES TO STATES	YES 2 NO	IED )	It yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 □ YES 2 ▼ NO Specify:  BLACI					
ETED	15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 168. KIND OF BUSINESS/INDUSTRY										
Ш	(Specify only highest grade completed)  [Clies kind of work done during most of working life. Do NOT use retired.)  [Clies kind of work done during most of working life. Do NOT use retired.]										
COMPL	12TH GRADE NONE CONSTRUCTION LABORER CONSTRUCTION										
Ö	17. FATNER'S NAME (First, Middle, Last)  16. MOTNER'S NAME (First, Middle, Maiden Surname)										
ш	THOMAS EDGAR BOND BERTHA LEE HUTCHINSON BOND										
0 8	19s. INFORMANT'S NAME (Typer/Print)  19s. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
=	ANNIE BOND ROUTE #2 BOX 2266 LA PLATA, MARYLAND 20646										
	20c METHOD OF DISPOSITION 1 © Burlel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, Cremetory or other Classes)  ARRYLAND VETERANS CEMETERY 3/29/93 CHELTENHAM, MARYLAND										
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE /	Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan	al		ND ADDRESS OF FA		OHELLEN	HAIT, HARTEAN		
, ,	DIA C. THORNT	ON JOHN	SON		THORN	TON'S FU	NERAL HOME	, POMONK	EY, MARYLAND		
	23. PART I. Enter the diseases, or com shock, or heart fellure. List IMMEDIATE CAUSE (Final	t only one ceuse	caused the dea	th. Do n	ot enter the me	ode of dying, suc	h as cardisc or reepi	ratory arrest,	Approximate interval Between Onset and Death		
	disease or condition resulting in deeth)  a. JOU AU G UNION AS A CONSEQUENCE OF:										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate SE TO ON AS A CONSEQUENCE OF:										
CA	CAUSE (Disease or injury										
TF.	that initiated events resulting in death) LAST										
SE	£ 4_	4/	Ur	an	NOW	my J	m/ce	1000	12		
DICAL	PART ii. Other significant conditions co	ontributing to de	eath but not re-	euiting i	n the underlyin	g ceuse given in	Part i. 24a. WAS AN PERFOR		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
1 11111							1 YES 2	□ NO	OF DEATH?		
Σ							— ]		1 TYES 2 NO		
NA I	25. WAS CASE REFERRED TO MEDICAL	A Trace II			26. P	ACE OF DEATH (Ch	eck only one)				
Sic		OSPITAL:	R/Outpatient 3	DOA	OTHER:	e 5 🗆 Residence	6 Cher (Specify)				
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF IN (Month, Day,	JURY	28b. TIME	OF 28c. IN.	URY AT	28d. DESCRIBE NOW II	JURY OCCURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation	(morni, buy,	70417	11130		PRK? YES 2 NO					
	3 Suicide 6 Could not be 4 Nomicide determined	26a. PLACE OF I	INJURY — At hom c. (Specify)	e, ferm, si	treet, factory, offic	•	26t. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,		
LE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	N: To the best of m	v knowledne dest	h occurre	d at the time date	and place and due	An about a superior and more				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: O								a) and menner as stated.		
BE	296 SIGNATURE AND TITLE OF CERTIFIER	21.	D 11	Vi	J 1	LICENSE NUM	IBER VEZT	29d. DATE SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE	OF DEATH (ITEM	27) (Type,		VE CL	INTENT	2/	2779		
	31. DATE FILED (Month, Day, Year) MAR 2.5 °93	32. REGISTRAR	S SIGNATURE			L LL	THE TURY	ND.	W133		
. 1	MAK ( ) 30	- June	MANAGORA AL	مهما ا-	_				1		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

PHYSICIAN: MEDICAL

В

BE COMPLETED

2

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT; If Item 2

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. notified at pe must traumatic event, the medical examiner item 23 shows any injury, or other 6 28 is marked,

	FOR 1 STATE	STATE OF M	IARYLAND /	DEPAR	TMENT	OF H	EALTH	AND I	MENTAL H	YGIENI	F "	3	0921	85
	REGISTRAR			RTIF						EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATH			3. TIME OF DEA	ATH
	CLARENCE	EDWARD			BUN	BUNDRICK			03 17 19		199	YEAR	9:30	Дм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)			8. BIRTI	HPLACE (State or I	
	263-44-7232	1 📉 M 2 🗌 F	58	YRS.	MONTHS	DAYS	HOURS	MIN.	3/31/1934			Country) Florida		
-	Se. FACILITY NAME (If not institution, give				9b. CITY	TOWN O	R LOCATI	ON OF DE	ATH			NTY OF D		
DIRECTOR	MARYLAND HOUS	E OF COR	RECTIO	ON Jessup, Maryland ANNE ARUNDEI							Ĺ .			
2	10e. STATE 10b. COUNT	Υ		10c. CITY	r, TOWN C	OR LOCAT	ION		-				10d. INSIDE CIT	Υ
E I	Maryland Hart	ford		For	prest Hill, Maryland							LIMITS?		
A	10e. STREET AND NUMBER						ZIP CODE				10g. CIT	ZEN OF	WHAT COUNTRY?	1.110
FUNERAL	2100 Slade Lane			2	1050					USA				
5	11. MARITAL STATUS	EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Sp	ecify Yes	or No —	14. RACE — American Indian		llen,	
ВУБ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W					specify Cuben, Mexican, Puerto Rican, etc.) /ES 2 X NO Specify:			Spec	k, White, etc.			
											iite			
COMPLETED	(Specify only highest grad		18a. DEG	DEDENT'S WE kind of W Do NOT us	vork done	during mos	IN st of workin	g			INESS/INC			
	Elementary/Secondary (0-12)	College (1-4 or 5+	Skilled Trades Painter							nufa al M				
S I	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	IER'S NAI	ME (First, Middle	, Maiden S	Surname)			
BEC	U/K Lessie Pledger													
2	196. INFORMANT'S NAME (Type/Print)  196. MAJLING ADDRESS (Street and Number or Rural Route Num										Code)			
-	Deborah J. Bundri	lck	2	100	Slad	e La	ne,	Fore	st Hil	1, M	id.	2105	0	
	20a. METHOD OF DISPOSITION  Description 2 Cremation 3 Ren  4 Donation 5 Other (Specify)	noval from State	20b. PLACE A comptery, crer DUD LIN	MDDATE O	r DISPOS her place) SION	ition (Na ary	me of Bapt	3 <b>-</b> 2	4-973 <sup>E</sup> Cem.	20c. LOC DU	blin	City or To	ryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME AN	D ADDRES	S OF FAC	CILITY			_		
	HO111010 19	Malla	MAA	111									me, P.A	
	23. PART I. Enter the diseeses, pr	complications that	caused the de	th. Do n	ot enter	the mor	OKES	bury	RO.,	Abin	gaon	, Mo	1. 21009	
	snock, or heart fellure.	List Dnly Dne ceus	se on each line.		01 011101	110 1110	um or dy.	ing, suci	i de Certific	от төзрп	awiy en	eat,	interval E	Between
	iMMEDIATE CAUSE (Fine) disease or condition	Myacar	20/0/ 1/	IEAD	CTI	74/							Onset an	d Death
	resulting in deeth)	a. MYOCAL	OR AS A CONSED	UENCE OF	0 //0	//V	_							
_		LURONI	ARY ARTI	SRY	r BVPA	155	THUN	N RAS	'IC					
힐	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEO	UENCE OF	):	,	MAC	11.50 5	Ų.				1	
₹	cause. Enter UNDERLYING CAUSE (Disease or injury	· ARTERI								SE				
E	that initiated events	DUE TO (	OR AS A CONSEO	UENCE OF	):									
CERTIFICATION	resulting in death) LAST	d												
0			_											

resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Dilated cardio myopothy, Hypertension Diabetes mellitus

24a. WAS AN AUTOPSY PERFORMED?

1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 | NO

29d. DATE SIGNED (Month, Day, Year)

03/17/1993

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1X YES 2 □ NO 8 Other (Specify) PRISON 1 Inpetient 2 ER/Outpatient 3 DOA ne 5 🗆 Rasidence 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED

1 Natural
2 Accident 5 Pending Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 4 Homicide

28c. INJURY AT WORK?
1 YES 2 NO 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29c. LICENSE NUMBER

O.C.M.E.

29e. CERTIFIER (Check only 1 - CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated.

2 X MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER

Might MM

30. NAME AND ADDRESS OF PERSON WHO COMPLÉTED CAUSE OF DEATH (ITEM 27) (Type, Print)
DONALD G. WRIGHT, M.D.111 Penn Street, Baltimore, Maryland 21201

31. DATE FILED (Month, Day, Year) MAR 23 93 32. REGISTRAR'S SIGNATURE

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

							0.0		2006	
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGII	ENE	3 0 9	9286	
	1. DECEDENT'S NAME (First, Middle, Last)  CORN L 1 a  4. SOCIAL SECURITY NUMBER	Rutle 5. SEX 6. AGE (I	edge	1/2	rer	2. DATE OF DEATH MONTH March	DAY 19	YEAR 193	TIME OF DEATH 4	
i	212-52-9944	1 🗆 M 2 💢 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 11/21	/1913	Country)	E (State or Foreign	
	9a. FACILITY NAME (If not institution, give a  HARTORD MEN  RESIDENCE OF DECEDENT	norial Hosp	-//	LAVRE	DR LOCATION OF DI	eath S TYACE	sc. county of Death HAR FORD			
	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT				10d.	INSIDE CITY LIMITS?	
	Maryland 10. STREET AND NUMBER	Harford		101	Falls	ton	10g. CITIZ	1 EN OF WHAT	YES 2 NO COUNTRY?	
	2238 Rutle				210			U.S.		
	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 MNO TES	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yes or No—	14. RACE — American Indian, Black, White, etc. Specify: Caucasian		
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use of	k done during mo etired.)	st of working	166. KIND OF BUSINESS/INDUSTRY			CO I CIT	
	17. FATHER'S NAME (First, Middle, Last)	2	Hou	sewife		ME (First, Middle, Maid	HOME			
		arles R	utledge			san			Turner	
	James S. Bier	er	l l	DORESS (Street a	44	Route Number, City or	Town, State, Zip 6	Code)		
	20s_METHOD OF DISPOSITION 1	oval from State 20b.	PLACE AND DATE OF I	DISPOSITION (Na	eterv		on kt o		ryland	
1	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AF	tz Fun	pr. y	me		ir y rania	
	23. PART I. Enter the disesses, or o shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	rch line.	enter the mo	de of dying, suc	h as cardiac or re	arytal	st,	Approximate Interval Between Onset and Death	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  L Sf	for the	my Gr	ft- riden	f.			
	that initiated events resulting in death) LAST  d.									
	PART II. Other significant condition	s contributing to deeth bu	it not resulting in t	the underlying	g ceuse given in	PERI	AN AUTOPSY FORMED? 2 NO	COM OF E	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?  YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch	eck only one)				
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJ		28d. DESCRIBE HO	W INJURY OCCI	JRED		
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre	et, factory, offic		261. LOCATION (Stree City or Town, Str	et and Number o	or Rural Route	Number,	

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 29a. CERTIFIER (Check only one)

DHMH-16 Rev 1/89

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M	The
OF VI	DUVELLIAM
DIVISION OF VITAL	COUTAL OF ATTEMBIAN DUVENIAN. The law secuines that the death certificate he executed withi
E	0
	COLTAI

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH VEAD MILTON HENRY CONRAD BREIDENBAUGH 19 March 1993 8:30 6. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 215-34-1362 1 M 2 F YRS. 904 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1513 Baldwin Mill Road Jarrettsville Harford RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Jarrettsville 1 TYES 2 A NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the bunial-transit 1513 Baldwin Mill Road 21084 U.S.A. the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. Il yes, specify Cuben, Mexicen, Puerto Rican, atc.) 1 Never Merried 2 Merried 1 TYES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced Caucasian COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Farmer Farming 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) TE Edward Page 6 may be retained by Breidenbaugh Annie BE Schmith notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mary C. Breidenbaugh same as þ 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Jarrettsville Donation 5 Other (Specify) Cem. Jarrettsville. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kurtz Funeral Home filled in by the fi Jarrettsville. Maryland the medical 23. PART I. Enter the diseases, or complications that a used the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata cremation, or IMMEDIATE CAUSE (Final Onset and Death disease or condition neumon the attending physician and completely Mental Hygiene prior to burial, cremati event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): lenoselerota traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL been signed by t X-alleno shows any 1 TYES 2 NO OF DEATH? 1 TYES 2 NO certificate has been the State Dept. o PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 28 is marked, or 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED with 1 INJURY 1 Naturel
2 Accident 1 YES 2 NO After t ВҰ Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined DIRECTOR: / COMPLETED 4 Homicide Hem 29a, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. TO THE HOSPITAL OF THE FUNERAL DE FIELD WITHIN 72 ho 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE lon 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALLIE OF DEATH (ITEM 27) (Type, Print) 2 Walter Hepner Jacksonville, Maryland 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
Line Davidson Randa 12 23'93

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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12 REGISTRAN'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physicia	by the funeral director, page 5 should be detached for use as the burial-tr	dical examiner must be notified at once
•	in 24 hour	ely filled in	the me
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit has filled within 72 hours, after death with the State Dent of Health and Mental Hydiere prior to burial cremation or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

	1. DECEDENT'S NAME (First, Middle, Last) HARRY T. BROOKS				2. DATE OF DEATH DAY YEAR		3. TIME OF DEATH
	216-07-4390 1 M 2 D F 9	E (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Con	ATHPLACE (State or Foreign unity) aryland
TOR	Baltimore County General Hospital  Residence of Decement  96. CITY, TOWN OR LOCATION OF DEATH Randallstown  96. COUNTY OF DEATH Randallstown  96. COUNTY OF DEATH Baltimore						
DIRECTOR	Maryland Baltimore		Y, TOWN OR LOCAT				10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3545 Lawndale Road 101. ZIP CODE 21136 USA						F WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MINO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or N It yea, specify Cuben, Maxican, Puarto Rican, etc.) 1  YES 2 NO Specify:		BI	ACE — American Indian, leck, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	(Specify only highest grade completed)  (Give kind of work done during most of working			Congoleum Corp.		
BE COI	17. FATHER'S NAME (First, Middle, Lest) William Brooks			Rosa	ME (First, Middle, Maiden		
2	19e. INFORMANT'S NAME (Type/Print) Mae B. Starrett 20e. METHOD OF DISPOSITION	3545	Lawndal	e Rd., Re	oute Number, City or Town	n, Md.	21136
	200. PLACE AND DATE OF DISPOSITION  1 Display 2 Commention 3 Removal from State  4 Donation 5 Other (Specify)  201. SIGNATURE OF FUNERAL SERVICE LICENSEE  202. NAME AND ADDRESS OF FACILITY  202. NAME AND ADDRESS OF FACILITY						
	el Owings	Mills, Md.					
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DERFURATED VISCOUS, CECUM  DUE TO (OR AS A CONSEQUENCE OF):  C. GAUS VENOUS COLON & DISTAU ILEUM  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):						
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  SPRESPIRATORY ANREST, EXPLIAP  1 YES 2 DO  24b. WAR AN AUTOPSY PERFORMED?  1 YES 2 DO  1 YES 2 NO						
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   Inpatient 2   ER/Or	rtpatient 3 🗆 DOA	OTHER:	ACE OF DEATH (Che			
ВУ РНУ	27. MANNER OF BEATH 1/3 Natural 5 Pending (Month, Day, Year) 27. Macldem Investigation						
	3 Suicide 4 Homicide  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined					al Route Number,	
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my kind one)  2 MEDICAL EXAMINER: On the best of axamination				e(a) and manner as stated.		
O BE	29d. DATE SIGNI	ED (Month, Day, Year)					
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	RALTO	Print) (10	7110	77,		

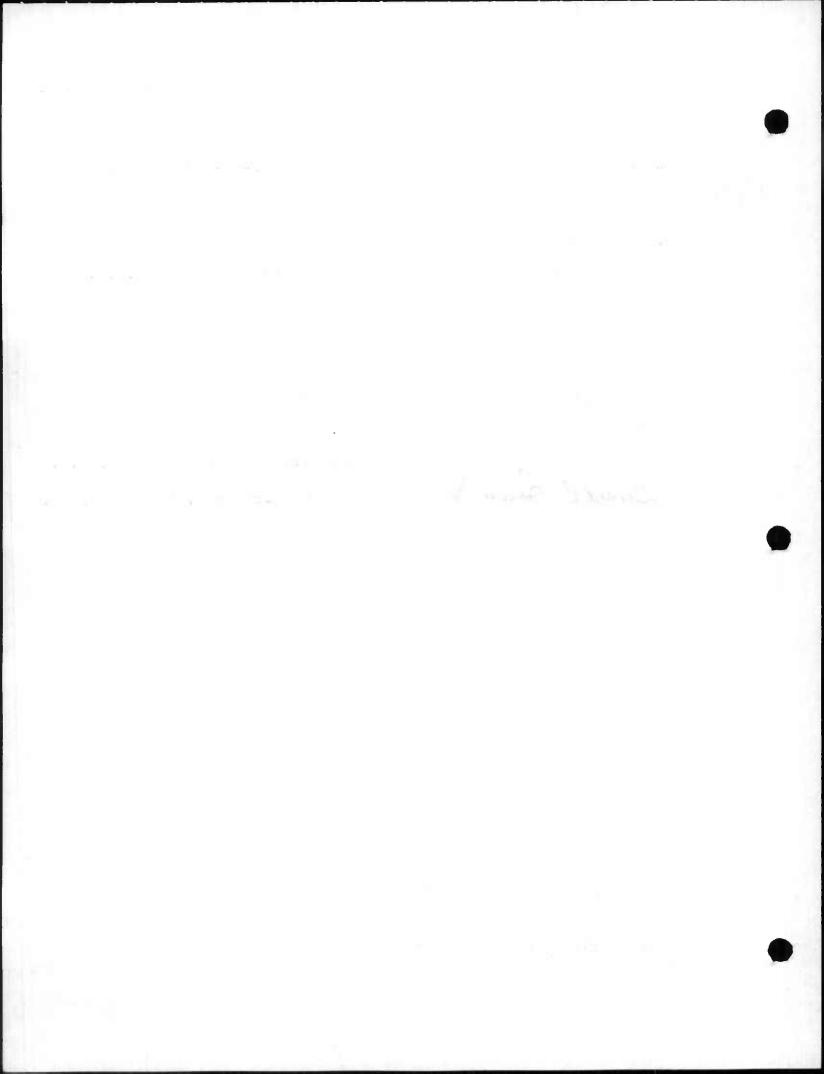
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BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending obysician.	d in by the funeral director, page 5 should be detached for use as the burial-tran or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR			CE	RTIF	ICA	TE OF	DEATH		REG. NO	)		
1. DECEOENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATN
Gilberte H	Borowski							MONTH O3	20	AY C	YEAR	/
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. Insi	birthday)	IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH			4:30 A
006-03-8833	1 🗆 M 2 😾 F		74	YRS.	MON	THS DAYS	HOURS MIN.	2 - 1	Day, Year) 1-191	9	Country)	ine
9e. FACILITY NAME (If not institution, give	street end number)				9b.	CITY, TOWN	OR LOCATION OF D				INTY OF DEA	
Wicomico	Mineina	Homo				S	alisbury					omico
RESIDENCE OF DECEDENT		TIOME									W1.00	OM100
10e. STATE 10b. COUNT				10c. CIT	ry, TO	WN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	omico			Sa	1i:	sbury						T YES 2 NO
10e. STREET AND NUMBER						10	. ZIP CODE			10g. CIT	IZEN OF WH	IAT COUNTRY?
RT # 4 Box 160	)						2180	1			U.S	.A.
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER	N U.S. ARM	ED		13. WAS OEC	ENDENT OF NISPA	NIC ORIGIN	(Specify Ye	n or No-	14. RACE -	- American Indian,
1 Never Merried 2 Merried  3 Wildowed 4 Divorced	IF YES, GIVE V	MAR OR D	ATES	,			2 NO Speci		lcen, atc.)		Specify.	White, etc.
											1	White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		(Give	kind of a	work d	AL OCCUPATIO	ON st of working	16b.	KIND OF BU	SINESS/IN	DUSTRY	
Elamentary/Secondery (0-12)	College (1-4 or 5	+)	life. E	Do NOT us	se retir	red.)						
12			Pro	pr:	1e1	tor			Froce	ery :	Store	9
17. FATHER'S NAME (First, Middle, Last)							18. MOTHER'S N	AME (First, M	iddle, Maiden	Surneme)		
Joseph Fongemi	.e						Edit	h All	pert			
19e. INFORMANT'S NAME (Type/Print)			19b.	MAILING	A001	RESS (Street a	nd Number or Rural			n, State, Zij	p Code)	
Sandra Wabeck			Sa	ame	as	s 10.						
20e. METNOD OF DISPOSITION 1	mund dame. Chat.					POSITION (Ne		OATE	20c. LO	CATION -	City or Town	n, State
4 Donetion 5 Other (Specify)	OVER FROM State	Cent H	OIY	Cro	ther pl	S Cem	etery		Lon	done	derry	, N.H.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	()			T		ID ADDRESS OF F	CILITY	1201		act I	7 14 6 12 6
> Visiald C	Baux	ias			-	Sound	e Funo	vo 1 T	Toma	G- :	1 2 - 1	
22 DEDT I Enter the discourse on	70000											ary, Md.
23. PART i. Enter the diseases, or ahock, or heart failure.	List only one car	t cauaed	the deal ach line.	th. Do r	not e	nter the mo	de of dying, aud	h aa cardi	ac or reap	iratory an	rest,	Approximate interval Between
IMMEDIATE CAUSE (Final		D			m							Onset and Desth
disease or condition resulting in death)	a					rmina]						
	DUE TO	(OR AS A	CONSEQU	ENCE OF	911	enza I	irus Sy	ndnom				
Sequentially list conditions,	b					01120	TIUS Dy	ICL OIR	7			
if any, leading to immediate	OUE TO	(OR AS A	CONSEQU	ENCE O	F):							
CAUSE (Disease or injury	c	Alzl	neime	ris	Di	Lsease	, Advanc	ed wi	th me	ntal		
that initiated eventa resulting in death) LAST	OUE TO	FOR AS A	CONSEQU	ENCE OF	E)·		,					
readiting in death) LAST	d		ility			Se.						
PART II. Other significant condition	a contributing to					-	Cause alves I	Dort I				
		0004110	D. 1101 100	unting t	111 2116	andenymi	I cause given in	Part I.	24a. WAS AN PERFOR		A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
								- 1	1 TES 2	X NO		COMPLETION OF CAUSE OF DEATH?
											1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				OTI	26. PL	ACE OF DEATH (C)	eck only one				
1 TYES 2 NO	1 Inpatient 2	ER/Outp	atient 3	DOA			5 🗌 Reeldence	a 🗆 Other	(Specify)			
27. MANNER OF OEATN	28e. DATE OF (Month, De			28b. TIM	E OF	28c. INJ		28d. DESC	RIBE NOW I	NJURY OC	CURED	
1 X Natural 5 Pending 2 Accident investigation					R		ES 2 NO					
3 Suicide 8 Could not be	26a. PLACE O	F INJURY	- At home	, form, c	stroot,	tectory, office		281. LOCAT	ION (Street e	and Number	or Rural Rou	ste Number,
4 Homicide determined		area (opoc	,,					City or	Town, State)			
29e. CERTIFIER (Check only	CIAN: To the heet of	my knowl	ados desti		ad ad 4	ha dima dista	and alone and di		4			
(Check only one) 2 MEDICAL EXAMINE	R: On the beels of a	umination	and/or inv	estinatio	n in e	my oninion d	end place, end due	to the ceus	e(e) end men	nner ee stat	ed.	17.0
						ny opimon, di	THE COURSE OF THE	time, date e	na prace, en	a due to th	e ceuse(e) e	and menner ee atated.
296. SIGNATURE AND TITLE OF CERTIFIE	nre	ear	4	20			29c. LICENSE NU	MBER		29d. DAT	E SIGNEO (N	fonth, Day, Year)
			-	11			Do202	26		0	3/21/	93
30. NAME AND AODRESS OF PERSON WH	D COMPLETEO CAUS	SE OF OE	ATH (ITEM 2	27) (Type,	Print)							
Federico G.		D.	1622	A (	0ce	an Pi	nes, Ber	lin,	Md. 2	1811		
MAK 2 2 1993	Julia David	R'S SIGN	TURE	2								
MAK & Z 1333	guna waved	won-1	Instant	<u>_</u>								



DIVISION OF VITAL RECORDS, P.O. BOX 13146,	13146,	BALTIMORE, MARYLAND 21203-3146
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-1, yours after death. Page 6 may be retained by the hospital or attending physic	executed within an	nours after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial has fleet within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burial, cremation, or removal.	n and completely fill to burial, cremation	ted in by the funeral director, page 5 should be detached for use as the burial, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	imatic event, the	medical examiner must be notified at once.

	REGISTRAR		OL.	-1 ( 1 11 1	ONIL O	PUEAIR	- Ini	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  TAWES	ROBA	=D-T	R.	JCH.	SR	2. DATE OF D	DEATH DA	3 6	7 YEAR	3. TIME OF DEATH
	7		-				-		5 -		
	4. SOCIAL SECURITY NUMBER  579 - 09 - 2838	5. SEX 1 X M 2 - F	n. AGE (in yrs. lasi 82		IF UNDER 1 YEAR WONTHS DAYS		7. DATE OF B (Month, Day Jan 1.		911	Country	PLACE (State or Foreign ) Isylvania
	9e. FACILITY NAME (If not institution, give st	treet and number)			96. CITY, TOW	N OR LOCATION OF DE			9c. COU	NTY OF DE	EATH
H	12730 Tridelphia	Road			Ellic	ott City			Howa	ard	
DIRECTOR	RESIDENCE OF DECEDENT	Noad			DITTO	occ orcy			11011	424	
JE	IOn. STATE 10b. COUNTY	Y		10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
D	Maryland Howa	rd		E11	icott	City					1 YES 2 X NO
	100. STREET AND NUMBER					101. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	12730 Tridelphia	Pond				21042				U.S.	Δ
N	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS 0	ECENDENT OF HISPAI	NIC ORIGIN? (Se	necify Yee	or No.		- American Indian,
	1 Never Married 2 Merried	FORCES? 1 [ IF YES, GIVE WA	YES 2 X		If yes,	specify Cuben, Mexico	n, Puerto Rican			Black	White, etc.
ВУ	3 Widowed 4 Olvorced	IF TES, GIVE WA	H OH DATES		10,4	ES 2 X NO Specifi	λ:			Specif	White
Ω.	15. DECEDENT'S EDUC		16a, DE	CEDENT'S L	SUAL OCCUPA	TION	18b. KIN	D OF BUS	SINESS/IND		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	ive kind of w Do NOT use	ork done during retired.)	most of working					
7	Grade 12	College (I-4 of 5+)	Car	mente	r Sune	rintendan	t Loc	a1 1	32 C	onstr	nction
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		, cur	perice	L Dupe	16. MOTHER'S NA				OLIO CI	docton
	unknown					Frida M		-,			
BE	19e. INFORMANT'S NAME (Type/Print)		1 401	MAN INC	ADDRESS (De-	et end Number or Rural			- 0 7:	0.4.	
0	STORY SALESSAY HE SALE										210/2
	Annie Buch		1			phia Road	-				
	1 Burial 2 X Cremation 3 Ram	oval from State	other pla	ece)		cemetery, cremetory or				City or To	
	4 Donation 5 Other (Specify)		<u>  Metro</u>	Cren	natory,	AND ADDRESS OF FA		Cat	onsv	ılle.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	1/A	1			aldson Fun		ome	ΡΔ		
	I ble itt San	Haulle	-			Talbott A					nd 20707
	23. PART I. Enter the disesses, or o	complications that	caused tha da	ath. Do no							Approximate
	shock, or heart fallure.	List only one caus	a an each Hea								
		List oilly oils sade	e on each line	1.							Onset and Death
	IMMEDIATE CAUSE (Final disease or condition				00:0	There	hà				Onset and Death
	iMMEDIATE CAUSE (Final disesse or condition resulting in death)				dial	Infarc	him			_	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)				dial	Infarc	thin	Di	A 10		Onset and Death
NOI	disease or condition resulting in death)  Sequentially list conditions,	a. A cut out to «		O COV	dial Car	Infaradiovasa	thèn cular	Di	sees	re	Onset and Death
ATION	disesse or condition resulting in death)	a. A cut out to «	E My DR AS A CONSE WSde	O COV	dial Car	Infara	chà	Di	sees	ve	Onset and Death
FICATION	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (c	E My DR AS A CONSE WSde	O COVIDUENCE OF	):	Infaradiovasa	chà	Di	sees	re	Onset and Death
RTIFICATION	disesse or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	b. DUE TO (c	E My DR AS A CONSE LOS CLE DR AS A CONSE	O COVIDUENCE OF	):	Infaradiovasa	chà	Di	sees	e	Onset and Death
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AL CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (c	OR AS A CONSECUTION AS	D COV DUENCE OF	):			a. WAS AN	AUTOPSY		Onset and Death  IN 1 F  I CA S,  WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (c	OR AS A CONSECUTION AS	D COV DUENCE OF	):		Part i. 24a	a. WAS AN	AUTOPSY RMED?		Onset and Death  On 1 F-  Yea S,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (c	OR AS A CONSECUTION AS	D COV DUENCE OF	):		Part i. 24a	a. WAS AN	AUTOPSY RMED?		Onset and Death  On 1 F  Yea S,  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (c	OR AS A CONSECUTION AS	D COV DUENCE OF	):		Part i. 24a	a. WAS AN	AUTOPSY RMED?		Onset and Death  On 1 F-  Yea S,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
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MEDICAL	Sequentially list conditions, if arry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERREO TO MEDICAL EXAMINER?	DUE TO (C	OR AS A CONSECUTION OF AS	O COM-	the underly  28  OTHER:	/ing cause given in	Part I. 24a	N. WAS AN PERFOF	AUTOPSY RMED?		Onset and Death  On 1 F  Yea S,  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	b. DUE TO (6  DUE TO (	DR AS A CONSECUTION OF AS	O COM- DUENCE OF DUENCE OF PRESUITING IN	28 OTHER:	Ing cause given in . PLACE OF DEATH (C) tome 500 Residence	Part i. 24a 1 [ heck only one) 6 🗆 Other (Sp	a. WAS AN PERFOR	AUTOPSY MED?	24b.	Onset and Death  On 1 F  Yea S,  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VYES 2 NO  27. MANNER OF DEATH  1 MANSTURE 5 Pending	DUE TO (C	DR AS A CONSECUTION OF AS	O COM-	28 OTHER: 4   Nursing h	Ing cause given in  PLACE OF DEATH (C)  Iome SN Residence INJURY AT	Part I. 24a	a. WAS AN PERFOR	AUTOPSY MED?	24b.	Onset and Death  On 1 F  Yea S,  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	DUE TO (C DUE TO	TO MY OR AS A CONSECUTION OF AS A CONSECUTION	D COM- DUENCE OF DUENCE OF PERSONNEL COMMENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF D	28 OTHER: 4   Nursing h	/ing cause given in  PLACE OF DEATH (C/  forme 55/2 Residence INJURY AT WORK?  YES 2 NO	Part I. 24a  1 [ heck only one) 6 Other (Sp 28d. OESCRII	a. WAS AN PERFOR	AUTOPSY MED?	24b.	Onset and Death  On 1 F-  YEA S,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NANO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (C DUE TO	DR AS A CONSECUTION OF AS	D COM- DUENCE OF DUENCE OF PERSONNEL COMMENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF D	28 OTHER: 4   Nursing h	/ing cause given in  PLACE OF DEATH (C/  forme 55/2 Residence INJURY AT WORK?  YES 2 NO	Part i. 24a  1 [ heck only one) 6 □ Other (Sp 28d. OE\$CRII	a. WAS AN PERFOR	AUTOPSY IMEO?  NUMBER  AUTOPSY	24b.	Onset and Death  On 1 F-  YEA S,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NANO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be distermined	DUE TO (C  DUE TO (C	PRAS A CONSECUTION OF AS A	DUENCE OF DUENCE OF PERSUITING IN THE INJURY OF THE INJURY	28 OTHER: 4   Nursing   E OF   PRY M   1   Itreet, factory, o	PLACE OF DEATH (C) Tome 5 Residence INJURY AT WORK? YES 2 NO	Part I. 24a  1 [ heck only one) 6 Other (Sp 28d. DESCRII 28f. LOCATIO Chy or To	a. WAS AN PERFOR  YES 2  Decity)  BE HOW I	AUTOPSY MED?  NO  NUMBER  AUTOPSY  AUTO	24b.	Onset and Death  On 1 F-  YEA S,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NANO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	a. DUE TO (C b. DUE TO (C c. DUE TO (C d. DU	PRIJURY — At hote. (Specify)	DUENCE OF DUENCE	28 OTHER: 4   Nursing   E OF   E OF   I treet, factory, o	PLACE OF DEATH (C)  NOTE: The second of the	Part i. 24a  1 [  Deck only one)  6 Other (Sp  28d. DESCRII  28f. LOCATIO Chy or fo	a. WAS AN PERFOR YES 2 Decity) BE HOW I	AUTOPSY MED?  NO  NJURY OC  and Number	24b.	Onset and Death  Onset and Death  VER S.  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending Investigation  3 Suicide 6 Could not be determined	a. DUE TO (C b. DUE TO (C c. DUE TO (C d. DU	PRIJURY — At hote. (Specify)	DUENCE OF DUENCE	28 OTHER: 4   Nursing   E OF   E OF   I treet, factory, o	PLACE OF DEATH (C)  NOTE: The second of the	Part i. 24a  1 [  Deck only one)  6 Other (Sp  28d. DESCRII  28f. LOCATIO Chy or fo	a. WAS AN PERFOR YES 2 Decity) BE HOW I	AUTOPSY MED?  NO  NJURY OC  and Number	24b.	Onset and Death  Onset and Death  VER S.  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	a. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d	PRIJURY — At hote. (Specify)	DUENCE OF DUENCE	28 OTHER: 4   Nursing   E OF   E OF   I treet, factory, o	PLACE OF DEATH (C)  NOTE: The second of the	Part I. 24a  1 [  heck only one)  6 Other (Sp  28d. DESCRII  28f. LOCATIO City or fo	a. WAS AN PERFOR YES 2 Decity) BE HOW I	AUTOPSY IMED?  OLNO  NUMBER  And Number  and Number  and due to t	24b.	Onset and Death  Onset and Death  VER S.  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  21 MEDICAL EXAMINE	DUE TO (C. DUE TO (C.	DR AS A CONSECUTOR AS A CONSEC	DUENCE OF COURSE	28 OTHER: 4   Nursing h FOF M 1 [ treet, factory, o n, in my opinio	PLACE OF DEATH (C)  Tome 5 Residence INJURY AT WORK?  YES 2 NO  Hitce  Sets and place, and due n, death occured at the	Part I. 24a  1 []  heck only one)  6   Other (Sp  28d. DESCRII  28f. LOCATIO City or To  e to the cause(e ilme, date and	a. WAS AN PERFORM  YES 2  Decity)  BE HOW I  ON (Street own, State)  a) and man  d place, an	AUTOPSY MED?  MONO  NJURY OC  and Number  and due to 1  29d. DA	24b.  24b.  area For or Rural For the Cause(a	Onset and Death  Onset
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be disermined  29e. CERTIFIER (Check only one) 21 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (C  DUE TO (C	ENJURY — At horize of DEATH (ITE	DUENCE OF DUENCE	28 OTHER: 4   Nursing h Front, in my opinion	PLACE OF DEATH (C)  Tome 5 Residence INJURY AT WORK?  YES 2 NO  Hitce  Sets and place, and due n, death occured at the	Part I. 24a  1 []  heck only one)  6   Other (Sp  28d. DESCRII  28f. LOCATIO City or To  e to the cause(e ilme, date and	a. WAS AN PERFORM  YES 2  Decity)  BE HOW I  ON (Street own, State)  a) and man  d place, an	AUTOPSY IMED?  OLNO  NUMBER  And Number  and Number  and due to t	24b.  24b.  area For or Rural For the Cause(a	Onset and Death  Onset

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TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. or ream and wental hyderle prior to burke, contation, or removal, important: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	SIAIL OF MAINE			F DEATH	MENTAL HYGI REG.				
1. DECEDENT'S NAME (First, Middle, Last)	Brand	e Est	ther: B	render	2. DATE OF DEATH	15	93 3.	2:50 A M	
324-18-9922	1 🗆 1 2 📆 🔭 78	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAY		(0.4		Country)	ACE (State or Foreign	
9a. FACILITY NAME (If not institution, give street Howard County Gen		e1		N OR LOCATION OI umbia	DEATH	9c. COL	JNTY OF DEAT		
RESIDENCE OF DECEDENT	terar nospit					ı n			
Maryland Howa	ard	10c. CIT	Y, TOWN OR LO	Ellico	tt City			LIMITS?	
100. STREET AND NUMBER  10104 Kings Bench	Court			10f. ZIP CODE 21042				EN OF WHAT COUNTRY?	
	1 Never Married 2 Married 3 Wildowed 4 Divorced  FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				PANIC ORIGIN? (Specify: ecity:	Yea or No-	14. RACE -	American Indian, White, etc.	
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		life. Do NOT us	work done during	most of working	16b. KIND OF	BUSINESS/IN	IDUSTRY		
17. FATHER'S NAME (First, Middle, Last)			-	16. MOTHER'S	NAME (First, Middle, Ma	iden Surname)			
Harry Brown				Eli	zabeth Hal	stead			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Ro	ral Route Number, City or	Town, State, Z	(ip Code)		
Kenneth J. Barnes	1				t.Ellico				
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remov	val from State	other place)					- City or Town		
4 Donetion 3 Other (Specify)	NSEE			rematory		Caton	sville	, Md.	
23. PART I. Enter the discusses, or conshort failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in desth)	ist only one bause on e	ech line.	not enter the					Approximete interval Between Onset and Desth	
		CONSEQUENCE O	P):	COS	5			2 me	
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING		CONSEQUENCE O				3moth			
CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE	consequence or:				Rijlune		
PART II. Other eignificent conditions	contributing to deeth i	out not resulting	in the underl	ying ceuse giver	PE	B AN AUTOPS REORMED?	o o	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
							- 1	YES 2 NO	
	HOSPITAT: 1 (Impetiant 2   ER/Out	petiant 3 🗆 DOA	OTHER:	S. PLACE OF DEATH	(Check only one)			YES 2 NO	
EXAMINER?	1 Thetlent 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	26b. TIN	OTHER: 4 Nursing		ca 6 Other (Specify, 28d. DESCRIBE H	OW INJURY O			
EXAMINER?  1   YES 2   4 NO  27. MANNER OF OFEATH  1   Netural 5   Pending	1 Dispetient 2 ER/Out	28b. TIN	OTHER: 4   Nursing   ME OF	Home 5 Resider INJURY AT WORK? YES 2 NO	ca 6 Other (Specify, 28d. DESCRIBE H	OW INJURY O			
EXAMINER?  1 YES 2 TO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Sye	28b. Till IN	OTHER: 4 Nursing ME OF 28c. JURY M 1 street, factory, o	injury AT WORK? YES 2 NO	26d. DESCRIBE H  26d. DESCRIBE H  26f. LOCATION (S City or Town, i	OW INJURY O	per or Rural Roll	ite Number,	

,10298-B Baltimore National Pike, Ellicott City, Md. 21042

32. REGISTRAR'S SIGNATURE

10

30. NAME AND ADDRESS OF PE

31. DATE FILED (Month, Day, Year) '93

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Princell Street Latter Later Committee

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BALTIMORE, MARYLAND 21203-3146

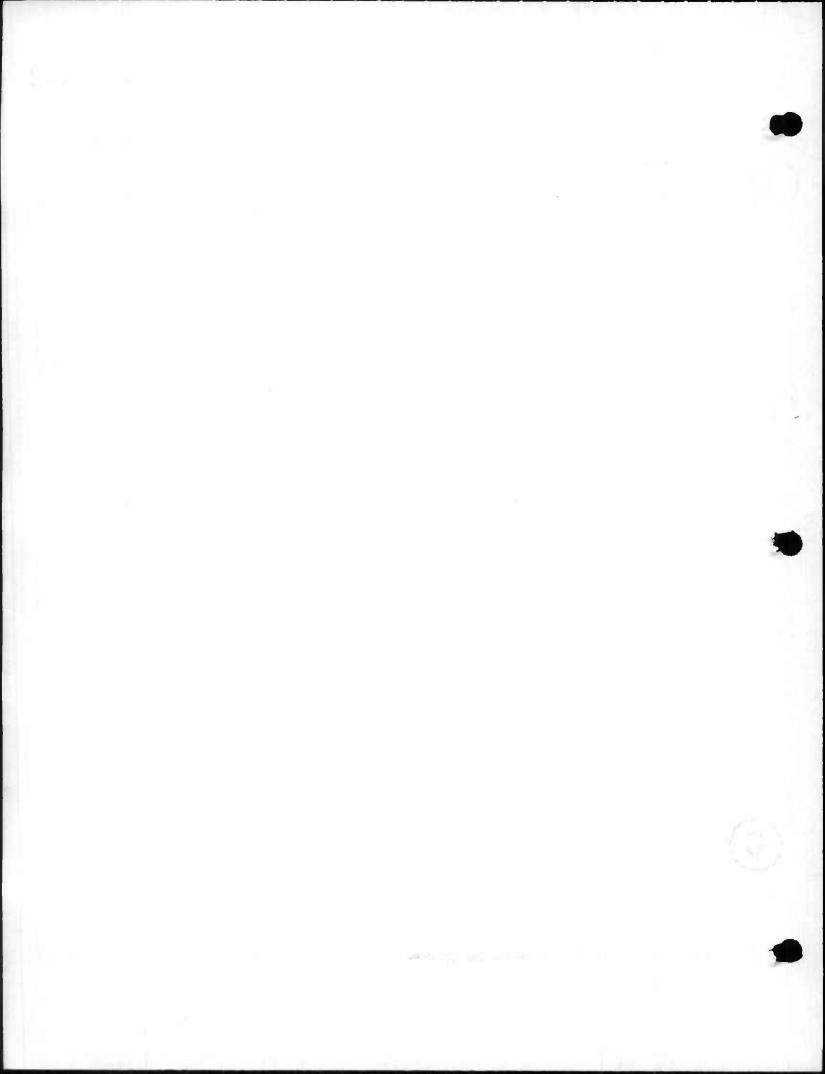
TO BE COMPLETED BY FUNERAL DIRECTOR

TITENDING PHYSICIAN: The law requires that the death certificate be executed within the steen death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR				CERTIFIC	CATE	OF DEA	TH		REG. NO.			
1. DECEDENT'S NAME (First,								MONTI			YEAR	3: 11ME OF DEATH 3:00am
=		Mae Barke						02			1993	
4. SOCIAL SECURITY NUME		5. SEX		1	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	(Monti	OF BIRTH h, Day, Year)		Countr	• •
217-04-8073		1 □ M 2 났 F		91 YRS.					12 190			tehall, VA
9a. FACILITY NAME (If not in						WN OR LOCAT	TON OF D	EATH		14 1112	ITY OF D	
505 E. Poto	omac St	treet			Brun	swick				F)	rede	rick
10a. STATE	10b. COUNTY	1		10c. CITY,	TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
Maryland	Free	derick		В	runsw							1 XYES 2 NO
10e. STREET AND NUMBER						10f. ZIP COI				10g. CITI	ZEN OF W	VHAT CDUNTRY?
505 E. Poto	mac St						1716				JSA	
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1			13. WAS	a, specify Cub	OF HISPA	NIC ORIGIN an, Puarto	t? (Specify Yes Rican, etc.)	or No—	14. RACE Black	— American Indian, c, White, etc.
3½ Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES			YES 2X NO					Speci	White
15. DEC (Specify onl	EDENT'S EDU	CATION completed)	196	Give kind of we	SUAL OCCU	PATION ng most of work	dng	16b	. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (		College (1-4 or 5	+)									
4							makei					
17. FATHER'S NAME (First, M									Middle, Maiden			
Asa Jeffers		cobridge							herine		_	
19a. INFORMANT'S NAME (				19b. MAILING								
Mary Jane S									oxvi11			
20e. METHOD OF DISPOSIT 1∑ Burlel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rem	oval from State	oth	ACE OF DISPOSI Per place) DSECTALE					20c. LO 93 Mar	tinsh		1.00
21. SIGNATURE OF FUNERA		CENSEE ,	7/	-	22. NAI	ME AND ADDR	ESS OF FA	ACILITY				7
Barbara A. Williams, Owner John T. Williams Funeral Home 100 Petersville Rd, Brunswick, MD 21716												
23. PART I. Enter the d	lseeses, or o			e death. Do no								Approximate
		List only one cer	use on each	line.								Interval Between Onset and Death
iMMEDIATE CAUSE (Find disease or condition	nal	C	~ de		rhy	Lmi.						
resulting in death)	7	a	(DR AS A CO	NSEQUENCE OF	):	, , , ,						<del> </del>
		Co	ronc	, or	tur	. 2		· and				!
Sequentially list condit if any, leeding to imme				NEOUENCE OF								
cause. Enter UNDERLY	ING	C.										
CAUSE (Diseese or injuted that initiated events		DUE TO	(OR AS A CO	NSEDUENCE OF	):							
resulting in death) LAS	T	d										
PART II. Other algorific	ent condition	na contributing to	death but	not regulting is	the unde	rlying cause	given in	n Part i.	24s, WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS
7.	c. L. +	Mil	Litur			, 9 -4436	g		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	4121	1100	(( ( ( ( ) (						1 TYES	ND		DF DEATH?
-								_				1 TYES 2 NO
25. WAS CASE REFERRED T	O MEDICAL	Г				26. PLACE DF	DEATH /C	check only o	ne)			
EXAMINER?		HOSPITAL:	EB/Outpetle	nt 3 DOA	OTHER:	Home 5	/					
27. MANNER OF DEATH		28e. DATE D	F INJURY	28b. TIME	OF 29	c. INJURY AT	(-asidance		SCRIBE HOW	INJURY OC	CURED	
1 Natural 5	Pending Investigation	(Month,	Day, Year)	INJ	JRY	WORK?	□ NO					
2 Accident 3 Suicide	Investigation Could not be	28e. PLACE	OF INJURY —	At home, ferm, s	treet, factory	, office		281. LO	CATION (Street	and Number	r or Rural	Route Number,
4 Homicide	determined	building	, etc. (Specify)					Chy	or Town, State	)		
29a. CERTIFIER	TIFYING PHYS	ICIAN: To the best o	f my knowledg	e, death occurre	d at the time	, date and pla	ce, and du	a to the ca	use(a) and ma	nner as sta	ted.	
Constitution only												a) and manner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	IR )	0			29c. L	ICENSE NU	UMBER		29d. DAT	E SIGNE	(Month, Day, Year)
Ci	itis	( Je	1.5	Y.		7-6	086	89		•	3	1/93
30. NAME AND ADDRESS C	F PERSON WI	HO COMPLETED CAL	JSE OF DEATH	(ITEM 27) (THE	Print)	-/	-	mi	1-			
311	01 6	1th	7.	TA	edoc	iell	. /	ing				<del></del>
31. DATE FILED (Month, Day,			AR'S SIGNATU	JRE								
MAR O												



or other traumatic event, the medical examiner must be notified at once.

23 shows any

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Item 28

this certificate h

FUNERAL DIRECTOR: After t within 72 hours after death

TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho

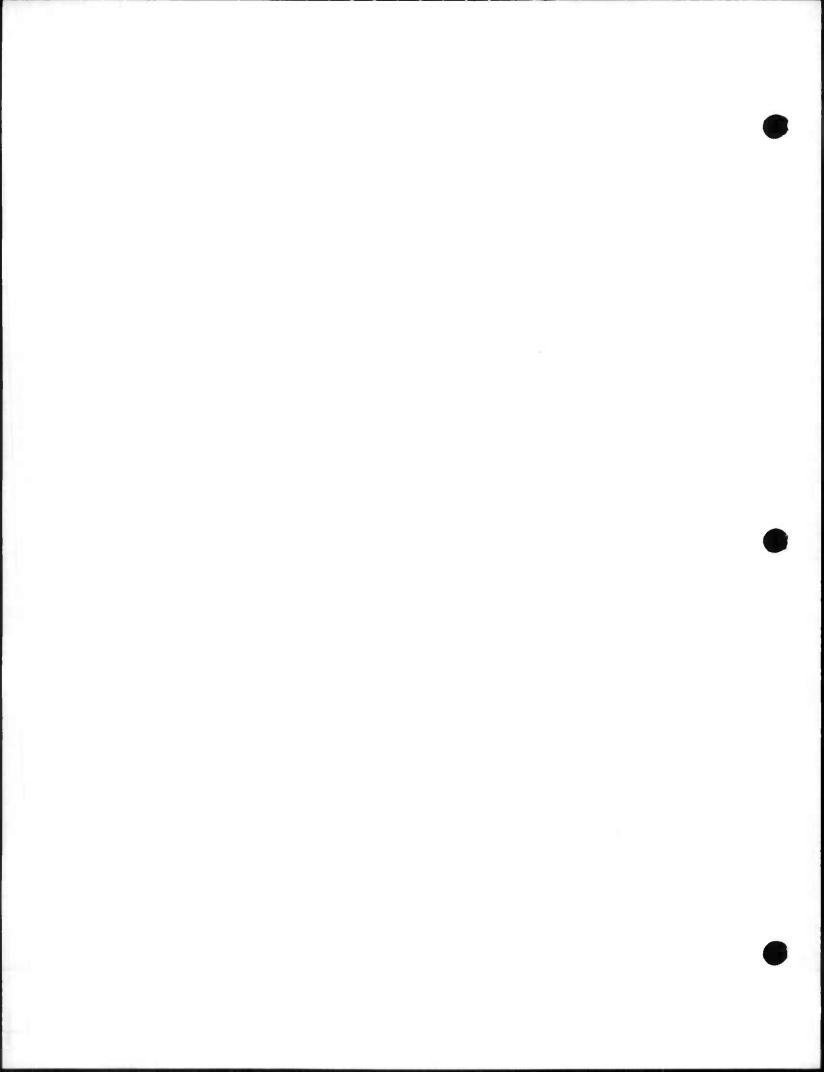
BALTIMORE, MARYLAND 21215-0020	e law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
BOX 68760,	ate be executed within	ysician and completely prior to burial, cremat
AL RECORDS, P.O. BOX 68760,	ilres that the death certific	has been signed by the attending physician and completely filled in by the funera Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,
AL RE	e law requ	has been Dept. of i

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATN YEAR CLARA RUTH BITTINGER 93 03 18 5:50A M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTN (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 V F 93 219-54-0643 YRS 27 1899 Nov. Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Homewood retirement Center Williamsport Washington RESIDENCE OF DECEDENT 10a. STATE 10b COUNTY IOc. CITY, TOWN OR LOCATION Maryland Washington Hagerstown 10e. STREET AND NUMBER 10f. ZIP CODE 21740 431 Pangborn Blvd **USA** 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cube

1 YES 2 X NO 1 Never Married 2 Married Specify: Specify 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY nentary/Secondary (0-12) College (1-4 or 5+) 8 years homemaker home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame)

8. BIRTHPLACE (State or Foreign Country) Maryland DIRECTOR 10d. INSIDE CITY YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. ВҰ white BE COMPLETED Charles Annie Welch Imgram 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Showers Lane Martinsburg, West Virginia 25401 2 Lucille A. Hutzler 20a. METHOD OF DISPOSITION
1 N Burlel 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 3/20 Hagerstown, Maryland Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE! 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition BAAW STEN resulting in death) DUE TO (QR AS A CONSEQUENCE OF) NMA CEREBA MEDICAL CERTIFICATION Sequentially list conditions, OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 0 OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF BEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Netural
2 Accident 1 YES 2 NO ВY 28e. PLACE OF INJURY — Al home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month MED, UM INCETAL 206 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) mi 31. DATE FILED (Month, Day, 12. REGISTRAR'S SIGNATURE 1993

Sendem-Rendall



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

214-09-9038

RESIDENCE OF DECEDENT

Barnett

9a. FACILITY NAME (if not institution, give street and number)

Avalon manor

5. SEX

1 M 2 F

1 -

THE REAL PROPERTY.	W.W.	10a. STATE	106. COUNTY		10c. CITY	, TOWN OR	LOCATION			100	I. INSIDE CITY	
(A.O.)	BIR	Md.	Wash	ington	F	lager	stown,			LIMITS?  1 VES 2 NO		
E-ad	A	10e. STREET AND NUMBER				-4901	101. ZIP CODE		10g. CITIZ	EN OF WHAT	46	
ısı	FUNERAL	325 F	lenri A	VA			2174	4.0				
physician. burial-transit	3	11. MARITAL STATUS	12	. WAS DECEDENT EVER IN U.S.	ARMED	13, WA			USA IIC ORIGIN? (Specify Yea or No			
phys		1 Never Married 2	Married	FORCES? 1 YES 2 FYES, GIVE WAA OR OATES	NO	If y	es, specify Cuban, Mex	dcan, Puerto Rican,	atc.)	Black, WI	nite, etc.	
fing the	B	3 Widowed 4 Div	proed	I TES, GIVE WHITON ONIES		1 1	YES 2 NO Spe	ocity:		Specify:	11-	
r attending use as the	G	15, OE	EDENT'S EOUCAT		DECEOENT'S	USUAL OCCI	JPATION	16b. KIND	OF BUSINESS/INDU	B	lack	
for us	<u> </u>	Elementary/Secondary (	ly highest grade con	(pleted)	(Give kind of w	ork done duri	ing most of working					
spital ed f	7			onege (14 of 54)	Toni			1	. Count			
the hospit detached once.	COMPL	Elementar 17. FATHER'S NAME (First, M	fiddle, Last)		Jani	LOF	16 MOTHER'S	NAME (First, Middle.	lopment	Cen	ter	
be do	_			a + +					Maiden Surname)			
should should	BE	Benjami						riet				
be retained by the hospital or attending physician.  ga 5 should be detached for use as the burial-tran ie notified at once.	2						treet and Number or Rui		y or Town, State, Zip (	Code)		
ay be		Hazel Mc		gh	6B Li	meri	ck Drive	Alba	ny, N.Y	. 12	204	
e 6 may ector, p		20e. METHOD OF DISPOSIT	no 3 Pamovel		EAND OATE O		ON (Neme of		20c. LOCATION — C			
director, er must		4 Donation 5 Othe		Cro	enlaw		montory	180/93	William	cnor	EM +	
death. Pag funeral dii i. examiner		21. SIGNATURE OF FUNERA	L SERVICE LICENS	SEE /	0111411	22. NA	Mentery ME AND ADDRESS OF	FACILITY /	WILLI I CHI	<del>phot</del>	c, na.	
the funeral vval.		ma	W.	Watsi	W				son Fun		Home	
rs after by the removal		23. PART I. Enter the d	Seeses, or com	plicetione that caused the	deeth Do o	124	W. Beth	el St.	, Hagers	town	, Md.	
		anock, bi i	edit fellule. List	Dnly Dne cause Dn eech lie	ne.	or enter th	e mode of dying, s	uch as cerdiec o	r reepiratory arre	st,	Approximete Intervel Between	
Pe Pe		IMMEDIATE CAUSE (Fi	nai	6 1. 0	\			A		!	Onset end Death	
within pletely cremat		resulting in death)	<b>→</b> a	DUE TO (OR AS A CONS	Lesp	1604	sed /-/2	4034				
completely fal, cremati event, t				DUE TO (OR AS A CONS	EOUENCE OF							
executed and corrupt burial,	N N	Sequentielly list condit	inne b	can gas di		1900	nt lai	rate.				
be evial and a sor to	Ĕ	if any, leading to imme	diate	DUE TO (OR AS A CONS			3 1.		~ ~~	-		
eath certificate be attending physician rtal Hygiene prior to y, or other traun	CERTIFICATION	CAUSE (Disease or Inju	ing C -	- Antino	schow	356	-cibro-	- Vascu	ler D.	ines	1/45	
ing p gien	胃	that initiated events resulting in death) LAS		DUE TO (OR AS A CONS				0			1.	
ath c tendi	H	reading in deading EAS	d	1 referis	Sch	-24-	1 year	ungist y			V/3	
i Me		PART II. Other significe	nt conditione c	ontributing to death but not	requiting is	the unde	riving court since	(n D-n)		1		
uires that the signed by the Health and was any in	EDICAL			to booth but not	resulting it	i the unite	riving cause given	III Part I. 24a. 1	MAS AN AUTOPSY PERFORMED?	AVAI	E AUTOPSY FINDINGS LABLE PRIOR TO	
gned gned salth	ā							1 🗆	YES 2 NO		PLETION DF CAUSE DEATH?	
been so of of H	Σ									1 [	YES 2 NO	
The law requires that te has been signed by ite Dept. of Health and the common 23 shows any	SICIAN:											
N: The icate his State D	S	25. WAS CASE REFERRED T EXAMINER?		OSPITAL:			6. PLACE OF DEATH	Check only one)				
SICIAN: The certificate the State t, or item	lS)	1 TYES 2 NO		Inpatient 2 - ER/Outpatient		OTHER: 4 Nursing	Home 5 - Residence	a 8 Other (Spec	ffy)			
	РНҮ	27. MANNER OF DEATH		28e. DATE OF INJURY (Month, Day, Year)	28b, TIME		c. INJURY AT WORK?	28d. DESCRIBE	HOW INJURY OCCU	RED	-	
	ВУ	1 Natural 5 2 Accident	Pending Investigation	(monity buy, roury	11450		YES 2 NO					
WDING I After death is mar	9	0 0 0 0 1 1 1	Could not be	26a. PLACE OF INJURY — At I	nome, ferm, st	reet, factory,	office	281. LOCATION	(Street and Number of	Rural Route	Number	
TTEN TOR: after	ш		determined	building, etc. (Specify)			ctory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	Ē	29a. CERTIFIER	WENTER BUILDING									
Z Z Z =	MPL	(Check only one)	CAL EVAMINED: O	To the best of my knowledge, o	seath occurred	f at the time,	date and pleca, and d	ue to the cause(s) a	nd manner as stated	l.		
THE HOSPITAL TO THE FUNERAL SE filed within 72 I	8			the basis of exemination and/o	rinvestigation	, in my opini	on, death occured at t	he time, data and pi	ace, and due to the	cause(a) and	manner ea stated.	
THE F	BE	296. SIGNATURE AND TITLE	OFCERTIPIER				29c. LICENSE N	UMBER	29d. DATE S	SIGNED (Mon	th, Day, Year)	
5 5 8 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0			J-andi			3	34262			1993 For	
	F	30. NAME AND ADDRESS OF	PERSON WHO CO	MPLETED CAUSE OF DEATH (IT	FM 27) (Time I	Drint) A						

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hagerstows

9b. CITY, TOWN OR LOCATION OF OEATH

6. AGE (In yrs. last birthday)

82

REG. NO.

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

M. D.

sof cre

11:20 PM

YEAR

1993

9c. COUNTY OF DEATH waskington

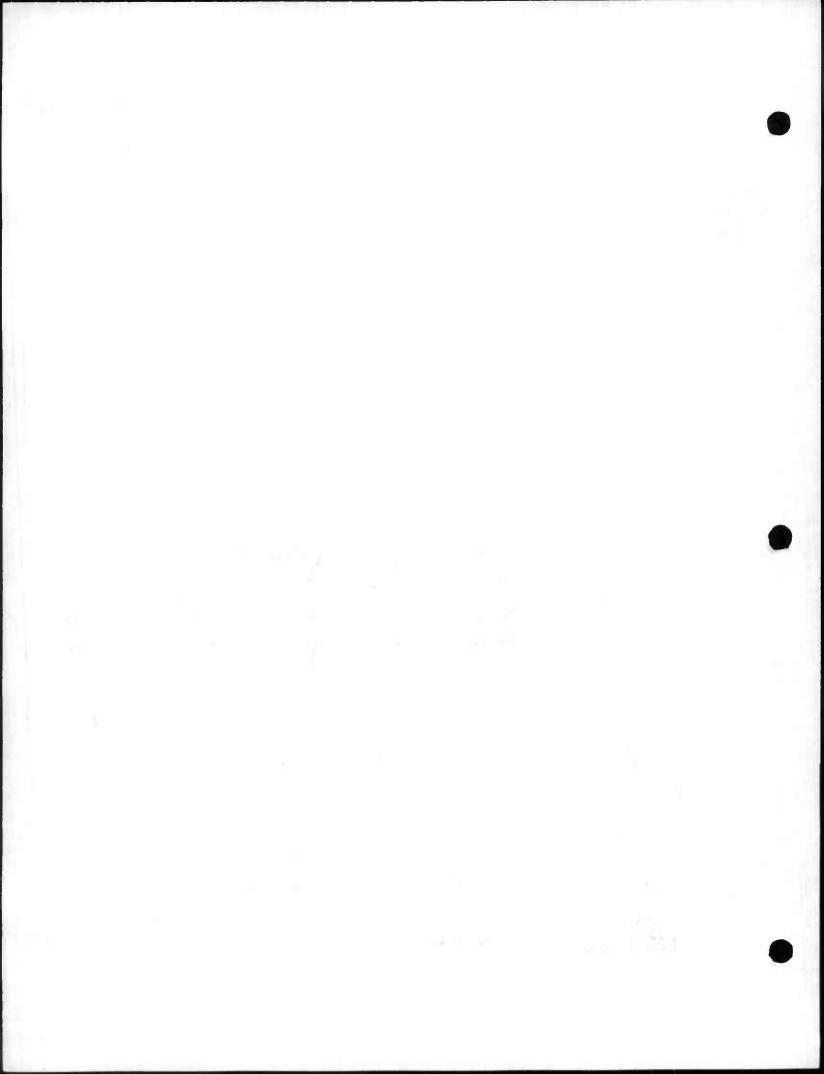
2. DATE OF DEATH DAY

10-4-10

march

7. DATE OF BIRTH (Month, Day, Year)

21740 DHMH-16 Rev 1/89



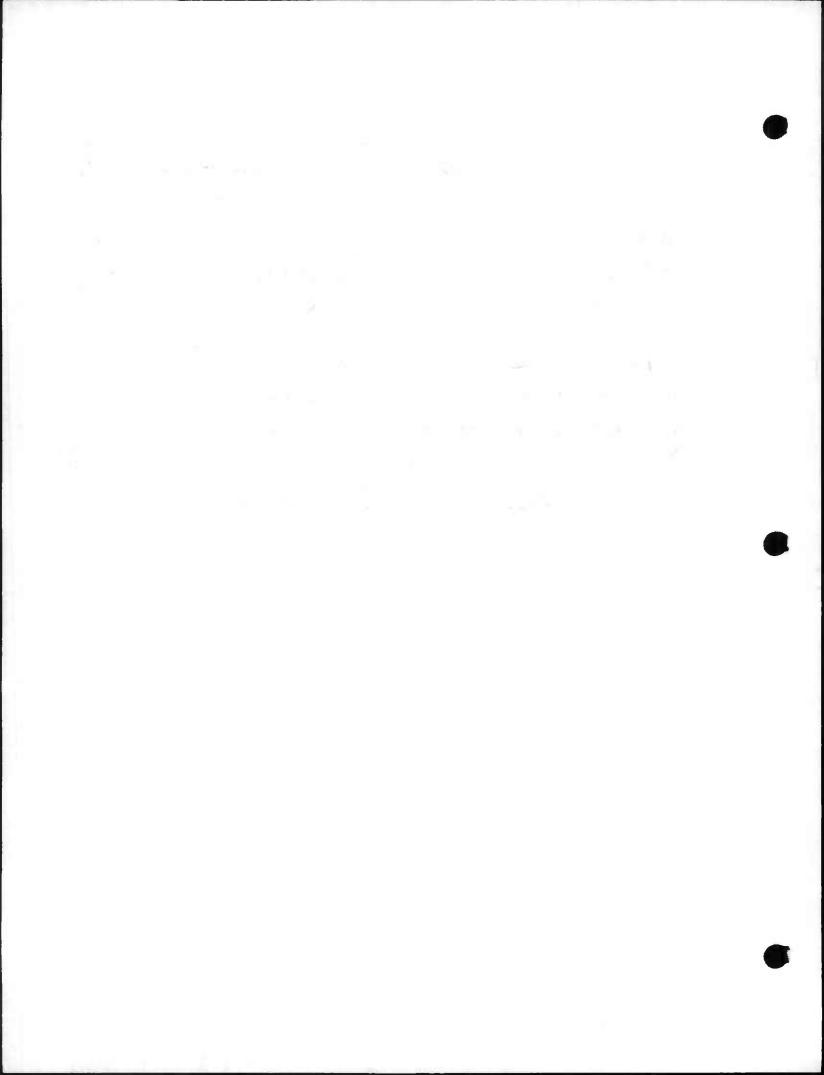
FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	C	ERTIFIC	ATE OF							
9	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH			
	HELEN KATHERINE	BROADWATER				MARCH 10,	ື 1993 <sup>"</sup>	10:50	Ам		
	4. SOCIAL SECURITY NUMBER	/	MOR		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign	n		
		11 / 2	YRS.			Dec. 19, 1	916	1119			
· ·	0		9b.			EATN	9c. COUNTY	OF DEATH			
ē		OSPITAL		CUME	ERLAND		AI	LEGANY			
l m	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY			
80	Md HIle	GAN4	LON	ACONII	ig			1 YES 2 NO			
<b> </b>	10s. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
=	3 Dudley 3	7,			2153	9	4	5,A			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	RMED NO				or No- 14.	RACE — American Indian, Black, White, etc.			
à l	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	•				1.0	Specify:			
0	15. DECEDENT'S EDUC		ECEDENT'S USU	AL OCCUPATIO	N .	16b. KIND OF BUS	SINESS/INDUST	BY BY			
		completed) (1	Give kind of work	done during mos	it of working	0	1				
릴	12	2 B	ANK.	Teller	•	BAN	K				
8	17. FATHER'S NAME (First, Middle, Last)	./			16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
ш	Harry H. Ke	eiber			LILLIAN	1 Mowb	rAY				
	19a. INFORMANT'S NAME (Type/Print)	11/100	MAILING ADD	PRESS (Street at	. /		n, State, Zjo Coo	(a)			
	METHOD OF DISPOSITION	ANUSTATT 1	AILLON	1431			nd. 2	1357			
	1 Burial 2 Cremation 3 Remo	val from State 20b. PLACE	ematory of other	SPOSITION (Nei	7 17-	DATE 20c. LO	CATION — City	or Town, Stata			
			1711126	22. NAME AN		CILITY	204 1111	13, 111a.	_		
	Dunc Me	V .		4		enzig Fun	eral to	ome			
	23. PART I. Enter the diseases, Dr complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.										
	shock, or heart failure. L	omplications that coused the dust only one cause on each lin	eath. Do not e e.	enter the mod	de of dylrig, suci	h as cardiac or respi	ratory arrest,	Approximate Interval Between	een		
	IMMEDIATE CAUSE (Finel disease or condition	P	4					Onset and De	ath		
	resulting in death)							days			
2		A 2		tin	Mula	della		Verall			
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	DUENCE OF):	., 100	11. 090	19 -01/1	9/	7.47-			
S	CAUSE (Disease or Injury										
별	that initiated events	DUE TO (OR AS A CONSE	DUENCE OF):								
H	resoluting in death) EXST										
	PART ii. Other significent conditions	contributing to death but not	resulting in th	e underlying	cause given in	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDIN	IGS		
2								AMAILABLE PRIOR TO COMPLETION OF CAUSE	Æ		
밀							30,10				
ä						_					
N N	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Che	eck only one)					
Š	1   YES 2   190				5 🗆 Residence	8 Other (Specify)					
표	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJE WOI	JRY AT	28d. DESCRIBE HOW I	NJURY OCCURE	D			
À	2 Accident Investigation										
<b>a</b>	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At h butlding, etc. (Specify)	ome, farm, street	, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,			
<u> </u>	AA. OFWEIGH										
MP I	(Check only										
응		. On the basis of stammation singler	investigation, in	my opinion, de					J.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	10	2 .	1	29c. LICENSE NUN	IBER					
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH OT	W 27) (Some Dis-		11614	0/	1	20.45			
	the same of the sa	Doct MID	m zij (rype, Prin	Mo	- Cf	1		14/2/12	,		
	31. DATE FILED (Month, Day, Year)	32. REGISTANTO SIGNATURE	1 19	1-190	-/- /	C.O.7 9 CO	ung,	4 61239	-		
. 11	MAR 12 199	73 93.0.5	-Produced								
	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETE	1. DECEDENT'S NAME (First, Middle, Last)  HELEN KATHERINE 4. SOCIAL SECURITY NUMBER  217 10 6152 9a. FACILITY NAME (If not institution, give sh  SACRED HEART HI  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  10c. STREET AND NUMBER 3	TO DECEMPT'S NAME (First, Middin, Last)  HELEN KATHERINE BROADWATER  4. SOCIAL SECURITY NUMBER  217 10 6152  9a. FACILITY NAME (If not institution, give street and number)  SACRED HEART HOSPITAL  PRESIDENCE OF DECEMPTY  10b. STATE  10b. COUNTY  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DECEMENT EVER IN U.S. A FORCES?  1	1. DECEDENT'S NAME (First, Middle, Last)  HELEN KATHERINE BROADWATER 4. SOCIAL SECURITY NUMBER 2.17 10 6152 9a. FACILITY NAME (if not institution, give street and number) 9b. SACRED HEART HOSPITAL  FIRSTDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10a. STATE 10b. COUNTY 11. NANITAL STATUS 11   New Married 2   Married 3   Middwed 4   Divorced 15. DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 17. FATHER'S NAME (First, Middle, Last) 17. FATHER'S NAME (First, Middle, Last) 18b. INFORMATI'S NAME (First, Middle, Last) 17c. FATHER'S NAME (First, Middle, Last) 18c. INFORMATI'S NAME (First, Middle, L	TO ECEGETTS NAME (First, Medida, Last)  HELEN KATHERINE BROADWATER  4. SOCIAL SECURITY NAME (if not institution, pive sines and number)  SACRED HEART HOSPITAL  TO STREET AND NAMES (if not institution, pive sines and number)  SACRED HEART HOSPITAL  TO STREET AND NAMES (if not institution, pive sines and number)  SACRED HEART HOSPITAL  TO STREET AND NAMES (if not institution, pive sines and number)  SACRED HEART HOSPITAL  TO STREET AND NAMES (if not institution, pive sines and number)  SACRED HEART HOSPITAL  TO STREET AND NAMES (if not institution)  TO STREET AND NAMES (i	The Company of the	THE COLOR SECONDAY MARCH 10 2 DATE OF DEATH  ARCHIT MANGE (FOR IMMERICA DESCRIPTIVE BROADWATER  L SOCIAL SECURITY MANGE (FOR IMMERICA DESCRIPTIVE BROADWATER)  L SOCIAL SECURITY MANGE (FOR IMMERICA DESCRIPTIVE BROADWATER)  SACRED HEART HOSPITAL  SACRED HEART HOSPITAL  THE BEDEATOR OF DECEDERY  THE AND INJURIES  THE AN	DECEMBER AME (Part, Mode), Last   December 19	RECORTION AND FORMAN MADE (FINE MADE (128))  RECORDING MADE (FINE MADE (12		

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



DIVISION OF VITAL RECORDS, F.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
7,000 F.O. F.O. B.	requires that the death certifical	een signed by the attending phy of Health and Mental Hygiene	shows any injury, or other
VISION OF VITAL	ATTENDING PHYSICIAN: The law	ECTOR: After this certificate has the after death with the State Dept	n 28 is marked, or item 23
	TO THE HOSPITAL OR	TO THE FUNERAL DIRI	IMPORTANT: If Item

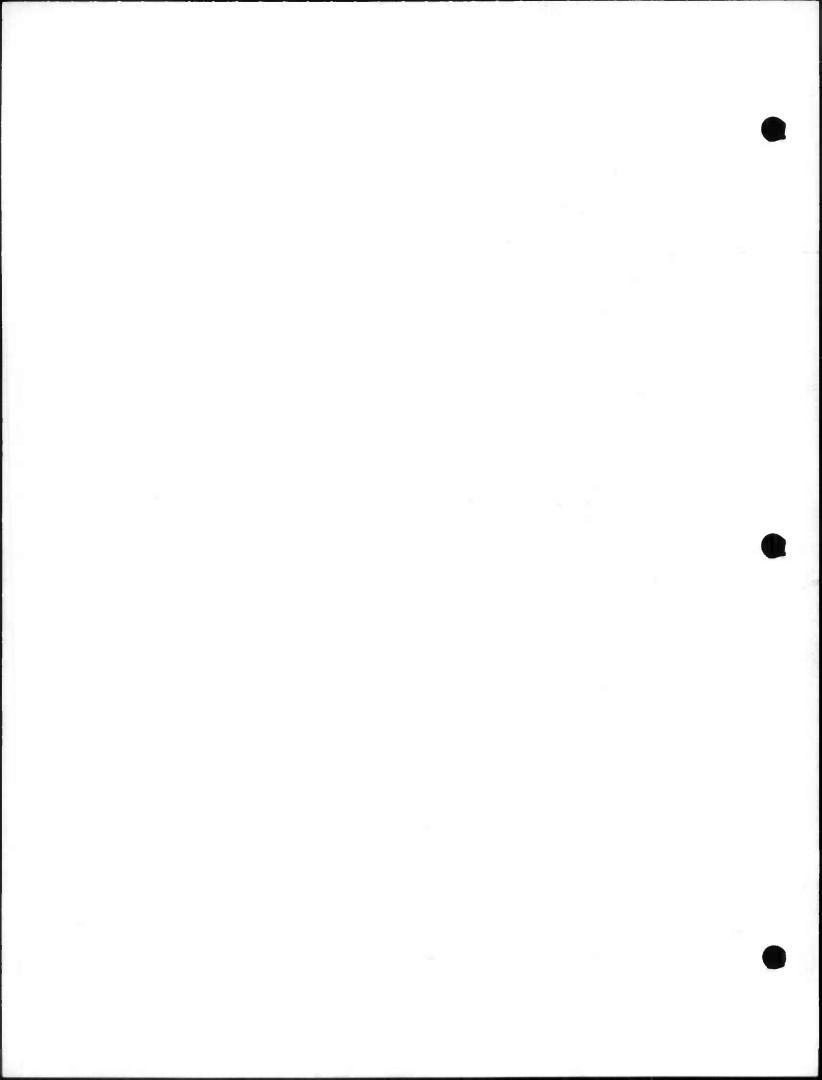
						•	9.	09296				
	1 - STATE REGISTRAR	STATE OF MARYLAN					_					
	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE U	F DEATH	REG. NO						
1	ALVERTA	CHZANNA		BROWN		MONTH D	AY YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	SUZANNA	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	March 6,		9:12 P M				
	192-12-3825	45.05.	YRS.	MONTHS DAY	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	ITHPLACE (State or Foreign intry)				
	9a. FACILITY NAME (If not institution, give s	/ / 4		OF CALL ADM	N OR LOCATION OF DE	Feb.1, 1	919 Pe	enna.				
Sm:		1555				AIH	111111111111111111111111111111111111111					
IR.	Memorial Hosp	itai		Cumb	erland		Alle	gany				
H	10a. STATE 10b. COUNT		10c. CiT	Y, TOWN OR LO	CATION			10d. INSIDE CITY				
ā	Penna. Some	erset	M	eyersd	ale			LIMITS?				
AL	10e. STREET AND NUMBER				10f, ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?				
FUNERAL DIRECTOR	201 Hospital Di	rive		ł	15552		USA					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	S. ARMED	13. WAS D	ECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian, ack, White, atc.				
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	X		specify Cuban, Maxican ES 2 NO Specify			ecify:				
		<u> </u>						hite				
1	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of life. Do NOT us	USUAL OCCUPA vork done during	TION most of working	16b. KIND OF BUS	SINESS/INDUSTRY	,				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)										
COMPLETED	8th 17. FATHER'S NAME (First, Middle, Lest)		<u>Seams</u>	ress	40 1407145717 144	Underg ME (First, Middle, Maiden	arment	Factory				
	John W. Lir	ndeman				,						
BE	19a. INFORMANT'S NAME (Type/Print)	raciian	19b. MAJLING	ADDRESS (Street		ie Mae F Route Number, City or Tow						
5	Rebecca Broady	vator						07.7.0				
	20a. METHOD OF DISPOSITION	20h DI 4		OF DISPOSITION		antsvill	CATION — City or					
1	1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		crematory or o	ther place)	etery	2 0   5-1	4 a b	D.A.				
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1.1.11111	22. NAME	AND ADDRESS OF FAC	3-0 Sal	Isbury	<del>, PA</del>				
	Da. Zin-1	7 Jeuman		New	man Fune	ral Home	, Inc.					
	23. PART I. Enter the diseases, or o	complications that caused th	e deeth. Do a	ot enter the r	S Gran	t St S	alisbu	Y PA 1555				
	snock, or neert failure.	List only one ceuse on each	line.			. as coldied of leap	intory arrest,	Interval Between				
	iMMEDIATE CAUSE (Final disease or condition	14.00		1				Onset end Death				
	resulting in death)	B. DUII TOYON AS A CO	HSEQUENCE OF	NYO	en org	novo	me	years				
z	-	mull	int	- no	sen la	/ini	Veile	1 100				
은	Sequentially list conditions, If any, leading to immediate	DUE TO JOR AS A CO	INFOUENCE OF	7:	-ine	inny		1 y				
S	cause. Enter UNDERLYING CAUSE (Disease or injury	s	/					1				
E	that initiated events resulting in death) LAST	DUE TO (OR AS A COR	NSEQUENCE OF	9								
CERTIFICATION	resulting in death) CAST	d										
	PART II. Other significant condition	s contributing to death but n	ot resulting	n the underly	ing cause gives in I	Part I. 24s. WAS AN	AUTOPSY 3	46. WERE AUTOPSY FINDWIGS				
MEDICAL	Methout	his meses	ster	1,	ilection	PERFOR	CC-1765	AMILABLE PRIOR TO COMPLETION OF CAUSE				
ΨI	al leaules	us Man	- 4	0-1	Q: 0	AR	X	OF DEATHT				
	Wild so k	100 strem	7 9	0-11	0:00:	71						
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	0	2. 1	26.	PLACE OF BEATH (Che	ok anty ane)	_					
Sic	1 TYES 20 NO	1 Oppotient 2 1 ER/Outpetier	# 3 □ DOA	OTHER:	ome 5 🗆 Residence 1	6 ☐ Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY g(Mgsth, Dgr. year)	28b. TIM	E OF 28c. 8	NJURY AT	284. DESCRIBE HOW II	NJURY OCCURED					
BY	1 Natural 5 Pending 2 Accident Investigation	NH	_	100	YES 2 NO			_				
ED E	3 Suicide 6 Could not be	28e. PLACE OF INJURY — A building, etc. (Specify)	I home, farm, r	treet, factory, of	fice	28f, LOCATION (Street a City or Rown, State)	ind Number or Rure	/ Route Number				
ETE	4 Momicide determined					City of Name, Salary		-				
12	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my knowledge	, death occum	d at the lime, di	ite end place, and due	to the cause(e) and man	ner as stated.					
COMPL												
ш 1	THE BIGMATURE AND THE DE CHATTERES	11/11-	1		29c. LICENSE NUM	BER	29d. DATE SIGN	EO (Month, Day, Year)				
TO B	o replil	went	29	-9/	D 14393		8V	11 92				
F 1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	crease and	No.		-		- X				

Johnson Heights Medical Bldg. Cumberland, MD 21502

Dr.

Frederick Miltenberger

MAR 12 1993



			1 - STATE REGISTRAR	Onit of main	CE	RTIF	ICATE C	F DEATH	ND MEN	REG. NO		20	0 1 2 1
			1. DECEDENT'S NAME (First, Middle, Last)							TE OF DEATH	,. 		3. TIME OF DEATH
			Margaret V	. Bor	cror				Mo	I HTM	DAY	93	
			4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. last	birthday)	IF UNDER 1 YEA	R IF UNDER 24		TE OF BIRTH		S. BIRTHP	10:55gM LACE (State or Foreign
			212-18-1865	1 □ MX2 (X) F	72	YRS.	MONTHS DAY	8 HOURS 1	MIN. (Mc	-29-19	20	Country)	
	pmou.		9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOW	N OR LOCATION	OF DEATH	-29-19		JNTY OF DE	ATH
6		CTOR	Memorial Hospital				Cumb	erland				llegar	
(6		DIREC	10a. STATE 10b. COUNT	γ			Y, TOWN OR LO					- 1	10d. INSIDE CITY LIMITS?
•			10e. STREET AND NUMBER	<del>ieral</del>		Sl	hort G	for ZIP CODE			100 017		1 YES 2 NO
ď.	ransit pe	FUNERAL	D	OT.					726			ISA	IAI COUNTRY?
	the burial-transit	BY FUI	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2X NO	IEO D	If yes.	DECENDENT OF H specify Cuban, N YES 2 1 NO			a or No-	Black,	American Indian, White, etc.
1215. r attendi	use as	TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. OEC	EDENT'S	USUAL OCCUP	ATION most of working	1	6b. KIND OF BU	JSINES\$/IN	1	
UD 21	detached for once.	COMPLETED	Elementary/Secondary (0-12) unknown	College (1-4 or 5+)			.ng ass			Memo	orial	Hosp	ital
RYLAND ed by the hospit	detach once.	00	17. FATHER'S NAME (First, Middle, Last)							t, Middle, Maider	Surname)		
3 ×	d be	BE	William A. L	eyh					ladys				
MAF	5 should be notified at	6	19a. INFORMANT'S NAME (Type/Print)					et and Number or				p Code)	
E g		- 1	Mr. Homer Borro	- T				x 138L	Snort				
ORE,	must		1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)				of disposition	atorium		16 20c. LG	Smith	sburg	n, State , MD
ALTIM death. Page	e funeral di il. examiner		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	//		22. NAME	AND ADDRESS	OF FACILITY	- 1 How			
BAL or death	al. exam		James 7	2) carp	M	,	Cu	arpelli mberlan	d. MD	21502	е		
rs afte	B E B		23. PART I. Enter the diseases, or	complications that ceus List only one cause on	sed the dee	th. Do n					oiratory ar	rest,	Approximata
Pog	ROE		IMMEDIATE CAUSE (Finel	List only one cause on	each line.		210		2000				Interval Between Onset and Death
· E			disease or condition resulting in death)	1058	shill	-	Hem	orrk	refr	-			
68760 ecuted wit	completely ial, cremati event, t	1		DUE TO (OR AS	S A CONSEQU	JENCE OF		rene	2 4				
		Z	Sequentially list conditions,	· /M	rong	Nec	()) 1		39//		_		
X a	" O E I	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE/TO (OR AS	R A CONSECU	VEHICE OF	e !						
B	physician ne prior to	E I	CAUSE (Disease or injury	e. DUE TO (OH-A)	A CONSTO	ENCE OF	n. A	11-1					-
0 8	Hygiene	Ē	that initiated events resulting in deeth) LAST	Dian	heal	2	Me	lle b	7				İ
S, P.O. Beddeath certificate		S		a. E/3 0-0	,		0						+
ů å	ed by the att th and Menta any Injury,	A I	PART II. Other significant condition	e contributing to deeth	but not re	eulting I	n the underly	ing ceuse give	en In Part i.	24a. WAS AF			WERE AUTOPSY FINDINGS
0 =	any	DICAL								1 TYES	-		COMPLETION OF CAUSE OF DEATH?
REC.	shows	W.											YES 2 NO
- A	has been signe bept, of Health n 23 shows a	AN											
VITAL	State Dept.	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF OEAT	H (Check only	one)			
CIAN	the the	17S	1 YES 2 NO	1-2 Inpetient 2 - ER/O			4 - Nursing I	lome 5 - Raside					
N OF VITA		ВУ РНУ	1. Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year,	7)	28b. TIMI	URY	INJURY AT WORK? YES 2 N		EŞCRIBE HOW	INJURY OC	CUREO	
DIVISION DR ATTENDING R	after d		3 Suicide 8 Could not be detarmined	26a. PLACE OF INJU building, etc. (Sc	PRY — At hom pecify)	e, farm, s	street, factory, o	ffice	281. LC	CATION (Street ty or Town, State	and Number	r or Rural Roo	ute Number,
D (8)	DIRECT POURS	LET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kno	owledge, deal	h occum	of at the lime of	ete and place an	d due to the	augusta) and ma		to d	
HOSPITAL	TO THE FUNERAL be filed within 72 I	COMPL		R: On the basis of examinat									and manner as stated.
置	THE FL filed wi	ш	296. SIGNATURE AND TITLE OF CERTIFIE	900				29c. LICENS	E NUMBER		29d. DAT	E SIGNED (X	Month (Dage Hour)
101	E S S	0 8	WANTE AND ADDRESS OF THE PARTY	7				D 233	71		١.	2/1	3/75
	4		gamar Zaman M.D.,	626 Kent Av	re. Su			umberla	nd, MI	2150	2	1	(
	~		MAR 16 19	32. REGISTRAR'S SIG									
	L					Fred	-						

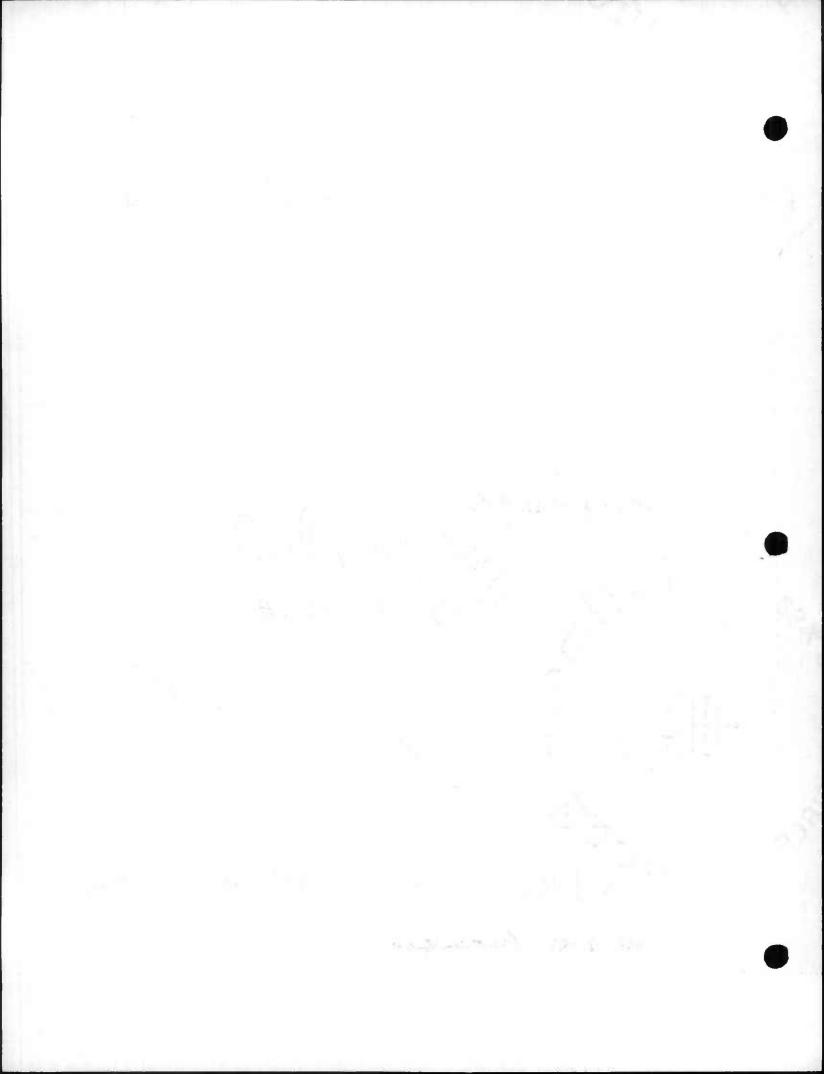
we probably the same

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	HELEN Delano	BOWIE			0 3 1	<b>1</b> 19	93 1646 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
- 0	213 64 9139 1□ M 2 図 F	90 YRS.	MONTHS DAYS	HOURS MIN.	Nov 19,	1902	Maryland
- 4	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN (	OR LOCATION OF DE			Y OF DEATH
<u>۳</u>	Memorial Hospital		CUMBER	LAND		Δ	LLEGANY
5	Memorial Hospital						
DIRECTOR	10a. STATE 10b. COUNTY		Y, TOWN OR LOCAT				10d, INSIDE CITY LIMITS?
	Maryland Allegany	(	Cumber1	and			NXYES 2 ☐ NO
FUNERAL	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
Ü	737 Washington St.			21502	2	US.	A
5	11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1 YES	IN U.S. ARMED			NC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No— 1	I. RACE — American Indian, Black, White, etc.
B	35 Wildowed 4 Divorced IF YES, GIVE WAR OR			2 X ND Specify			white
	15. DECEDENT'S EDUCATION	I 16. DECEDENTS	USUAL OCCUPATION	241	16b. KIND OF BU		
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of the Do NOT us	work done during mo	ist of working	100. KIND OF BU	SINESS/INDU	SIRY
P.	6	homema	aker		10	n ho	me
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maider	Sumame)	
	Davisson A. Benson				e Deland		3.0
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		Route Number, City or Toy		ode)
2	Helen (Patty) Stroup		Tuscon	, Arizo	na		
į į	20s. METHOD OF DISPOSITION 20	b. PLACE AND DATE				CATION — CH	y or Town, State
1	XINDuriel 2   Cremation 3   Removal from State   Ca	ROSE Hi	ther place)	etery 3	3/18/93		
	21. SIGNATURE OF FUNERAL SERVICE/LICENSES	/	22. NAME AL	ID ADDRESS OF FA	CILITY		a director and a second
	( ) Link &	/	Hafe	r Chape	el of the	Hil:	ls Mortuary
=	23. PART I. Enter the diseases, or complications that cause		1302	Nation	al Highv	vay,La	aVale,MD2150:
1	shock, or heart failure. List only any cause on	esca line.	ot enter the mo	de of dying, suc	h at cardiac or resp	iratory arres	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	MAXMU	Ma 11.	1 AL	N		Onset and Death
	moulting in death)	CONSTRUMENTS O	MVT	HIYW	N		
_	- 157	125	, (	•			
CERTIFICATION	Sequentially list conditions,	A COMMEQUENCE OF	910	0.11	)		
¥	If any, leading to immediate cause. Enter UNDERLYING	MI n	12 M	CVH			
匠	CAUSE (Disease or Injury that initiated events	A CONTEQUENCE OF	1				
표	resulting in death) LAST						
	DATT II Cobe classificant and distance and the state of						
DICAL	PART II. Other significent conditione contributing to death	but not resulting	in the underlying	g cause given in	Part I. 24a. WAS AP PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 YES	2 ANO	COMPLETION OF CAUSE OF DEATH?
ME					_		1 - YES 2 - NO
ä							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. Pt OTHER:	ACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	1 YES 2 ND 1 Inpettent 2 ER/Out		4 - Nursing Hom		8 Other (Specify)		
	27. MANNS OF DEATH  1 Natural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)		URY WO	RK?	28d. DEŞCRIBE HOW	INJURY OCCU	REO
B	2 Accident Investigation			YES 2 NO			
8	3 Suicide 8 Could not be 4 Homicide determined	IY — At home, farm, : ecify)	street, factory, offic	•	281. LOCATION (Street City or Town, State	and Number or )	Rural Route Number,
<u> </u>							
COMPLETED	Check only one)						
Ö	2   MEDICAL ELEMINER: On the bests of examination	on and/or Investigation	n, in my opinion, d	enth occured at the	time, data and place, a	nd due to the	cause(a) end manner as stated.
ш	29b. SIGNATURE AND THE OF GENERAL STATES	10		29C, LICENSE NUN	MRER //	29d. DATE :	SIGNED (Mooth, Day, Year)
TO B	N MUMM			1/16	071	10	D40
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D			/ /			
	Dr. Terry Williams, Mem		ospita.	1, Cumb	erland,M	D 215	02
	31. DATE FILED (MORTH, Day, Mar)	NATURE	-				



DIVISION OF VITAL RECORDS, P.O. BOX 68760,



directo	
funeral	
of the	moval.
E	9
ed	n, or
this certificate has been signed by the attending physician and completely filled in by the funeral din	h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IOO DUI	bunal,
n a	2
nysicia	prior
ding pt	Hygiene
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Signed	Health
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	er.

STATE OF MARYLAND / DEPARTMENT		MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND I	MENTAL HYGIENE		0 3 6 3 3
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATN
	Harold	Bender			3 14	93	10:55A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign
1	217-30-1679	1X□XM 2 □ F 60	YRS.	DAYS HOURS MIN.	(Month, Day, Year) Jan 25,	193B M	aryland
	9e. FACILITY NAME (If not institution, give a		9b. Ci	TY, TOWN OR LOCATION OF DE		9c. COUNTY OF	
S	Earl Harper's	Garage	C	umberland		7.1	locany
DIRECTOR	RESIDENCE OF DECEDENT					AI.	Legany
H	10a. STATE 10b. COUNT		10c. CITY, TOW				10d. INSIDE CITY LIMITS?
		egany	Flin	tstone			XX YES 2 NO
FUNERAL	100. STREET AND NUMBER			101. ZIP CODE		-	WHAT COUNTRY?
Ä	Route 2 Box			21530		USA	
F	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 VES 2		<ol> <li>WAS DECENDENT OF NISPAN if yes, specify Cuban, Mexice</li> </ol>	IIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	or No — 14. RAI Bla	CE — American Indian, ck, White, etc.
BY	3 Widowed 4 X Divorced	IF YES, GIVE WAR OR DATES Korea		1 YES 2 NO Specify		Spe	white
	15. DECEDENT'S EDU		ECEDENT'S USUAL	OCCUBATION	16b. KIND OF BUSI	1	WILLCE
	(Specify only highest grade	completed)	Give kind of work dor	e during most of working	160. KIND OF BUSI	NESS/INDUSTRY	
P	Elementary/Secondary (0-12)	College (1-4 or 5+)	schoo	l bus contr	actor to	cucking	~
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		SCHOO!		ME (First, Middle, Maiden S		1
	Harry Bender					umame)	
BE	19e, INFORMANT'S NAME (Type/Print)		9h MAII ING ADORE	Nina P		Ctata Zin Codel	
2	Alaba D. Dawi						20
	Alpha P. Par	20b PLACE	ANDDATEGEDISP	Box123A, Fli	04TE 200 LOC	ATION City or	Town State
	1 Normation 3 Rem	oval from State   cemetery, cr	rematory or other place		3/17/03	near	own, state
i	21. SIGNATURE OF FUNERAL SERVICE LIC	CEMBER / /	Ky Gab	2. NAME AND ADDRESS OF FA	arux	cumbe.	riand, MD
		1411		2. NAME AND ADDRESS OF FA	Hafer I	Tunera.	l Home
	MILLIAM	1. Value		vavale, Mi) /	1507		
	23. PART I. Enter the diseases, or a shock, or heart fellure.	complications that caused the d Liet only one cause on each lin	ieeth. Do not ent ie.	er the mode of dying, auc	h as cerdiec or respira	story arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final						Onset end Death
	disease or condition resulting in death)	* coronary	arterv	Heart dise	ase		
		DUE TO (OR AS A CONSE	EOUENCE OF):				
S	Sequentially list conditions,	b					
Ě	If any, leading to Immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	EOUENCE OF):				
일	CAUSE (Disease or Injury	C. OUE TO (OR AS A CONSE	FOLIENCE OF				
Ē	that initiated events resulting in death) LAST	000 10 (On A3 A 001132	LOUGHCE OF).				
CERTIFICATION		d					
AL	PART II. Other significant condition	a contributing to deeth but not	resulting in the	underlying ceuse given in	Part I. 24s. WAS AN A PERFORM	UTOPSY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
일					1 TES 2		COMPLETION OF CAUSE OF DEATH?
¥							1 YES 2 NO
ż					_		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Che	eck only one)		
Sign	YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 DOA 4 N		6 Other (Specify)	arage	storage)
ξ	27. MANNER OF DEATN	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE NOW IN.		5001age/
BY F	Natural 5 Pending Investigation	(month, Day, rear)	INJURY	WORK? 1 YES 2 NO			
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY - At h	ome, ferm, street, fe	ctory, office	261. LOCATION (Street en	d Number or Rural	Route Number,
COMPLETED	4 Nomicide determined	building, atc. (Specify)			City or Town, State)		
7	29e. CERTIFIER 1 CERTIFYING PNYSI	ICIAN: To the best of my knowledge, d	leath occurred at the	time data and alread and due	An Abraham Calanda		
M	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of examination end/or	investigation, in m	opinion, death occured at the	time, date and niece, and	er ae ataled, due to the reuse	(a) and manner as stated
	SIGNATURE AND TITLE OF CERTIFIER						
8	Day of Centries	/		29c, LICENSE NUM			0 (Month, Day, Year)
۱٩	30. NOWE AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE OF DEATH 4T	y Med E	x D 091	5.7	3.14	.93
Ì		104		+ One- Mr.	21502		
	Paul Snow	M. D. 1 Z 4	w ora s	t Cumb MD	21302		
	31. DATE FILEO (Month, Day, Your) MAR 17 199	3 Juli Serieur					
	11 100.	The same of the sa	- Parkething				

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Confidence of the Sak

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hyghen prior to houral, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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93 09300

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	IT OF HEALTH	AND MEN	TAL HYGIEN		93 09300					
10	1. DECEDENT'S NAME (First, Middle, Last)			-	2. D/	ATE OF DEATH	AY Y	3. TIME OF DEATH					
		FLORENCE		BRADY		arch 20							
115		5. SEX 6. AGE (In yrs. In	nst birthday) IF UNDI WONTHS	DAYS HOURS		TE OF BIRTH onth, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)					
	9a. FACILITY NAME (If not institution, give stre	T 00		TY, TOWN OR LOCATION	M	472,19	27	119					
Ε.	Memorial Hospi		96. CH	Cumber1a				of DEATH Legany					
5	RESIDENCE OF DECEDENT												
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN	1 //				10d. INSIDE CITY LIMITS?					
	10e, STREET AND NUMBER	7	Cumbe				I and the second	1 X YES 2 NO					
FUNERAL	1479 Drawand	CT		101. ZIP CODE	-17		10g. CITIZEI	N OF WHAT COUNTRY?					
5	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	SMED 13	. WAS DECENDENT OF	F HISPANIC ORI	GIN? (Specify Ye	a or No - 14	. RACE — American Indian,					
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	(NO	It yes, specify Cuber  1  YES 2 NO	n, Mexicen, Puer Specify:	to Rican, etc.)		Black, White, etc. Specify:					
								WAITE					
ETE	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted) (	ECEDENT'S USUAL ( Give kind of work done fe. Do NOT use retired.	during most of working	0	16b. KIND OF BU	SINESS/INDUS	TRY					
P	Elementary/Secondary (0-12)	College (1-4 or 5+)	IN I FINIS	7		110	p 60						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		17110	16. MOTH	IER'S NAME (Fire	at, Middle, Maiden	Surname)						
BE (	SAlem H. LOAK	2		C/a	RA ,	MAR	WAG	145					
9	19a. INFORMANT'S NAME (Type/Print)	11	9b. MAILING ADORES	SS (Street and Number	or Rural Route N	umber, City or Tox	n, State, Zip Co	100 1215PZ					
	LORIS HOLLIDAY		1616 BI	CRMAN	LRIVE		umkesh	yel, Md.					
	20a METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State complety to	rematory or other pace			ATE 20c. LC	CATION - City	y or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICE	işeş	KG/ DUT	NAME AND ADDRES	S OF FACILITY	13 641	MORGH	ver, ma					
	De met	2	2	Chara-	McKen	rie My	veral,	Home					
	23. PART i. Enter the diseases, or co	mplications that caused the d	leath Do not ente	LOWACON IN	V9 //	a. 21	539	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final												
	disease or condition resulting in death)	190745	Tate 6	2l	Ponce	les		Oliset and Daath					
i	resuming in country	DUE TO JOH AS A CONSE	EQUENCE OF):	-/-/									
N N	Sequantially list conditions, b.		Tiles to a second										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSE	EOUENCE OF):										
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	EOUENCE OF):										
E	resulting in death) LAST												
	PART II. Other significant conditions	contribution to death but not	late										
CAL	Les 12	Contributing to death but not	resulting in the u	inderlying causa g	iven in Part i.	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO					
MEDICA	- nsay	A South	- INC	u au	9	1 TYES	2 XNO	COMPLETION OF CAUSE DF OEATH?					
Σ	ma/nu	toba Oly	rie He	ho-lita	-			1 TYES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		- /	26. PLACE OF DE	EATH (Check only	one)		l					
Sign	1 TYES 2 NO	Inpatient 2   ER/Outpetient	OTHE	R: Insing Home 5 - Res	sidence 6 🗆 O	ther (Specify)							
F	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJUSTY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. 0	DESCRIBE HOW	NJURY OCCUR	REO					
BY	2 Accident Investigation	10. E. 10. O. W. W.		1 YES 2	1000								
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	Ome, farm, atreet, fac	ctory, office	28t. L	OCATION (Street ity or Town, State)	and Number or	Rural Route Number,					
COMPLETED	29a. CERTIFIER												
MP	(Check only	AN: To the best of my knowledge, d											
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CENTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day Year)												
H	A STATE OF SERVICE	latto			NSE NUMBER		29d. DATE S	IGNED (Month, Day Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	Dr. N. Ranjitka			rlnd, MD	21502								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE					-						
- A	READ 99 1991	Fel Finish	- Sharkette										

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPAR CERTIF	TME	NT OF H	EALTH DEA	AND I	MENT		GIEN	E	93	3 09	30
1. DECEDENT'S NAME (First,	, Middle, Last)									E OF DE			L	3. TIME OF	DEATH
DONALD EDWA	RD CON	NORS							MAR	CH	Ĭ,	<b>9</b> 1	993°	7:32	р
4. SOCIAL SECURITY NUME	ER	5. SEX	8. AGE (In )	rs. last birthday)	_	DER 1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIR	тн			HPLACE (State	or Foreign
210-28-6072		1 M 2 🗆 F		56 YRS.	MONT	S DAYS	HOURS	MIN.	Ju	nth, Day.	27,	193	Count	Penn	a.
9a. FACILITY NAME (If not in	stitution, give a	treet and number)			9b. C	TY, TOWN O	R LOCATI	ON OF DE					INTY OF E		
MALCOLM GROW	USAF	MEDICAL	CENTE	R	ANI	REWS	AIR	FORC	E B	ASE		PRIN	ICE C	EORGE	
10a. STATE	10b. COUNTY	7		10c. CIT	Y, TOW	N OR LOCAT	ION							10d, INSIDE	CITY
Virginia	War	ren		Fr	ont	Roya	1							LIMITS	•
10e. STREET AND NUMBER							ZIP COD	F	-		-	100 CIT	IZEN OF 1	WHAT COUNTI	
12 S. Mars	h=11 9	: <del>+</del>					226	_					J. S.		***
11. MARITAL STATUS	nair c	12. WAS DECEDEN	T EVER IN U	S. ARMED	_	13. WAS DEC			uc one	HAP2 (Page	alfa Maa				1-41
1 Never Married 2 🔀	Married	FORCES? 1	XXYES :	2 NO		If yes, spe	city Cuba	n, Maxica	n, Puart	o Rican, e	etc.)	OF P60 —	14, RAC Blac	E — American k, Whita, etc.	indian,
3 Widowed 4 Divo		IF YES, GIVE V				1 TYES		Specify	y:				Spec	Whi	te
(Specify only	EDENT'S EDU	completed)		(Give kind of	work do	ne during mos		ng	10	6b. KIND	OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0	l-12)	College (1-4 or 5 -	+)	Ager		d.)				II.	S.	Cust	-Oms		
17. FATHER'S NAME (First, M	iddle, Lest)						18, MOTI	HER'S NA	ME (First			_	Oitib		
Regis Conn	ors							.o1a	-			,			
19a. INFORMANT'S NAME (7)			-	19b. MAILING	AOOR	ESS (Street a					_		n Codel		
Shirley F1	int Co	nnors		12 S.										<b>5</b> 30	
20a. METHOD OF DISPOSITI	n 3 🗆 Rame	oval from State	20b. PL cemeter She	ACE AND DATE OF TY, Crematory or o	OF DISE	POSITION / Ne	neof		OA.	TE 2	Oc. LOC	ATION —	City or To	own. State	rinia
21. SIGNATURE OF FUNERAL	in	W. Fe	w	US-	-	Turn Fron	er-F	ss of factors	ctsh Vi	aw E	une	ra1	Home 30	9	
23. PART i. Enter the di shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fallure.	a. CARDIO	Se on each	iline.	RES		le of dyi	ing, auci	h es ca	rdiac or	respir	atory ar	rest,	Interv	ximata ni Betweer and Deati
Sequentially list condition if any, leading to interest to the condition of the condition o	diate	CHRONIC		RUCTIVI		ULMON	ARY 1	DISE	ASE					<u> </u>	
cause. Enter UNDERLYi CAUSE (Disease or inju that initiated events	7	SIGMOTE DUE TO		ORATION											
resulting in death) LAS		sTATUS								Y					-
PART II. Other algnifics	nt condition	a contributing to	death but	not resulting i	in the	underlying	cause g	given in	Part i.	P	AS AN / ERFDRI		24b	WERE AUTOP: AMAILABLE PF COMPLETION OF DEATH?  1 YES 2	OF CAUSE
25. WAS CASE REFERRED TO EXAMINER? 1 - YES 2 TO NO	MEDICAL	HOSPITAL: 1덫 Inpetient 2 □	ER/Outpatie	nt 3 🗆 DOA	OTH 4 🗆 I			EATH (Chi			fy)				
	Pending nvestigation	28a. OATE DF (Month, D	INJURY ay, Year)	28b. TIM	E OF URY M	28c. INJU WOI 1   Y		] ND	28d. DI	EȘCRIBE	HOW IN	JURY OC	CUREO		
3 Suicide 6	Could not be determined	26a. PLACE D building,	F INJURY — etc. (Specify)	At home, farm, a	street, 1	actory, office			261. LO	CATION ( y or Town,	Street ar State)	nd Numbe	r or Rural I	Route Number,	
nne) —		CIAN: To the best of							to the c	Buse(a) a	nd men	ner ee ata	ted.		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

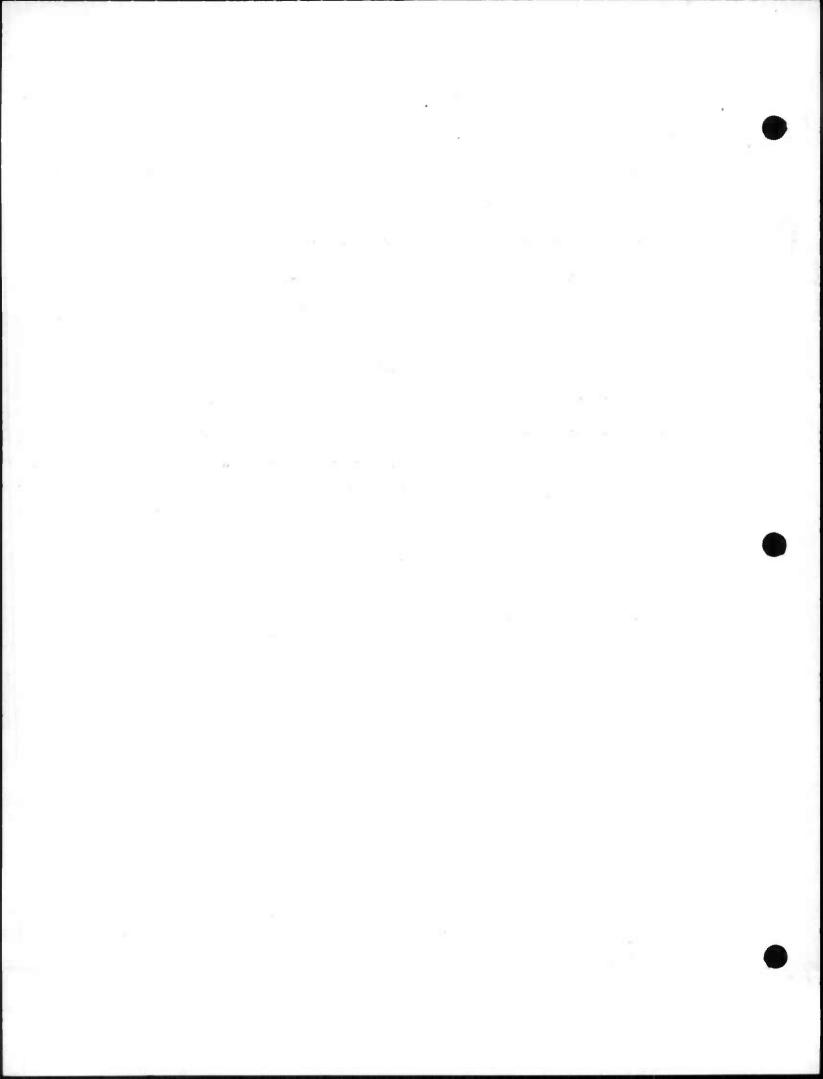
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FIGARO, CAPT, USAF,

MALCOLM GROW USAF MEDICAL CENTER ANDREWS 20331-5300 AFB

29c. LICENSE NUMBER

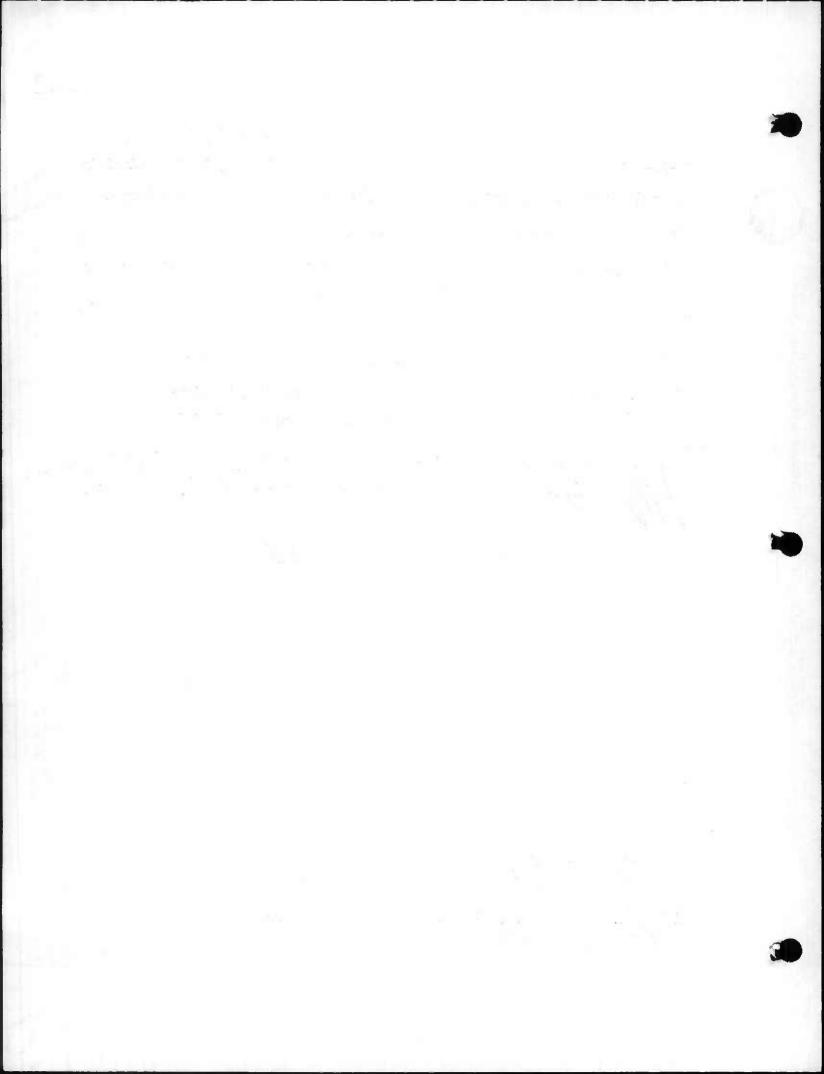


DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within parts after death. Page 6 may be retained by the hospital or attending physic	ours after death. Page 6 may be retained by the hospital or attending physi
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely "med in by the kineral director, page 5 should be detached for use as the burial	med in by the funeral director, page 5 should be detached for use as the buria
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEA CERTIFICATE OF D

ALTH AI	ND MENTAL	HYGIENE	93	U	9	3	U	6
EATH		REG. NO.			-			

						. 07 11 .					MEG. NO.				
	1. DECEDENT'S NAME (First, ALMA R	Middle, Last) Luth	Casey							2. DATE OF MONTH	DA	1993	YEAR	3. TIME OF DEATH	м
	4. SOCIAL SECURITY NUMB		5, SEX	6. AGE (In yra	s, lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF		1773		IPLACE (State or Foreig	1
	214-38-9313		1 □ M 3⁄Q F	96	YRS.	MONTHS	DAYS	HOURS	MIN.	July	5, 18	396	Countr	rginia	
œ	Sa. FACILITY NAME (# not in			w + 0 #		9b. CIT		or Location		EATH			A HII	eath Indel	
6	Annapolis C	EDENT	scent ce	mei			rvuu	фогл				rvine	. rvuu	naer	
DIRECTOR	10a. STATE  VA	10c. CIT	e. CITY, TOWN OR LOCATION FOSTER							10d. INSIDE CITY LIMITS? 1 □ YES XX NO					
	10e. STREET AND NUMBER	· · · · ·	lathews					1. ZIP COD	F			10n. CITI	IZEN OF V	WHAT COUNTRY?	
ERA		lox 2D					230				_		States		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 X Widowed 4 Divo	ARMED XXX	13.	If yes, sp	CENDENT Coocify Cube	n, Maxica	NIC ORIGIN? ( an, Puerto Ric fy:	Specify Yea an, atc.)	or No—	14. RACE Black Speci	- American Indian, k, White, etc.				
	15. DEC	EDENT'S EDU	CATION	164	. DECEDENT'S	B USUAL C	CCUPATI	ON		16b. K	IND OF BUS	INESS/INE	USTRY		
ETE	(Specify only	y highest grade	completed)		(Give kind of life. Do NOT u	work done	during m	ost of working	ng						
COMPLETED	The second secon	(Specify only highest grade completed)  Elementary/Secondary (0-12)  Sth			Home	emake	n				Hon	ne.			
NO.	17. FATHER'S NAME (First, M	liddle, Lest)			7.077			18. MOT	HER'S NA	AME (First, Mid					
	Joel S. S	hacket	Lord					٨	laru	Estel	e wri	iaht			
TO BE	190. INFORMANT'S NAME OF AUDITE Gre	Sme/Print)	2/10:00		19b. MAILING	G ADORES	S (Street			Route Number, Ster,			230	056	
	20a. METHOD OF DISPOSIT		_	20h Bi	AGE OF BIODS	0171011 (1					T	0471011	0th T.	- 01.1	
	V Surial 2 □ Cremetic	on 3 🗆 Rem	oval from State	- His	LCHOS	t Cor	noto	HII	03-	26-93	Any	rapol	is.	Maryland Funeral	
	21. SIGNATURE OF PURENA		SHEET!	1100	2000	22	. NAME A	ND ADDRE	SS OF FA	ACILITY J	ohn 1	I. Ta	ulor	Funeral	Ho
	> leffey.	1 Tay	ha			14	47 D	uke c	0 f G.	louces	ter S	St.	Anna	ipolis, MI	)
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):														
	resulting in desth) LAST														
: MEDICAL	- Suisi significa		is contributing to			, iii die d		nderlying cause given in Part I. 24a. WAS AN PERFOF			IMED? AMILABLE PRIOR TO			JSE	
AN	25. WAS CASE REFERRED 1	O MEDICAL	1				26.5	ACE OF I	DEATH (C	heck only one)					
[ [	EXAMINER?		HOSPITAL:	□ EB/Outratio	-4 2 DO4	ОТНЕ	A:								
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE O		28b. Ti		-	me 5 ∐ R	esidence	6 Other (	Specify)	NJURY OC	CURED		_
BY PI	Netural 8  2 Accident	Pending Investigation		Day, Year)		N M	W	ORK? YES 2 [	□ NO						
	3 Suicide 8 4 Homicide	At home, ferm							reet and Number or Rural Route Number, tate)						
COMPLETED	CONSUM ONLY		ICIAN: To the best of											a) and manner as stat	ed.
	296. SIGNATURE AND TITE	E OF GENTYFIE	n/1	1				29c, LIC	ENSE NU	JMBER		29d, DAT	TE SIGNE	D (Month, Day, Year)	
TO BE	(d	le						1	5192					25, 199	3
F	30. NAME AND ADDRESS O						NIIO	Ann	anal	is Mo	וחלעולו	nd o	71401		
	Richard I. Hochman, M.D. 16 Murray Avenue Annapolis, Maryland 21401  31. DATE FILED MORE DO: 501993 Fisher Devidence MAR 251993														
		9 1000	d	•	`										



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1 DRY DNAP

A. KORELLIND

111

2 REGISTBAR'S SIGNATURE

Penn Street, Baltimore,

93 09303 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR Thomas 03 06 1993 9:26 AM ANTHONY CANNON 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 8-27-6 1 M 2 | F 220-72-6417 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WEST FEDERAL STREET SNOW HILL WORCESTER RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Worcester Md. Stockton 1 TES 2 70 permit. FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 5327 Paradise Rd 21864 U hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, P 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Foods Kelly Elementary/Secondary (0-12) College (1-4 or 5+) 12 Md. Berlin Processing Once. 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas Isaac Knox Vietta Gertrude DennisCannon BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vietta Gertrude Cannon Paradise Rd. Stocktom. Md. 21864 be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City of Town, Stata must Burlel 2 Gremanon.

Donation 5 Other (Specify) Buriel 2 Cremation 3 Removal from State bernacle Bapt. Church 3/3 Horntown Va. examiner TURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Savage Funeral Home, P. B. B. 46 23. PART I. Enter the diseases, or complications that guard the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. medicai Approximata interval Betwe IMMEDIATE CAUSE (Final **Doset and Death** the executed within 24 disease or condition reaulting in death) GUISHOT WOUND OF HOSE event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS been signed by the PERFORMED? AWAILABLE PRIOR TO any LETION OF CAUSE 1 YES 2 NO OF DEATH? Shows 1 YES 2 NO PHYSICIAN: has be 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h with the State I EXAMINER? HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence a Other (Specify) IN YARD 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending Investigation 1 YES BY After t SUBJECT SHOT 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 8 3 Sulcide 6 Could not be determined DIRECTOR: A hours after d item 28 is 284, LOCATION (Street and Number, or Russi Route Number ON ity & Town State) OF 4 1 4 WEST COMPLETED FEDER-XX Homicide STREET SNOW\_HILL 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as standARYLAND FUNERAL I TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: I \* MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated 296. GNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE **▶** 03/07/1993 O.C.M.E. 2 30. NAME AND ABDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Maryland

JUNSHOT WOUND OF HEDDO

۱ -	FOR STATE REGISTRAR
	TIEGIOTISTI

TO BE COMPLETED BY FUNERAL DIRECTOR

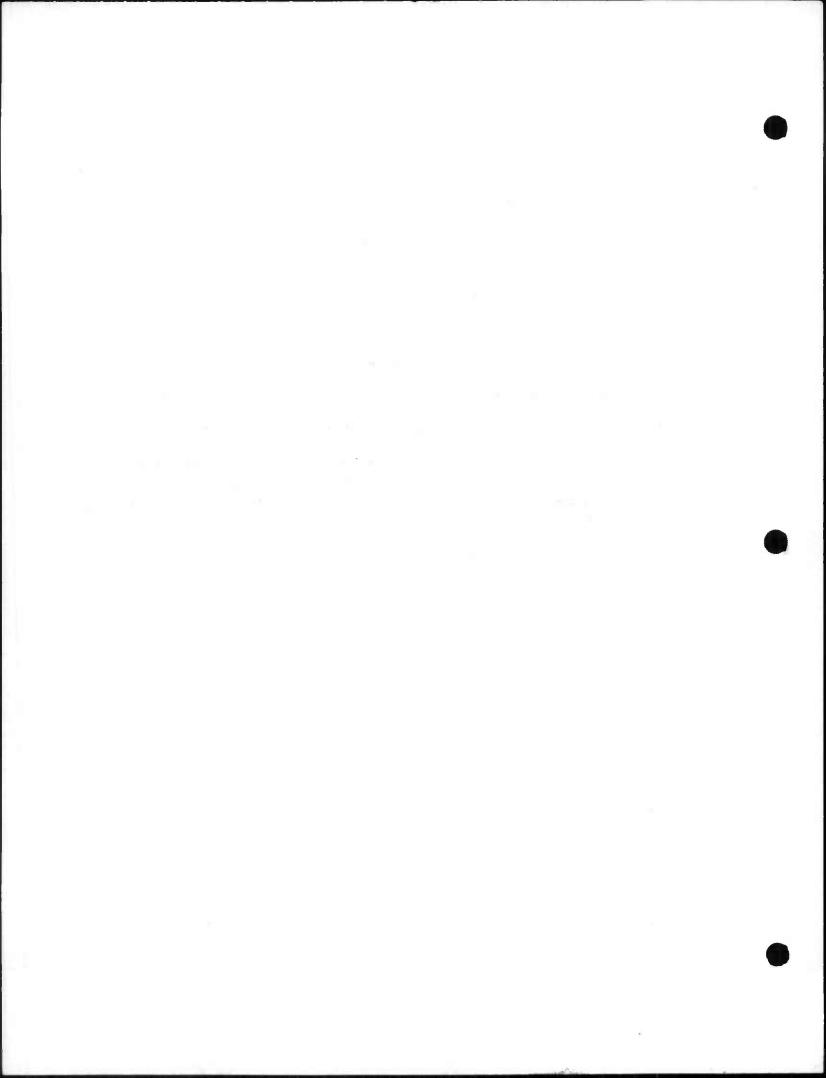
1 - STATE REGISTRAR	SIAIE UF W				F HEALIH		MENTAL HYG	ILNE . NO.		
1. DECEDENT'S NAME (First, Middle, Last)					- BEA		2. DATE OF DEA	TH		3. TIME OF DEATH
Francis John Cusimano									YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las	st birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF BIRT			5:05 P M  IPLACE (State or Foreign
214-38-4702	1½ M 2 □ F	62	YRS.	WONTHE DAY	A HOURS	MIN.	(Month, Day, Ye	ear)	Countr	(Y)
9a. FACILITY NAME (If not institution, give si	_ ^^	-02		9h CITY TON	VN OR LOCATION	ON OF DE	6-2-30	I ac 00	UNTY OF D	yland
Malcolm Grow USAH		Conton					200			
RESIDENCE OF DECEDENT	Medical	center		Andrew	s AFB,	MD		Pri	nce (	Georges
10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
Maryland Cha	arles		Wa	aldorf					{	1 X YES 2 NO
10e. STREET AND NUMBER					10f. ZIP CODE			10g. C	TIZEN OF Y	VHAT COUNTRY?
12801 Meadowbro	ook Lane				2060	L		J	J.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT	LEVER IN U.S. AR	MED	13. WAS	DECENDENT O	F HISPAN	IIC ORIGIN? (Speci	fy Yes or No-	14. RACE	- American Indian, c. White, etc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	***	1 🗆	YES 2 NO	Specify	n, Puerto Rican, et	c.)	Speci	Mar. 150 150
	1951 -									White
15. DECEDENT'S EDUC (Specify only highest grade		(G	ive kind of wo	SUAL OCCUP	ATION most of working	g	18b. KIND 0	F BUSINESS/II	NOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	)	Do NOT use						_	
17. FATHER'S NAME (First, Middle, Last)			Milita	ary				. Air		9
Marion Vincent	ligimano				18. MOTH		ME (First, Middle, M			
190. INFORMANT'S NAME (Type/Print)	ASTINGINO.						nche Fi			
Mary K. Cusimano							Route Number, City of			
20s. METHOD OF DISPOSITION			_			La	Waldor			
1 Burial 2 Cremation 3 Remo	oval from State	cametery, cre	matory or other	DISPOSITION of place	(Name of	2	19/93 A	c. LOCATION -	- Cify or To	wn, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	- Lur TTIIS	gron r	Val TOII	AT COL	1. 3/	19/93 A	rlingt	on, V	irginia
1	$\supset \mathcal{M}$	0	1	Ge	orge F	. Ka	alas Fun	eral H	ome	
searge	Mai	Le l		61	60 0xc	n Hi	11 Rd.	Oxon H	i11.	Md.20745
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Electromechanical Dissociation  Due to (or as a consequence or):  Myocardial Inferentian							Interval Batween Onset and Death			
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other eignificent conditions	contributing to	deeth but not r	esulting in	the underl	ying ceuse g	lven in	Part I. 24a. W	S AN AUTOPS	7 24b.	WERE AUTOPSY FINDINGS
								RFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
								20		OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1000				PLACE OF DE	EATH (Che	ck only one)			
1 TES 2 NO	HOSPITAL: 1   Inpatient 2 □	ER/Outpatient 3		OTHER:	iome 5 □ Re	sidence	6 Other (Specify	1)		
27. MANNER OF DEATH	28e. DATE OF	NJURY V Mari	28b. TIME	OF 28c.	INJURY AT		26d. OEŞCRIBE H		CCUREO	
1 Natural 5 Pending 2 Accident Investigation	(month, De	,	INJUI		WORK?	NO				I
3 Suicide 6 Could not be	28e. PLACE OF	INJURY — Al hor	me, ferm, str	eet, factory, o	ffice		26f. LOCATION (S		er or Rural A	loute Number,
4 Homicide determined	- January, (	( apoonly)					City or Town,	अंबार)		
294. GERTIFIER 1 X CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINES										) end menner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)										
Way On							T.			
LIL IIV	100/1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Malcolm Grow USAF Medical Center								
30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUS	E OF DEATH (ITER	4 27) (Type, P.	rint) Malo	colm G	COW	USAF Med	ical	ente	15, 1995 r
30. Name and address of Person who	dompleted caus	AF, MC	1 27) (Type, P					ical (	ente:	r 13, 1993
John D. Martin, N 31. DATE FILED (Month, Day, Year)	lajor, US 32. REGISTRAF	AF, MC		Andı			USAF Med MD 20331	ical (	ente:	r
John D. Martin, M	lajor, US 32. REGISTRAF	AF, MC		Andı				ical (	Cente	r

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLA D 21215-0020





## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  JAMES Ro	BE/U SE	E CAIN	2. DATE OF DEATH DAY	- 93 YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 226-48-2872 1 X M 2		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7 //	9 Vi	THPLACE (State or Foreign rathy) Tginia			
TOR	90. FACILITY NAME (If not institution, give street and number)  90. CTY, TOWN OR LOCATION OF DEATH  90. CTY, TOWN OR LOCATION OF DEATH  PRINCE GEORG'S  RESIDENCE OF DECEDENT								
DIRECTOR	10e. STATE 10b. COUNTY PLINCE GE	OROES L	TOWN OR LOCATION  ANDOVER			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	3117 75 may		101. ZIP CODE 20785		U.S.A	WHAT COUNTRY?			
COMPLETED BY FU	1 Never Married 2 Married FORCES?	EDENT EVER IN U.S. ARMED  1 YES 2 NO  VE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica 1 YES 2 MO Specify	n, Puerto Rican, etc.)	r No 14. RA Bla Spi	CE — American Indian, ack, White, etc.			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 of 11 th grade	(Give kind of w		166. KIND OF BUSIN	vess/industry vate				
BE COM	17. FATHER'S NAME (First, Middle, Lest) Payton William Cain	<u> </u>		ME (First, Middle, Maiden Su awlings					
TO B	180. INFORMANT'S NAME (Type/Print) Dora Cain		ADDRESS (Street and Number or Rural arrdy Rd. Empori	Route Number, City or Town,					
	20a. METHOD OF DISPOSITION 1 7. Burlel 2 Cremetion 3 M Removal from State 4 Donation 5 Dither (Specify)	20b. PLACE AND DATE O cemetery, crematory or off		1 1 1 1 1 1	ODFIA	Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Teal Son.	22. NAME AND ADDRESS OF FA	J.B. Jenki	ns Fune				
	23. PART I. Enter the diseases, or complications shock, or heart fallers. List only one IMMEDIATE CAUSE (Final disease or condition resulting in death)	ceuse on each line.	ot enter the mode of dying, suc	h as cardiac or respira	tory arrest,	Approximate interval Between Onset and Death			
NOIL	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d									
MEDICAL				1   YES 2	4	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1) YES 2 NO 1   Input left   1		OTHER:						
¥		2 ER/Outpatient 3 DOA DOA 28b, TIME	4 Nursing Home 5 Residence OF 28c, INJURY AT	6 ☐ Other (Specify)  28d. DESCRIBE HOW INJ	URY OCCURED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	th, Day, Year) INJL	JRY WORK?  M 1 YES 2 NO						
		treet, factory, office	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)						
OMPL	Solution to be determined  29s. CERTIFIER (Check only one)  29s. MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								
296. SIGNATURE AND TITLE OF CERTIFIER  DEDUTY MEDICAL LICENSE NUMBER  29d. DATE SIGNED (M									
2	OAN AL DEVORE	CAUSE OF DEATH (ITEM 27) (Type,	Print) VETWSBURY RO		VILLE	MODOR			
	31. DATE FILED (Month, Day, Year) 32. AEGIS	TRAR'S SIGNATURE	482						

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-bransit permit. From the Branch and Mandel Margina and so to the burial promotion of committees the bur
OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within	this certificate has been signed by the attending physician and completel

HOSPITAL DR ATTENDING

TO THE HOSPITAL IN THE FUNERAL DE FILE WITHIN 72 NO IMPORTANT. If IL

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31. DATE FILED (Month, Dey,

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH HAYDEE YEAR 93 COSTELLO 6:45 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS DAYS HOURS 577-62-1623 1 M 2 V F 88 May 1,1904 Louisiana 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Fernwood Nursing Home Bethesda Montgomery RESIDENCE OF DECEDENT 10a STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Bethesda 1 X YES 2 NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6530 Democracy Blvd. 20817 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FDRCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Marrie 3 Widowed 4 Divorced 1 YES 2 INO Specify: BY SpecMy: White BE COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5 +) 12 housewife own home be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Francisco Paul Sintes Anna Rose deLaroque 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Frances C. Schreier 11342 Palasades Ct., Kensington, Md. 20s. METHOD OF DISPOSITION

DESCRIPTION

OF STATEMENT ST 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Arlington National Cem.Mar. 18,93 Arlington, Va. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Devol Funeral Home 2222 Wisconsin Ave., N.W., Wash., D.C. 20007 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximata Interval Between **IMMEDIATE CAUSE (Final** Onset/and Death the disease or condition resulting in death) traumatic event, DUE TO (OP AS A CO ORC CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events other t DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 23 shows any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 THO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: me 5 Residence 6 Other (Specify) 6 27. MANNER DF DEATH 28e. DATE DF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED is marked, 1 Natural 1 YES 2 X NO Subject lost balance & fell -26-93 9:30 A BY FUNERAL DIRECTOR: After within 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) -6 Could not be ED Item 28 4 Homicide Fernwood NH, Bethesda, MD Nursing Home COMPLET 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Rendell.

32. REGISTRAR'S SIGNATURE

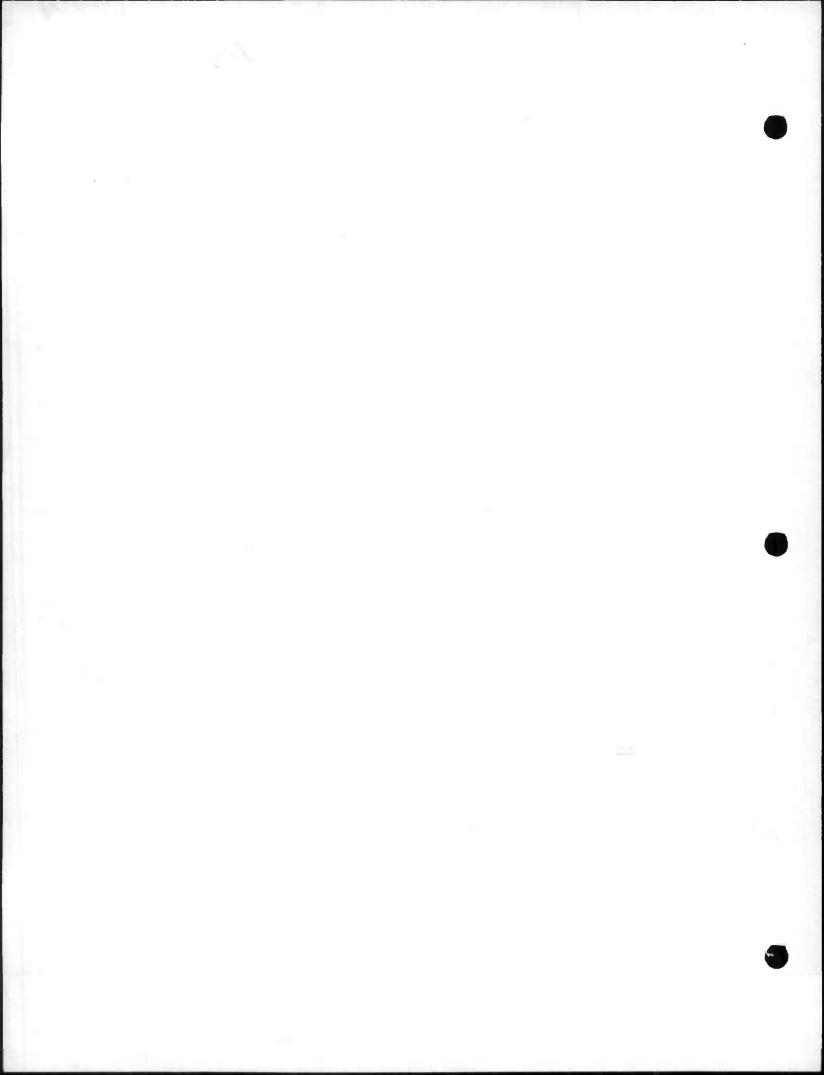
na Davidson

29c. LICENSE NUMBER

DHMH-18 Rev 1/89

29d, DATE SIGNED (Month, Day, Year)

Ma

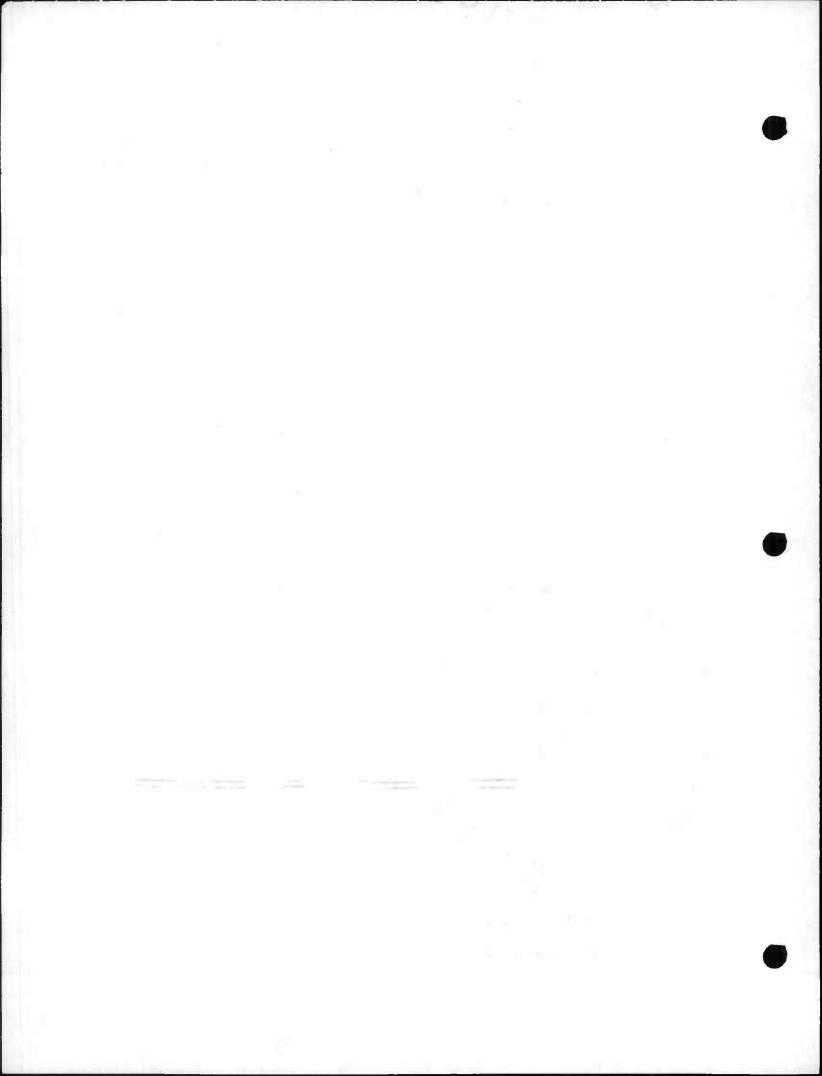


BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	. URE TAR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burlat-transit permit. P	in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. or at ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	URFULLS: After this certificate has been signed by the attending physician and completely		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MART 2 1993

32. REGISTRAR'S SIGNATURE
La Davidson-Randelle

	1. DECEDENT'S NAME (First, A	Middle, Last			_					DATE OF DEATH	DAY	WELL	3. TIME OF DEATH	
			Hercula	no V	. Co	orporal				arch 10		93	8:07 P	
	4. SOCIAL SECURITY NUMBE	R	5. SEX	6. AGE	(In yrs. les	.,	UNDER 1 YEAR	IF UNDER 24 HRS.	. 7. 0	ATE OF BIRTH Month, Day, Year)	1	7	HPLACE (State or Foreign	
1	_586-60-2807		1 XXM 2 □ F	66		YRS. MON	THE DAYS	HOURS MIN.		1/19/26			lippine Is	
œ	9a. FACILITY NAME (If not inst	_						OR LOCATION OF	DEATH		9c. CO	UNTY OF		
D.	University (	of Mo	l. Shock	Trau	na C	enter I	Baltin	nore			10g, CITIZEN OF WHAT COUNTY TO SHAPE OF NO	ore City		
DIRECTOR		10b. COUN	TY .			10c. CITY, TO	WN OR LOC	ATION					10d. INSIDE CITY	
	Virginia	Fair	fax			Arlin	ngton						1 X YES 2 NO	
3AL	10e. STREET AND NUMBER						1	Of, ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?	
FUNERAL	2200 Columb:	ia Pi						22204						
E	11. MARITAL STATUS  1 XXviewer Married 2  N	Married	12. WAS DECEDED FORCES?	1 X YES	2 1		If yes, s	specify Cuben, Mexi	Ican, Pu	RIGIN? (Specify erto Rican, atc.)	Yes or No-	14. RAC Blac	E — American Indian, ck, White, etc.	
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LET	Elementary/Secondary (0-1		College (1.4 or 5.4) Ille, Do				ired.)	nost of working		M-i 1 -i +-	0.57			
COMPL	12th	tired l	Na v y			MITTE	ar y							
8	17. FATHER'S NAME (First, Mid						en Surname)	Filipino ESS/INDUSTRY  V  Traine)  Stete, Zip Code)						
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2	Nora L. Valde				1								5	
	20a. METHOD OF DISPOSITIO	ON		201						xon Hill, Md. 20745				
- 3	20a. METHOD OF DISPOSITION  1													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										0011			
1 11	George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md													
	IMMEDIATE CAUSE (Fina	eases, o		at ceuse	d the de	eath. Do not e	Georg	ge P. Ka Oxon Hi	las 11 l	Funera	n Hil	1. M	Approximate interval Between	
ICATION	shock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death)  Sequentially list conditio if any, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease or injury	peacy's, or art fellure ni bons, liate	a. Sep: DUE TO Necrot: Neck In	Sis CORAS izin CORAS nfec	a conse	OUENCE OF): SCIITIS QUENCE OF):	Geors 6160 enter the m	ge P. Ka Oxon Hi node of dying, as	las 11 duch as	Funera	n Hil	1. M	Approximate interval Between	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or an	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be mettined at enter.
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAL

	1 - STATE REGISTRAR				F DEATH		REG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3.	TIME OF DEATH	
	PRATT PRICE	LEE CARTE	ER, SR.			MONTH	10		YEAR 223	1103	м
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AC	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			P 1	ACE (State or Foreign	7
	416-08-7872	1 M 2 D F	29 YRS.	MONTHS DAYS	HOURS MIN.	OECEME		1963	Country)		
	9e. FACILITY NAME (If not institution, give stre		0		OR LOCATION OF DI		LIK O	9c. COUNT			7
DIRECTOR	PACH USANEL	XXX F60	S Made MD	FT. ME	ADE			anne	Core	nolel	
Ä	10e. STATE 10b. COUNTY		10c. Cf	TY, TOWN OR LO	ATION				10	Id. INSIDE CITY	
	MARYLAND ANN	E ARUNDEL	SEV	ERN					1	LIMITS?	
AL.	10e. STREET AND NUMBER	-			101. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?	
FUNERAL	1842 ROBIN COURT				21144			U.	S.A.		
5	11. MARITAL STATUS  1 Never Married 2 Wherried	12. WAS DECEDENT EVE FORCES? 1 XX	R IN U.S. ARMED	13. WAS D	ECENDENT OF HISPAI specify Cuben, Mexica	NIC ORIGIN? (S	Specify Yee	or No- 1	A. RACE -	American Indian, fhite, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OF			ES 2 X NO Specifi		m, wic.)		Specify:		
	15. DECEDENT'S EDUCA	TION	I see DECEDENTS	USUAL OCCUPA	TION	Lan. va			BLACK		
	(Specify only highest grade or Elementary/Secondary (0-12)	ompleted)	(Give kind of	work done during ise retired.)	most of working	-166. KII	ND OF BUS	INESS/INDU:	STRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		LYST							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First Midd	lle Mairien	Sumemel			
BE C	LOIS CARTER					SMITH		33			
	19. INFORMANT'S NAME (Type/Print)	· · · · · · · · · · · · · · · · · · ·	19b. MAILIN	3 ADDRESS (Stree	t and Number or Rural i	Route Number,	City or Town	, State, Zip C	ode)		_
임	MARIE D. CARTER				URT SEVER						
	20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Remov		20b. PLACE AND DATE			OATE	20c. LO	CATION — CH	y or Town	State	
	4 Donation 5 Other (Specify)	al from State	OAK GROVE	CEMETE	RY		COA	TOPA,	ALAE	BAMA	
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME DEEC	AND ADDRESS OF FA	CILITY	DV	D A			
	Harry 1	. Lees	20		WEST ST.				21/201		
	23. PART I. Enter the diseases, or con	mplications that caus	sed the deeth. Do							Approximata	
	shock, or heart feliure. Listing IMMEDIATE CAUSE (Final	st only one ceuse or	each line.	_	1			,	,	interval Batwo	
	disesse or condition resulting in death)	Cardian	· Comana	are	1					21-	· ·
	resoluting in deathy . a.	OUE TO (OR A	S A CONSEQUENCE	1000						- roun	9
Z	Sequentially list conditions 6.										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE C	F):							
2	CAUSE (Disesse or injury	DIE 70 (OR )									
	that initieted events resulting in death) LAST	DOE TO (ON A	S A CONSEQUENCE O	<b>(F):</b>							
岁	d.										
A	PART ii. Other significant conditions	contributing to deet	but not resulting	in the underly	ng cause given in	Part I. 24	PERFOR			RE AUTOPSY FINDIN	IGS
DICAL						_   1	YES 2		CC	MILABLE PRIOR TO MPLETION OF CAUS	E
ME										DEATH?	
ž											
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Che	eck only one)					
YSI	1 YES 2 NO	☐ Inpetient 2  ER/0	ulpatient 3 DOA	OTHER:	ome 5 - Residence	8 Other (Sp	pecify)				
	27. MANNER OF OEATH  1 Netural 5 Pending	28e. OATE OF INJUR (Month, Day, Yea	(Y 28b. TIN	JURY	NJURY AT YORK?	28d. OEŞCRI	BE HOW IN	JURY OCCU	REO		
B	2 Accident Investigation				YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (S	IRY — At home, farm, pecify)	street, factory, of	lice	28t. LOCATIO	N (Street ar wn, Stete)	nd Number or	Rural Rout	Number,	
<u> </u>											
COMPLETED	(Check only 1 CERTIFYING PHYSICIA	AN: To the best of my kn									
8	2 MEDICAL EXAMINER:	On the beele of examina	tion end/or investigati	on, in my opinion	death occured at the	time, date end	place, end	due to the o	euse(e) en	d menner se stated	l.
BE	296. SIGNATURE AND TITLE OF CERTIMER	IN	$\overline{}$	ie.	29c. LICENSE NUM	IBER		29d, DATE S	IGNED (M	onth, Day, Year)	
6	100mas /11.10	ugy I	CPTT		PA 1004	5957.	-4	14	Ma	193	
	30. NAME AND ADDRESS OF PERSON WHO			, Print)							
	THOMAS M. POUGH, FT										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		- 00							
	MAR 1 9 10	193 gulia D	evidson-And	a pro-							

for our at the said

Bud Island of Law

TAME TO SEE A SAME

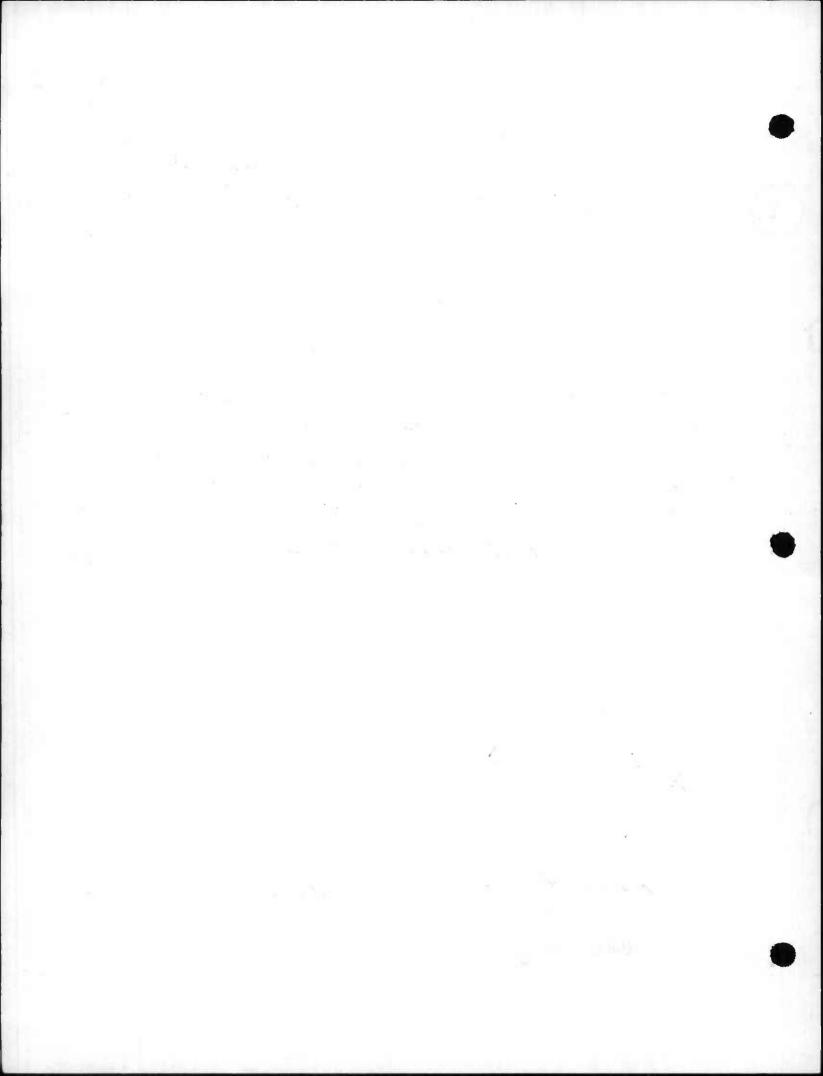
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permits filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

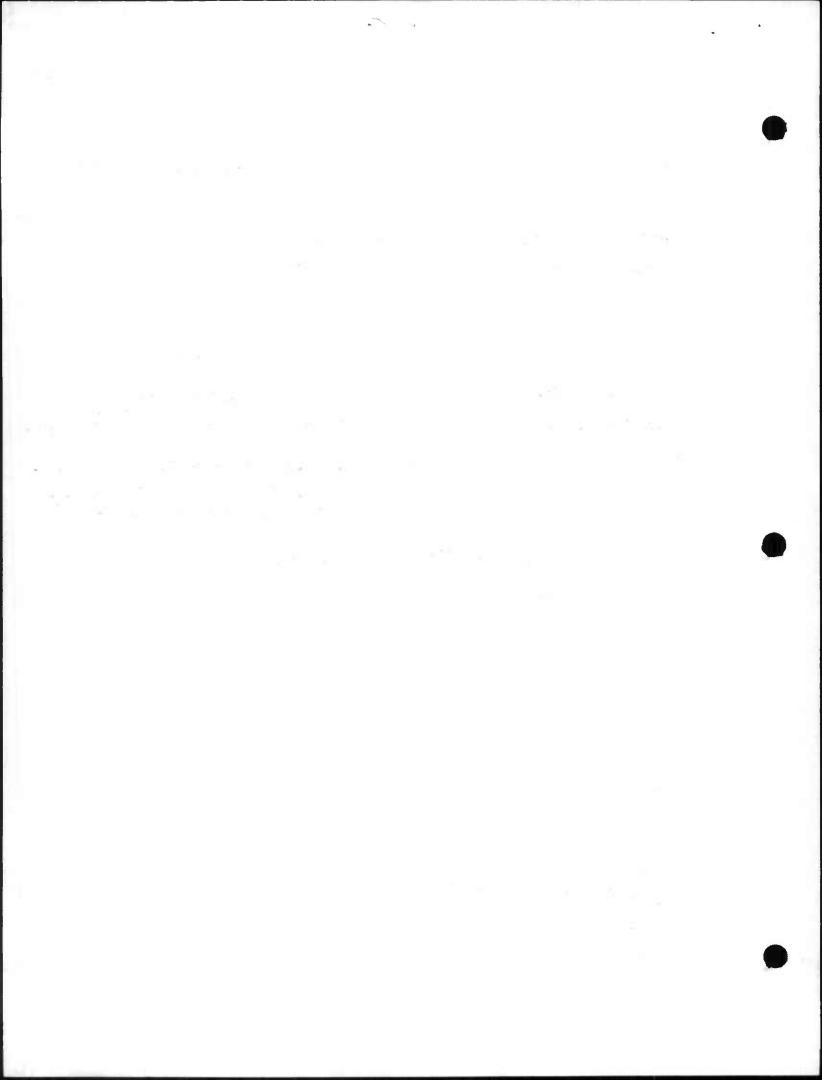
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

- REGISTRAR		C	ERTIF	ICATE (	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	ıv.	YEAR	3. TIME OF DEATH
Ca	rrie Ell	Len Col	e			Mar	. 1, 1	993	YEAR	4:15 A.
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	lest birthday)	IF UNDER 1 Y		7. DATE	OF BIRTH			LACE (State or Foreign
214-40-2000	1 M 2 XF	76	YRS.		AYS HOURS MIN.		18,19		Md.	
9a. FACILITY NAME (If not Institution, give stre Frederick Memor		oital		9b. CITY, TO	Frederic				rrede	
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY			100 CIT	Y, TOWN OR L	OCATION				1	10d, INSIDE CITY
Md.	Frederic	ck	100, 011		etown					LIMITS?  1 YES 2 XXNO
100. STREET AND NUMBER 4704 Old National	Pike				101. ZIP CODE 217	69			U.S.A	HAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	If yo	S DECENDENT OF HISP. es, specify Cuben, Maxi YES 2 X NO Speci	cen, Puerto F		or No-	14. RACE Black, Specify	- American Indian, White, etc. White
15. OECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)		DECEDENT'S (Give kind of Ife. Do NOT u	Work done durk	JPATION ing most of working	16b.	KINO OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 -	+)	homem				own	hom	e	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First, A	fiddle, Maiden	Surname)		
Emory Preston Has	1up						trude			
George R. Cole					Areet and Number or Flure National P					21769
20a. METHOD OF DISPOSITION 1 Burial 2X Cremston 3 Remov	ml from State	20b. PLAC			of cemetery, crematory of				City or Tow	
4 Donation 5 Other (Specify)						/1	Sm	iths	burg,	Md.
21. SIGNATURE OF FUNERAL SERVICE DICE	NSEE				me and address of inald B. The		Funo	rol i	Homo	
( Made ) ( In	DMOR_				E. Main S					21769
23. PART . Enter the diseases, or co abock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	emplications the let only one cau	t coused the case on each Ha	death. Do ne. Carlu	0	farelion		lec or reapi	ratory ar	reet,	Approximata interval Batwee Onset end Deet
	OUE TO	(OR AS A CONS	EOUENCE O	0F):						
Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	EOUENCE O	OF):						
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	EQUENCE O	P):						
PART II. Other algnificant conditions	contributing to	deeth but no	t reaulting	In the unde	riving cause given i	n Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1		OTHER:	26. PLACE OF DEATH (	Check only on	•)			
1 VES 2 NO	1 Inpatient 2	ER/Outpatient	3 DOA		g Home 5 - Residenc					
1 Netural 6 Pending	(Month, E			JURY	IC. INJURY AT WORK?	260. DES	CRIBE HOW I	NJUHY OC	CUMEO	
2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE C building,	F INJURY — At atc. (Specify)	home, farm,	street, factory	, offica	28f. LOC City	ATION (Street is or Town, State)	and Numbe	r or Rural R	oute Number,
29e. CERTIFIER (Check only one)  29 MEDICAL EXAMINER					o, data and place, and d					and manner as statut
286. BIGNATURE AME TITLE OF CERTIFIER		-	7		29c. LICENSE N			-	re signes	
Adda. 1	arform	em				97/		•	3/2	1/92
30. NAME AND ADDRESS OF PERSON WHO	SOMPLETED CAU	SE OF DEATH (IT	TEM 27) (Type	e, Print)	12/13				7	10
MAR 0 8 199		WALL ASON		88_						

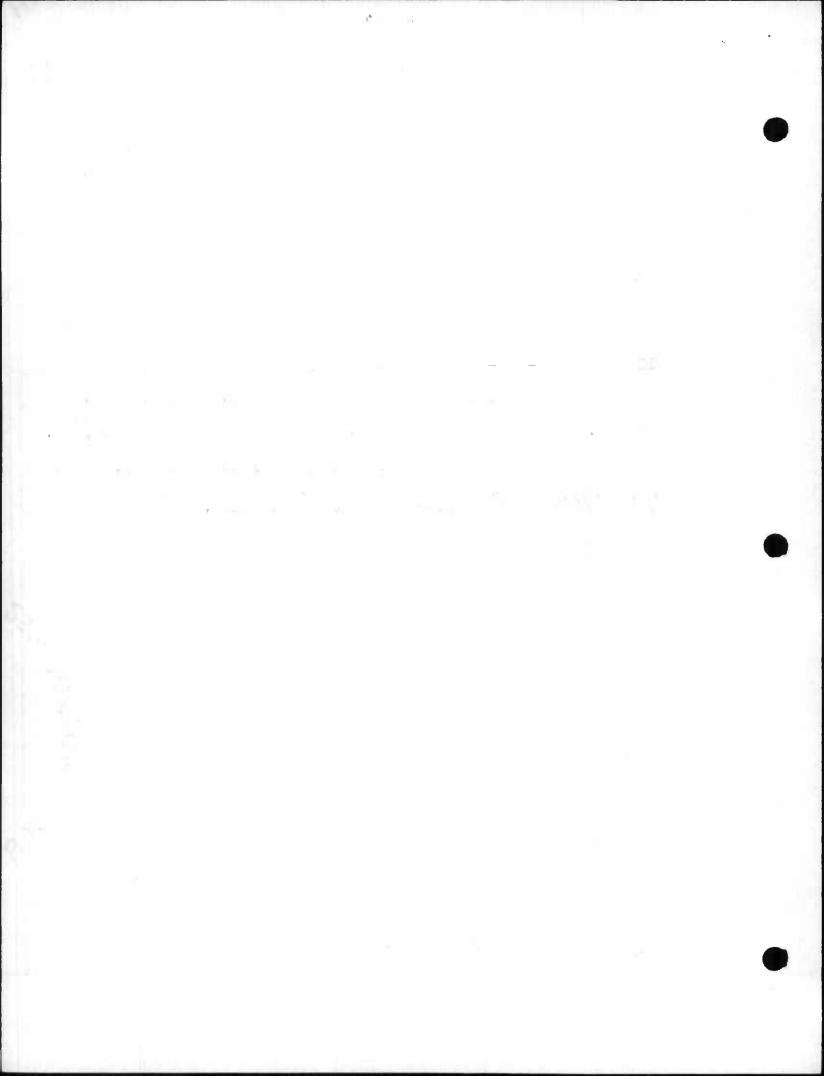


IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR					MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	<del></del>			<del></del>			2. DATE OF DEATH	NY .	YEAR	3. TIME OF DEATH
	JAMES  4. SOCIAL SECURITY NUMBER	WILLIAM		CRAG				03 21	19	93 <sup>r</sup>	5:43 P M
	414 70 1006	5. SEX 8. AGE (In yrs. I	last birthday) YRS.	IF UNDER 1	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month Day, Year) April I,	9/7	6. BIRTH	IPLACE (State or Foreign y) INCSSEC
	9a. FACILITY NAME (If not institution, give street			9b, CITY.	TOWN O	R LOCATIO	ON OF O			NTY OF D	111
OR	HARFORD MEMORIA					DE				RFOR	
ی	RESIDENCE OF DECEDENT  100. STATE 100. COUNTY		100 017	Y, TOWN OF							
DIRECTOR		cil.		nowir		ON					10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER PO Box 216 146	School House			101.	ZIP CODE 2191				IZEN OF V USA	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 XYES 2 FIF YES, GIVE WAR OR DATES  Vietnam	ARMED NO	н	yes, spe		, Mexice	IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No-	Speci	- American Indian, t, Whita, aic. fy: hite
9	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION 16a F	DECEDENT'S	USUAL OC	CUPATION	N t of working	7	166. KIND OF BUS	INESS/IN		11100
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) MOT	(Give kind of life. Do NOT us Or Ve	hicle	e Ope	erat	or	US-go	vern	ment	
BE CON	17. FATHER'S NAME (First, Middle, Last) Lee Roy Cragg, Sr.							ME (First, Middle, Maiden Lucille	,	rtne	У
TO B	19a. INFORMANT'S NAME (Type/Print)  Geraldine S. Crag	g	PO B	ADDRESS OX 21	(Street an	146	or Rural I	Poute Number, City or Town	Lane	, Co	918 nowingo,Md.
	20s. METHOD OF OISPOSITION  \$\subseteq \text{Burlet} \ 2  \text{Cremation} \ 3  \text{Remove} \]  4  \text{Donation} \ 6  \text{Other} \( (Specify) \)	al from State 20b. PLACI	EAND DATE	of Disposition (their place)	TION (Nam	ne of		DATE 20c. LO	CATION -	City or To	wn, State sville, Md.
7	21. SIGNATURE OF FUNERAL SERVICE LICEN	Mc Conya	20 111	HOW	vard	K. I	S OF FA	маs III Fu Road Abi	nera	l Ho	me, P.A.
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart fellure. Lie immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSI	SUC EQUENCE OF	Ar Pi				ohi Car			interval Betwean Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of	contributing to deeth but not	eeuiting	in the und	lerlying	ceuse g	Iven in	Part I. 24s. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOCDIYA!				CE OF DE	ATH (Ch	ack only one)			
YSI	1 ∑ YES 2 □ NO	OSPITAL:	3 🗆 DOA	OTHER:		5 🗆 Res	Idence	6 Other (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b. TIM INJ	URY	28c. INJU WOR	BK?		28d. DESCRIBE HOW II	JURY OC	CUREO	
B	2 Accident Investigation 3 Suicide 6 Could and by	26s. PLACE OF INJURY — AI	home form	M l		ES 2 🗌	NO	201 1 00071011 (0)	144		
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	ione, rem, t	street, ractor	ry, omca			261. LOCATION (Street a City or Town, State)	nd Number	or Hural H	loute Number,
COMPLETED						to the cause(a) and man time, data and place, and			) end manner as stated,		
BE C	29h. SIGNATORELAND TITLE OF CERTIFIER	1 0 1	$\cap$		-	29c. LICE					(Month, Day, Year)
10 B	Clour	orle /	V			0.0	С.М.	.E.			2/1992
F		COMPLETED CAUSE OF DEATH (IT)	, , , ,	ŕ	eet			imore, Ma			21201
	MAR 23 93	32 REGISTRAR'S SIGNATURE	molette.	<u> </u>		, 50	- با دي م	Inc. of Fic	- y _L	المددي	£ 4 £ V J.



, -	1. DECEDENT'S NAME (First,	-	6/10 1		ERTIFIC			2. DATE OF MONTH	DAY	YE	AR	IME OF DEATH
	4. SOCIAL SECURITY NUMB	ER	5. SEX 1 M 2 PF	6. AGE (In yrs. In:		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	lay, Year)	٥	BIRTHPLAC	E (State or Foreign
OR	BO. FACILITY NAME (II not interpreted for the facility of the	etitution, give a				FAIIS FO	or Location of Bi			HARFO	OF DEATH	vland
DIRECTOR	MESIDENCE OF DEC	10b. COUNTY				TOWN OR LOCA						INSIDE CITY LIMITS?
FUNERAL	2248 B	aldevi	in mill	Rd		10			10g. CITIZEN OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO NO	If yes, sp	ENDENT OF NISPAI ecity Cuban, Mexics 2 NO Spects	ın, Puerto Rici	Specify Yes or an, etc.)		Black, Wh Specify:	merican Indian, ita, atc.
LETED	15. DECI (Specify only Elementary/Secondary (0	EDENT'S EDU highest grade	CATION completed) College (1-4 or 5+)	(G	live kind of wor b. Do NOT use i	SUAL OCCUPATION done during more tired.)	st of working	16b. Ki	ND OF BUSIN	IESS/INDUSTI		0,00 = 0,18
COMPL	11				Но	usewi				ome		
	17. FATHER'S NAME (First, Mi	iddle, Last)	Blakel	0.17			18. MOTNER'S NA				Q	. 4.1.
B	19a. INFORMANT'S NAME (7)	ivne/Print)	DIARET		h MAII ING AI	DOBESS /Stead	Ind Number or Rural	abetl		rie	Sm	
유	Dorothy M		n Ø						-			21028 • Md.
	20g METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town.											
3	1 Reuriel 2 Cremation 3 Removel from State 4 Donestion 5 Other (Specify)  All Donestion 5 Other (Specify)  Total Communication State (Specify)  Total Communication State (Specify)  Total Communication (Name of Communication)  Total Communication											
	21. SIGNATURE OF FUNERAL SERVICE UCENSEE  22. NAME AND ADDRESS OF FACILITY  Kurtz Funeral Home											
	MYY) X	Warte	len Tu	11-11	_		artz Fu arretts					
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart failure.	a. Hepo	cayand the do	ral 8	ynon	de of dying, suc	th as cardia	or reapire	tory arrest,		Approximate interval Between Onset and Death
NO	Sequentially list conditi		. C	OR AS A CONSE		310						
Ę.	if any, leading to immed cause. Enter UNDERLY!	NG	Ci	whos!							j	
CERTIFICATION	CAUSE (Disease or injuthat initiated events resulting in death) LAS	٥	DUE TO (	OR AS A CONSE	OUENCE OF):							
_	PART II. Other significa	nt condition	s contributing to	death but not	resulting in	the underlyin	g cause given in	Part I.				E AUTOPSY FINDINGS
V: MEDICA								_	YES 2	190	OF E	LABLE PRIOR TO IPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINERS	MEDICAL	HOSPITAL:				LACE OF DEATH (Ch	eck only one)				
YSI	1 TES 2 NO		1 Inpatient 2 🗆	ER/Outpatient 3	DOA 4		ne 5 🗆 Residence	6 🗆 Other (S	(pecify)			
ВУ РН	2 Accident	Pending Investigation	Men. DATE OF I	y, Year)	28b. TIME (	M 1 🗆	YES 2 NO			URY OCCURE		
ETED		Could not be determined	26a. PLACE OF building, a	INJURY — At he itc. (Specify)	ome, form, stre	et, factory, offic	•		ON (Street and lown, State)	Number or A	ural Route	Number,
COMPL	10		CIAN: To the best of a								use(a) and	manner as stated.
TO BE C	295, SIGNATIONE AND TITLE	h -	toll	X			29c. LICENSE MUI	MBEB 9	2 1	BATE OF	MED JUM	One West
	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type-P)	rint)   .	m	- 6	112	00	de	22.1
-	31. DATE FILED (Month, Day,	- 4	Marle	# 14	6	Wr	eeru	ocx	1º4	an	114	401)



-	- 4
	BALTIMORE, MARYLAND 21215-0020
	MO
	BALT
	10

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR			CERTIF	ICATE C	F DEATH	REG. NO.	Sectory  Substitute of What Country  904 Marylam  9c. COUNTY OF DEATH  Carroll  10d. INSIDE C  LIMITS7  1			
1. DECEDENT'S NAME (First						2. DATE OF DEATH	W AEVO	3. TIME OF DEATH		
Cathar		becca		ook		3 24		10:00		
4. SOCIAL SECURITY NUM			lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Forei		
212-01-870			YRS.			9 12 1		Maryland		
(1	nstitution, give street and number				WN OR LOCATION OF DE					
Carroll Conesidence of De 10a. STATE	ounty Gen.	Hospita	al	We	stminste:	r	Carro	011		
RESIDENCE OF DE	10b. COUNTY		10c, CIT	Y, TOWN DR LO	CATION			10d, INSIDE CITY		
MD	Carroll				stminste	יין	DATE OF BIRTH (Month, Day, Year)  12 1904 Maryla  9c. COUNTY OF DEATH Carroll  10d. INSID  11 1905 CITIZEN OF WHAT COUNT US  PRIGINT (Specify Yes or No— Perior Rican, etc.)  16b. KIND OF BUSINESS/INDUSTRY  Knit factory  First, Middle, Maiden Surname)  May Brown  Number, City or Town, State, Zip Code)  1. Westminster, Middle, Maiden Surname)  May Brown  OATE 20c. LOCATION—City or Town, State  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  15/27 Finksburg, Middle, Westminster  16/27 Finksburg, Middle, Westminster  17/28 Power Foundation  18/28 Power Foundation  18/28 Power Foundation  18/28 Power Foundation  19/28 P	LIMITS?		
				W C 1	101. ZIP CODE					
100. STREET AND NUMBER 805 Washi 11. MARITAL STATUS	ngton Road				21157		C   C   C   C   C   C   C   C   C   C			
11. MARITAL STATUS	12. WAS DECI	EDENT EVER IN U.S.	ARMED	13. WAS	=1121	IIC DRIGIN? (Specify Yes		CE — American Indian		
I I Leaser meeting 5	Merried FORCES?	1 YES 2	ND	If yes	specify Cuben, Mexical YES 2 NO Specify	n, Puerto Rican, etc.)	Bla	ack, White, etc.		
3 Widowed 4 Div	orced				apacity		, sp	white		
W (Pasaki as	CEDENT'S EDUCATION  by highest grade completed)	16a		USUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUSTRY			
Elementary/Secondary			ille. Do NOT us	se retired.)	,					
17. FATHER'S NAME (First, A			worke	r						
17. FATHER'S NAME (First, A	Secretary and									
Dennis	Green				Grace					
190. INFORMANT'S NAME (	ACCUMANTAL STREET									
. III. Dem	nis Myers									
	on 3 - Removal from State	20b. PLA	CE AND DATE	ther plece)	(Name of	OATE 20c. LO	CATION — City or	Town, State		
4 Donation 5 Othe		Sa.	nay M	ount (	Jemetery	P/2/ F	inksbur	rg, MD		
21. SIGNATURE OF PUNERA	AL DERVICE LICENSEE			Pr.	itts Fune	eral Home	& Cha	apel		
Rol	bert K. Pri	tts. S	r.	413	2 Washing	gton Rd.	Westn	inster.		
Sequentially list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or injusted events resulting in death) LAS	diete ING ury a Du	ETO (DR AS A CON	a	reshu	uig 1	Juloy Juloy	hear	t l		
PART II. Other signific	ant conditions contribution	g to death but	ot esulting	in the underly	ying cause given in	PENFOR	MED?			
44						==		. Ke		
25. WAS CASE REFERRED				26	B. PLACE OF OEATH (Che	ack only one)				
EXAMINER?  1 YES 2 YO  27. MANNER OF DEATH	1 (Panpatient	.: 2 D ER/Outpetlen	3 DOA	OTHER: 4 - Nursing I	Home 5 - Residence	8 Other (Specify)				
N III	28e. DAT	E OF INJURY oth, Day, Year)	28b. TIM		INJURY AT WORK?		NJURY OCCURED			
Natural 5  2 Accident	Pending Investigation	,, 1001)	1		YES 2 ND					
3 Suicide 6	28e. PLA	CE OF INJURY A	t home, Jerm,	street, factory, o	office		and Number or Run	I Route Number,		
U 4 ☐ Homicide	determined	J. (-F//				ony or rown, oters)				
000)										
S MEC	NCAL EXAMINER: On the basis	or examination end	/or investigation	on, in my opinio	n, death occured at the	time, date and place, en	d due to the cause	e(e) and manner as sta		
29b. SIGNATURE AND TITLE	of CHAPTER	NO	\		29c, LICENSE NUM	BER	29d. DATE SIGNI	Et (Month, Day Year)		
- Fue	TX	M1_	,		1 13	67.7	1 0	124193		
30. NAME AND ADDRESS O	FPERSON WITO COMPLETED	FKE 15	(TEM 27) (Type		42 u	1 NS41	Rd u	estrum		
MAR 2 5 '93		STRAR'S SIGNATUR	nde 12							

government for the second second 

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page
be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MAR 2 6 '93

542 WASHINGTON

ROAD

32. REGISTRAR'S SIGNATURE

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

		FOR 1 STATE	STATE OF MARY	LAND / I	DEPARTI	MENT OF	HEALTH AND	MENTAL HYGIEN	IE	93	0931		
r	_	REGISTRAR					F DEATH	REG. NO					
		1. DECEDENT'S NAME (First, Middle, Las						2. DATE OF DEATH MONTH 25	MY	VEAD	ME OF DEATH		
		Marion I	. Churr	1				3 25	1993	Ap	PROX 7:26P. M		
	3	4. SOCIAL SECURITY NUMBER 215-05-0738		E (In yrs. lest l	·· —	DAYS		7. DATE OF BIRTH (Month, Day, Year) 5 20 1	911	B. BIRTHPLACE	E (State or Foreign		
	TOR	Da. FACILITY NAME (If not institution, give 2711 Lawndal RESIDENCE OF DECEDENT			•		on Location of D		9c. COUNT	ry OF DEATH	1		
	DIRECTOR	10a. STATE 10b. COU	NTY	10c. CITY, TOWN OR LOCATION									
- 1		MD Ca:	rroll			Fink	sburg				LIMITS? YES 2 K NO		
- 1	4	100. STREET AND NUMBER				,	IOT. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
	E	2711 Lawndal	e Road				21048		US				
	Y FUNERAL	11. MARITAL STATUS  1 Never Married 2 M Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMS 2 V NO	ED	If yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		4. RACE — Ar Black, White Specify:	merican Indian, te, etc.		
	B	3 Widowed 4 Divorced					<b>A.</b>	•		1	white		
		15. DECEDENT'S El (Specify only highest gra	DUCATION ide completed)	16a. DECI	EDENT'S US	UAL OCCUPA	TION most of working	16b. KINO OF BU	SINESS/INDU	STRY			
	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. D	o NOT use r	atired.)	nost or working						
	릴	12		Tow	er O	perat	cor	R &	O Rai	lroad	d		
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		1 10 11	01 0	DOLG		AME (First, Middle, Maiden		TIVA			
# H	C	William E. C.	hiimn					May Russ					
8	8	19a. INFORMANT'S NAME (Type/Print)	HULH	1		200000000							
be notified	٩	Mrs. Virginia	a R. Churn	190.	2711			Route Number, City or Tow		· ·	2 <b>1</b> 048		
d ten		20a. METHOD OF DISPOSITION  1 Denial 2 Committee 3 Re 4 Donation 5 Other (Specify)	emoval from State	b. PLACE AN	DODATE OF I	DISPOSITION (	Name of	DATE 20c. L.C	CATION — CI	ty or Town, St	iste		
examiner must				Drui	d Ri	dge (	<u>lemetery</u>	3/29 B	altin	ore,	MD		
를		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				AND ADDRESS OF FA		- 0 0	110000	1		
EX.		Dahaat	77 To- 4 4 1	0				eral Hom					
			K. Pritts.			416	washir	gton Rd.	. Wes	tmin			
medical		23. PART I. Enter the diseases, part shock, or heert failure	e. List only one cause on	ed tha daat each line.	in. Do not	anter tha n	node of dying, suc	ch aa cardiac or resp	iratory arre	mt,	Approximate Interval Between		
the the		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	1 MEMSIN	nc L	1 mpH c	mA, H	CACKN'S P	YPE LARGE	CELL		Onset and Death		
event,		,	DUE TO (OR AS	A CONSEQU	JENCE OF):	-							
traumatic	ON	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):										
	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	one to fort as a consequence of:										
other	Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQU	ENCE OF):								
0	E	resulting in death) LAST	d										
E.	S	DART II Other shouldent conditi	-							1			
shows any inju	MEDICAL	PART II. Other significant conditi	1 1				ing cause given in	Part I. 24s. WAS AN PERFO			E AUTOPSY FINDINGS ABLE PRIOR TO		
2	8	hx Hodgki	s a chablich	a, I	2 6W.	ritia	, BP11	1 🗆 YES :	2 XHO		PLETION OF CAUSE		
8	y								1		YES 2 NO		
듄								_			76		
23	₹	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C)	hack only one)					
Fea	SICIAN	EXAMINER?	HOSPITAL:	tpatient 3		THER:	V						
0	PHYS	27. MANNER OF DEATH	280. DATE OF INJURY		28b. TIME (	□ Nursing Ho		B ☐ Other (Specify)					
marked,		1 Netural 5 Pending	(Month, Day, Year)		INJUR	Y Y	NJURY AT YORK? YES 2 NO	28d, DEŞCRIBE HOW	INJUHY OCCU	IHED			
	B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUE	281. LOCATION (Street	and Number o	e Primi Doude A	Atumbas						
21		4 Homicide 8 Could not be determined	City or Town, State		Ture Toole I	runnos,							
Eel		29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated.											
=	MPL	(Check only											
Ë	COM	Z MEDICAL EXAMI	NER: On the basis of examinati	on and/or Im	vestigation,	In my opinion,	death occured at the	tima, data and place, as	nd dus to the	cause(s) and	manner as stated.		
IMPORTANT: IF	w li	29b. SIGNATURE AND TITLE OF CERTIF	2 mg	-			29c. LICENSE NU		29d. DATE	SIGNED (Mont	h, Day, Year)		
MPC	0	THOMES !	(. Gedun.	14	ms -		D316	60	1 2	2619	2		
=	2	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF D	FATH OTEM	27) (Texas On	int)				3014	-		

21157

WESTMINSTEL

DHMH-18 Rev 1/89

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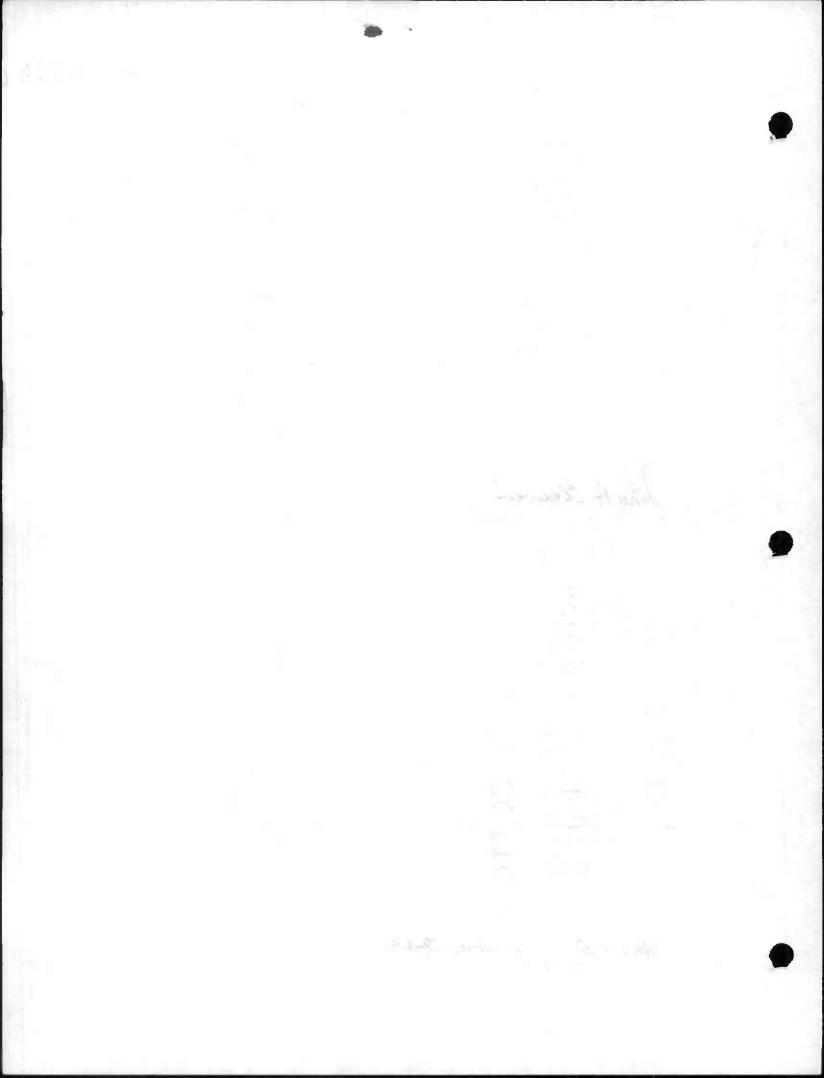
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTR	AR			
1	ı. Di	ECEDENT'S	NAME (First,	Middle,	Last)	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFI	CATE	OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE O	F DEATH		YEAR	3. TIME OF DEATN
ELAINE EL	IZABET	TH COOMB	S					Mar			993	1:10 PM M
4. SOCIAL SECURITY NUMB		5. SEX		rs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH		B. BIRTN	IPLACE (State or Foreign
578-14-7172		1 🗌 M 2 🔀 F	75	YRS.	MONTHS	DAYS	HOURS MIN.		<b>-19</b> 18			sh., DC
9a. FACILITY NAME (If not ins							OR LOCATION OF D	EATH			NTY OF D	
PHYSICIANS		RIAL HOSP	T,LAT		I	AP	LATA			CH	ARLE	S
RESIDENCE OF DEC	10b. COUNT	v		100 000	r. TOWN O	D I OOM	TION					10d. INSIDE CITY
The state of the s				IOC. CIT			ville					LIMITS?
Maryland	Clia	rles			nuç							
510 Charles	Stree	≘t				10:	20637			10g. CITI	USA	VHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.	S. ARMED			ENDENT OF HISPA			or No-	14. RACE	E — American Indian, k, White, etc.
Never Married 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W					ecify Cuban, Mexic 2 NO Speci		can, etc.)		Speci	
15. DECI	DENT'S EDU	ICATION	16	a. DECEDENT'S	USUAL O	CUPATION	ON	16b. i	CIND OF BUS	SINESS/IND	USTRY	
(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5 +		(Give kind of w life. Do NOT us	rork done o e retired.)	during mo	ost of working					
9 years				Elevato	or Op	era	tor	H	otel	Busin	ness	
17. FATHER'S NAME (First, MI	ddle, Last)						16. MOTHER'S NA	AME (First, Mi	ddle, Maiden	Surname)		
Clarence Co	ombs						Lillia					
19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS	(Street	and Number or Rural				Code1	
Mildred M.							St Hughe					
20g. METNOD OF DISPOSITI			act -	LACE AND DATE		_		OATE		CATION -		was State
1X Burial 2 Crematio	n 3 🗆 Rem	noval from State	of cen	netary, crematory dar Hil	or other p	lace)	(warne	-29-93				wii, Siaia
4 Donation 5 Dother		CENEE	Le	dar Hil			ND ADDRESS OF F		pult	Tand	, MD	
> Votes X		Exwen	MO	0173	1				uarv	Ta P	lata	, MD 20646
IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list conditi from the cause. Enter UNDERLY! CAUSE (Disease or injut that initiated events	ons, diata NG	DUE TO	OF AS A CO	PAREDUENCE OF	7:	S.	nfeto					Onset and Death
resulting in death) LAS		d										
PART II. Other aignifica	nt conditio	ns contributing to	death but	not reaulting	in the ur	dariyin	g cause given in		24a. WAS AN PERFOR	RMED?	248	. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
								_				1 1 163 2 1 110
25. WAS CASE REFERRED TO	D MEDICAL					26 P	LACE OF DEATH (C	heck only one	A.			
EXAMINER?	J WEDIGLE	HOSPITAL:			OTHE	R:						
27. MANNER OF DEATH		1 🔼 Inpatient 2				_	ne 5 🗆 Residence	_				
1X Natural 5	Pending Investigation	28a. OATE OF (Month, D		28b. TIM	URY M	W	JURY AT ORK? YES 2 NO	28d. DE\$0	CRIBE HOW	INJURY OC	CURED	
3 Sulcide 6	Could not be determined		F INJURY atc. (Specify)	At home, farm,	street, fac	tory, offic	ce		TION (Street r Town, State)		r or Rural	Route Number,
conduction or my		SICIAN: To the beat of a										a) and manner as stated.
296, SIGNATURE AND TITLE	OF CERTIFIE	M LL	-				29c. LICENSE NO	JMBER		29d. DAT	E SIGNE	(Month, Day, Year)
Michen	1	Lenter					D 2103	1		▶ 3	-26-	.93
30. NAME AND ADDRESS OF	PERSON W	HO COMPLETED CALL	SE OF DEAT	H (ITEM 27) /Type	Print)		2 2100.					
Michael A.						dorf	, MD 206	504				
31. DATE FILEO (Month, Day,	<b>"9</b> 3	32. REGISTRA	P'S SIGNAT	- Pandad	_							



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ò	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
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	Y	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely
	SP	E.
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31. DATE FILED (Month, Day, Year)

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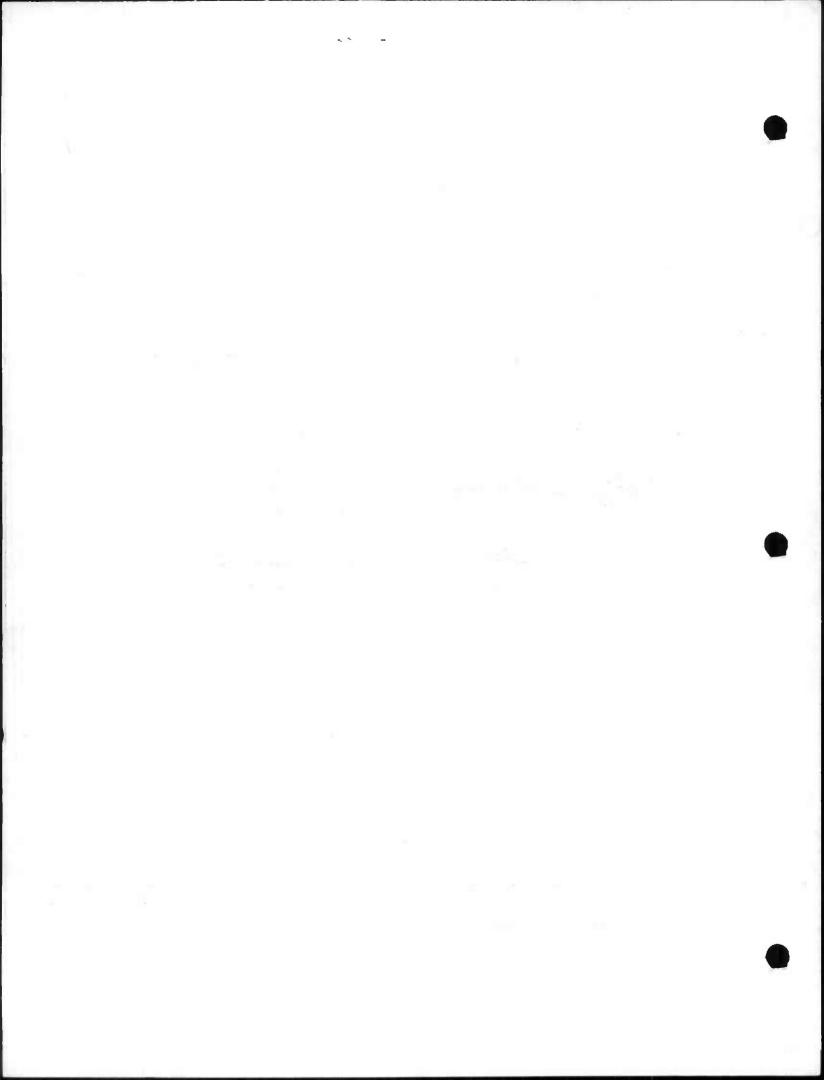
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page 5 should be detached for

93 09315 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, BARRY 2. DATE OF DEATH Frank B Coggins 23 March 1993 8. BIRTHPLACE (State or Foreign 1:00 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 06-19-1935 IF UNDER 1 YEAR IF UNDER 24 HRS. 059-28-2755 1 X M 2 F New York 96. FACILITY NAME (If not institution, give street and number) (Residence) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 805 Belfast Road Waldorf Charles 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Charles Waldorf 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 805 Belfast Road 20602 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ♥ YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X X Married If yes, specify Cuben, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced 1958-1960 white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g U.S. Gov't. Elementary/Secondary (0-12) College (1-4 or 5+) 12 2 Enforcement Agent Department of State 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at FRank Joseph Coggins Thelma Hallahan 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 805 Belfast Road, Waldorf, M. Marie Coggins Maryland 20602 pe 20g. METHOD OF DISPOSITION
1 \( \text{N} \) Buriel 2 \( \text{Cremation} \) 3 \( \text{Re} \)
4 \( \text{Donation} \) Donation 5 \( \text{Other} \) Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must atery, cremetory or other place) Trinity Memorial Gdns. 3+27-98 Waldorf, Maryland MOBINATURE OF PURIFICAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
The Huntt Funeral Home, Inc. Benjamin Matthews M M00658 P.O.Box 156, Waldorf, Maryland 20604 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between 0 IMMEDIATE CAUSE (Fine) Onset and Death the disease or condition CARCINOMA wo. resulting in death) State Dept. of Health and Mental Hygiene prior to burial, crema item 23 shows any injury, or other traumatic event, TO (OR AS A CONSEQUENCE OF): METS TO PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events QUE TO (OR AS A CONSEQUENCE OF)resulting in death) LAST PART ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2/17 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 20 NO 1 - Inpetient 2 - ER/Outpetient 3 - DOA marked, or the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED death with Natural 5 Pending Investigation BY М 1 YES 2 NO 2 Accident
3 Suicide 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) be filed within 72 hours after de IMPORTANT: If Item 28 Is COMPLETED 6 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29s. CERTIFIER
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month THE filed Matter Koniel M 9 2 2 3 D-28352 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Pembrooke Sq., #213, Hwy. 301 South, Waldorf, Md. 20603 <u>Krishan Mathur</u>, MD,

32. REGISTRAR'S SIGNATURE
Schie Deviden Rondon



TO BE COMPLETED BY FUNERAL DIRECTO	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
dical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
I. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page of a death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	10 THE FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
's after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

8

REGISTRAR			C	ERTIF	ICATE (	OF DEATH		REG. NO			
1. DECEDENT'S NAME (First, Midd	lle, Lasi)						2. DA	TE OF DEATH			TIME OF DEATH
JAMES	M	CAR	TER				MO	NTH C	AY	YEAR	1127 1
4. SOCIAL SECURITY NUMBER 219-56-8153		SEX (	AGE (In yrs. le	si birthday) YRS.	IF UNDER 1 YE	AR IF UNDER 24 HR	10.0-	E OF BIRTH onth, Day, Year)		Country)	ACE (State or Foreign
90. FACILITY NAME (If not institution	on, give stree	t end number)	42		9b. CITY. TO	WN OR LOCATION OF		/ 18/	50	MATY OF DEAT	ryland
McCready Hos	oital					sfield	DEATH			omerse	
	COUNTY			10c, CIT	Y, TOWN OR L	OCATION				1.0	- mane am
Maryland 100. STREET AND NUMBER	Wic	omico			elmar						d. INSIDE CITY LIMITS?  YES 2 NO
5 E. Chestnu	St.					101. ZIP CODE 2 18	75		US.		T COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 🔀 Merri 3 Widowed 4 Divorced		2. WAS DECEDENT I FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2	RMED NO	If yes	DECENDENT OF HIS B, specify Cuben, Mex YES 2 X NO Spe	ricen, Puert	SIN? (Specify Yes o Ricen, etc.)	or No-	14. RACE — Black, W Specify: Whit	American Indian, /hite, atc.
15. DECEDEN (Specify only high	T'S EDUCAT	ION moletect	16a. DE	CEDENT'S	USUAL OCCU	PATION	1	66. KIND OF BU	SINESS/IND		- 6
Elementary/Secondary (0-12)		College (1-4 or 5+)	1170	rinte	se retired.)	g most of working		printi	12 CO	mpany	
17. FATHER'S NAME (First, Middle,	Lasi)			-		18 MOTHER'S		, Middle, Melden	_	P	
John Henry Ca	arter	Jr.						belle l		n	
19e. INFORMANT'S NAME (Type/Pr			19	b. MAILING	ADDRESS (Str	eet and Number or Rui			_		
Joanne L. Cari	ter					nut St.,					
20s. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 4 Donation 5 Other (Speci	☐ Remova	I from State	cemetery, cre	AND DATE (	OF DISPOSITION	N (Name of	DA	TE 20c. LO	CATION —	Cify or Town,	
21. SIGNATURE OF FUNDING SER	-	1.00	rael	steph	Ho1	emetery  E AND ADDRESS OF  loway Fun  Snow Hi	FACILITY neral				
IMMEDIATE CAUSE (Final disease or condition recuiring in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	8 6	DUE TO (OI	R AS A CONSEC	DUENCE OF	F): F):	L INFA	arc	TION			Onset and Deat
PART II, Other algnificant co	nditions c	ontributing to de	ath but not r	esuiting i	in the underi	ying ceuse given	in Part I.	24e. WAS AN PERFOR	MED7	AWA COI OF	RE AUTOPSY FINDINGS INLABLE PRIOR TO IMPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?					28	PLACE OF DEATH	Check only (	one)			
1 TES 2 NO		OSPITAL:	VOutpatient 3	□ DOA	OTHER: 4   Nursing I	Home 5 🗆 Residenc	a 🗆 Oth	er (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pendir 2 Accident Investi		28e. DATE OF IN. (Month, Day,		28b. TIME INJ	URY	INJURY AT WORK?	26d. DE	SCRIBE HOW II	JURY OCC	URED	
2 Accident Investi: 3 Suicide 6 Could 4 Homicide determ	not be	28e. PLACE OF II building, atc	JURY — At ho	me, ferm, s	treet, fectory, o	office	28f, LO City	CATION (Street e y or Town, Stete)	nd Number (	or Rural Route	Number,
2 MEDICAL E	KAMINER: O	To the best of my	knowledge, de	ath occurre	n, in my opinio	date end place, end d	ue to the ca	ruse(s) end man	ner ee atate	d. cause(e) end	I manner es ateted.
PSA. SIGNATURE AND TITLE OF CE	Duc	anayo				29c. LICENSE N	UMBER 1927		29d. DATE	SIGNED (Mo	nth, Day, Year)
DR ALBERT	ON WHO CO	DACA NA	F DEATH (ITEN	the .		US 'ST.	SAM	W HIL	1. 1	AN	21863
11. DATE FILED (Month, Day, Year) MAR 1 2 1993	Li	32. REGISTRAR'S	SIGNATURE - Randal		1111101	v> 3/,	-140	W AIL	,,,	1	-1007
		10000	11.10-00	_							

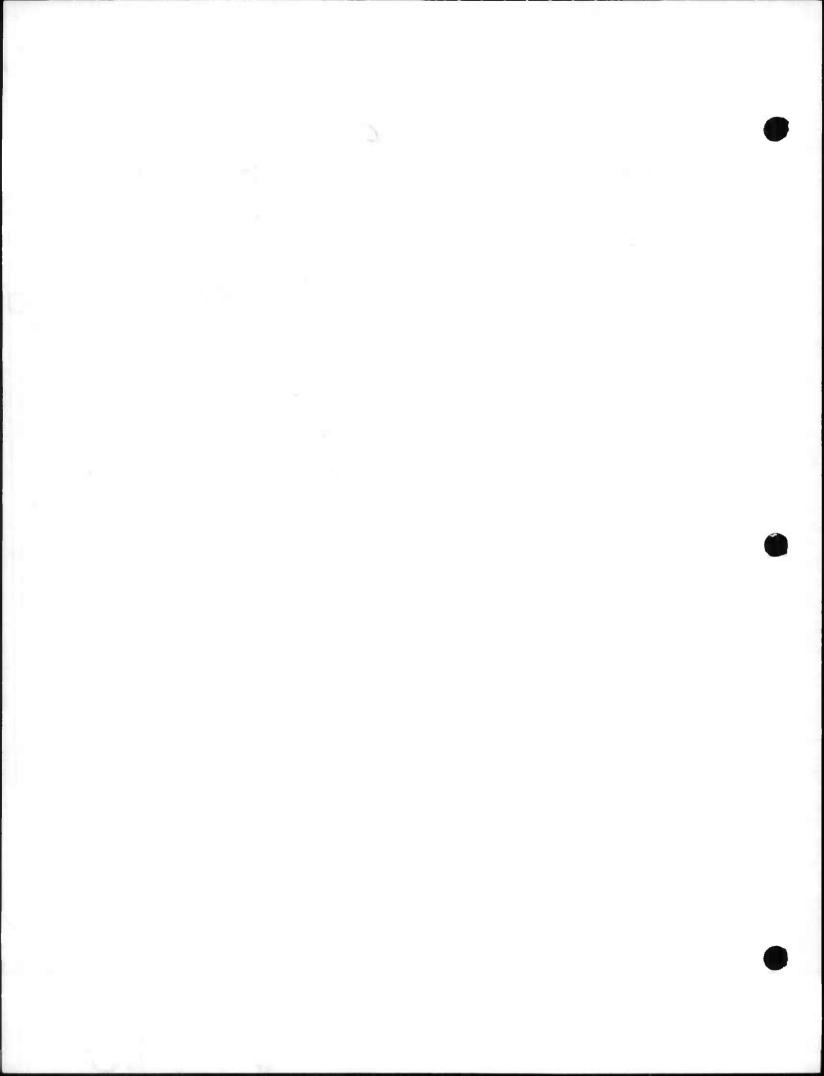
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		R. Pare 1	
VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	of in by the funeral director, page 5 should be detached for use as the burial-transit perm or removal.	medicel examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF I		/ DEPAR ERTIF					MENTAL HYGIEI REG. NO						
1	1. DECEDENT'S NAME (First, Middle, Las	t)							2. DATE OF DEATH			3. TIME OF DEATH			
1	ALICE DOR	ETTA			RA	RAF	T		MARCH 12	AC C	YEAR	0630			
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	isi birthday)	IF UNDER	2277	IF UNDER	R 24 HRS.	7. DATE OF BIRTH	197_		HPLACE (State or Foreign			
	036-14-5394	1 🗆 M 2 🔀 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 6-25-192	22	Count	ode Island			
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATI	ON OF D	EATH	9c. COI	INTY OF D	DEATH			
DIRECTOR	PENINSULA REGION	NAL MEDICA	AL CENTE	CENTER SALISBURY						WICOMICO					
5	RESIDENCE OF DECEDENT	TV.													
H				2.7	Y, TOWN O						10d, INSIDE CITY LIMITS?				
	Del. Ken	t		Fr	ede:	ric	a		<u>.                                    </u>	1 - YES 2 X NO					
M.	10e. STREET AND NUMBER			10f. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY					
Ä	334 Margo La						19946								
Y FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?		YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yelf yee, specify Cuben, Mexican, Puerto Rican, etc.)  1 ☐ YES 2 ☑ NO Specify:								
ВУ	3 Widowed 4 Divorced		3,000						ite						
COMPLETED	15. DECEDENT'S Et (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S USUAL (Give kind of work doi life. Do NOT use retired			ork done during most of working retired.)			16b. KIND OF BUSINESS/INDUST						
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5													
WP	12		D					rive							
<u></u>	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Malden Sut					Sumame)								
BE (	Frank Segee	Nellie Goodnor					ougl	n							
10	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, S					vn, Statu, Zi	ip Code)							
F	James E. Cra		Same	as	10										
1	20a. METHOD OF DISPOSITION				ITION /No	me of		DATE 20c. LO	CATION -	City or To	own, State				
ļ	4 Donation 5 Other (Specify)	Oak	cemetery, crematory or other place)					3/18Par	LOCATION — City or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE	- (	22. NAME AND ADDRESS OF FACILITY							ucket, R. I.					
	- Sound	1 /50	,,,,X	Bounds Funeral Home, Sa								1			
	23. PART i. Enter the diseases, o	r complications the	d coursed the d	eeth Do								Approximate			
CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OR AS A CONSE	OVENCE OF	BYA	pas	5 3	sur	Carding.			24hrs.				
EH	resulting in death) LAST	d. with	unsta	cleratie euronar Arteryd; e ns a consequence of: nstable angina.											
	PART II. Other significant condition	one contributing to	death but not	requiting	in the un	derlying	COLLEGE	niven in	Part I. 24s. WAS AF	ALLTODEV	1 245	. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL									PERFO	RMED?		AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AN	25. WAS CASE REFERRED TO MEDICAL	T				24 5	ACE OF -	EATH -	ant anti-card						
<u> </u>	EXAMINER?	HOSPITAL:	LINE ROSE		OTHER	t:	1.3 %		eck only one)						
ξ.	27. MANNER OF DEATH	1 Pinpetient 2		1 10 10				esidence	8 Other (Specify)						
	1 Natural 5 Pending	(Month, E		28b. TIM INJ	URY	28c. INJI		7 440	28d. DEŞCRIBE HOW	INJURY OC	CURED				
è l	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE C	OF INJURY — At h	ome ferm	strant facts				205 LOCATION (S)						
	4 Homicide 8 Could not b	building,	atc. (Specify)	ome, min, i	ereet, rect	ory, orne			28f. LOCATION (Street City or Town, State	)	r or Humili	Houte Number,			
w, p	building, atc. (Specify)														
OMPL					n, in my o	pinion, de	eth occur	296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATA TO A TO A TO A TO A TO A TO A TO A							
	29b. SIGNATURE AND TITLE OF CERTIF	NER: On the basis of a	examination and/or	Investigation			29c. LICI	ENSE NUI	UBER 038	_		a) and menner as stated.  (Month, Day, Year)			
	000) 2 MEDICAL EXAMI	NER: On the basis of a	examination and/or	Investigation	Print)	- 14	29c. LICI	ense hui	UBER 038	29d. DA	1/2/				

Vit. I



	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF HEALTH		NTAL HYGIEN REG. NO.	_	3 09318
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH		3. TIME OF DEATH
- 3	JOSEPH JEREMIAH	CUGNO	661011	'5		MONTH DI		AR 12:05 P. M
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthdey)		R 24 HRS. 7.	DATE OF BIRTH	8.8	BIRTHPLACE (State or Foreign
Į,	040-20-3534  9a. FACILITY NAME (If not institution, give s	1 🔀 M 2 🗆 F	68 YRS.	MONTHS DAYS HOURS	DI	(Month, Day, Year) EC. 2,192	4 MA	SSACHUSETTS
œ	PENINSULA REGIONA		CENTER	96. CITY, TOWN OR LOCAT SALISBURY	ION OF DEATH		9c. COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT	TEDIOAL (	CENTER	DALLIBURI			WICC	DM100
EC	10a. STATE 10b. COUNTY	Y	10c. CIT	Y, TOWN OR LOCATION				10d. INSIDE CITY
DIRECTOR	DELAWARE SUSSE	X	SEA	FORD				LIMITS?
AL	10e. STREET AND NUMBER			10f. ZIP COO	E		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	916 OAK STREET			1997	'3		US	A
5	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECENDENT	OF HISPANIC C		or No 14.	RACE - American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 15 YE		If yes, specify Cubi		uerto Rican, etc.)		Black, White, etc. Specify:WHITE
								WILLID
	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	(Give kind of v	USUAL OCCUPATION work done during most of work	ing	16b. KIND OF BUS	SINESS/INDUST	RY
ן ב	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us			DDW OF F	NATITATO	
COMPLETED	12YRS.  17. FATHER'S NAME (First, Middle, Last)		MANAGER	LINEN CO.		DRY CLE		
	E MANAGEMENT OF THE AND THE					First, Middle, Maiden		LICNO
8	PAOLO N.K. CUGNO  19a. INFORMANT'S NAME (Type/Print)		Tab. Mali Inc	ADDRESS (Street and Number		N.K. PAR		
2	JEANNA LEA WALKER	CTICNIC		AK STREET SE				
	20a. METHOD OF DISPOSITION	2		OF DISPOSITION (Name of	or Town, State			
Ü	1 Burial 25 Cremation 3 Rem 4 Donation 5 Other(Specify)	oval from State	ODD FELLO	NS CEMETERY	3⊦	-17-93SEA		
	21. SIGNATURE OF FUNE AL SERVICE LIC		1	22. NAME AND ADDRE	SS OF FACILIT	ТҮ		
	> bryl	WATSON-YATES FUNERAL HOME FRONT & KING STREETS SEAFORD, DELA						
$\overline{}$	23. PART I. Enter the diseases, or o	complications that cause		THOM & N	TING 21	KEE15 SE	AFORD,	DELAWARE
- 1		conspinements a mine contra	sed the death. Do r	ot enter the mode of dy	ing, such as	cardiac or respi	ratory arrest.	Approximate
	shock, or heaft failure.	List only one cause on	each line.	ot enter the mode of dy	ing, such as	cardiac or respi	retory arrest,	Interval Between
	shock, or heast failure.	List only one cause on	each line.					Interval Between Onset and Death
	shock, or heast failure.	List only one cause on	each line.					Interval Between Onset and Death
z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	each line.	on enter the mode of dy				Interval Between Onset and Death
LION	indexity or healt failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. Metagle	each line.	nerous Col				Interval Between Onset and Death
CATION	shock, or healf failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Metagle	S A CONSEQUENCE OF	nerous Col				Interval Between Onset and Death
TIFICATION	shock, or healf failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events	a. Mefe 9 for 1	S A CONSEQUENCE OF	n n				Interval Between Onset and Death
EΙ	shock, or healf failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Mefe 9 for 1	S A CONSEQUENCE OF	n n				Interval Between Onset and Death
EΙ	shock, or healf failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AL	S A CONSEQUENCE OF	122013 Col	11 Ca.	religions	Lui	Interval Between Onset and Death
CAL CERT	shock, or healf failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events	DUE TO (OR AL	S A CONSEQUENCE OF	122013 Col	11 Ca.	E I. 24e. WAS AN	ALTIOPSY MED?	Interval Between Onset and Death
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MEDICAL CERT	shock, or healf failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AL	S A CONSEQUENCE OF	122013 Col	11 Ca.	E I. 24e. WAS AN	ALTIOPSY MED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS ANALARIE PROOF TO COMPLETION OF CAUSE
MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AL	S A CONSEQUENCE OF	n the underlying cause	given in Pari	t I. 24e. WAS AN PERFOR	ALTIOPSY MED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS MAIL ARE, PIRON TO COMPLETION OF CAUSE OF SEATH?
MEDICAL CERT	shock, or healf failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF	n the underlying cause  26. PLACE OF 6	given in Pari	I. 24a. WAS AN PERFOR	ALTIOPSY MED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS MAIL ARE, PIRON TO COMPLETION OF CAUSE OF SEATH?
MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significant condition 25. WAS CASE REFERRIED TO MEDICAL EXAMINERY	DUE TO (OR ALL DUE TO	S A CONSEQUENCE OF S A CONSEQUEN	n the underlying cause  26. PLACE OF C  OTHER:  E OF 28c. INJURY AT	given in Pari	I. 24a. WAS AN PERFOR	AUTOPSY MED?	Interval Between Onset and Death  265. WERE AUTOPSY PINDONGS MARLABLE PROOR TO COMPLETION OF CAUSE OF SEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRIED TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Panding	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF S A CONSEQUEN	n the underlying cause  26. PLACE OF C  OTHER: 4 \( \text{D}\) Mursing Home 5 \( \text{D}\) as	given in Part	S. I. 24a. WAS AN PERFORM  1 YES 2	AUTOPSY MED?	Interval Between Onset and Death  265. WERE AUTOPSY PINDONGS MARLABLE PROOR TO COMPLETION OF CAUSE OF SEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRIED TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANMER OF DEATH  1 Netural 5 Panding Investigation	DUE TO (OR AS  DUE TO	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S Dut not resulting in NUMBER OF THE PROPERTY OF THE	25. PLACE OF COTHER!  26. PLACE OF COTHER!  4   Murning Home 5   R WORKY WORKY 1   YES 2	given in Pari	1 I. 24a. WAS AN PERFOR	AUTOPISY MED? NO	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS MAIL ARE, E PROOF TO COMPLETION OF CAUSE OF GRATH?  1  YES 2 NO
TED BY PHYSICIAN: MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERENCE TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Panding Investigation	DUE TO (OR AS  DUE TO	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S Dut not resulting in NUMBER OF THE PROPERTY OF THE	25. PLACE OF COTHER!  26. PLACE OF COTHER!  4   Murning Home 5   R WORKY WORKY 1   YES 2	given in Pari	t I. 24e. WAS AN PERFORM 1 VES 2 Other (Specify) d. DESCHIBE HOW II	AUTOPISY MED? NO	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS MAIL ARE, E PROOF TO COMPLETION OF CAUSE OF GRATH?  1  YES 2 NO
TED BY PHYSICIAN: MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO  27. MANNER OF DEATH 3 Netural 5 Panding Investigation 2 Accident 3 Suicide 8 Could not be determined	DUE TO (OR AS  DUE TO	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S Dut not resulting in Not patient 3 [3 DOA In Not patient 3 [4 DOA I	26. PLACE OF COTHER:  4 \( \text{Nursing Home } 6 \) RE OF \( \text{28c. NURRY XT} \) WORKY \( \text{Trees. Tectory, office} \)	given in Pari	1 I. 24e, WAS AN PERFOR 1   YES 2	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO N	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS MAIL ARE, E PROOF TO COMPLETION OF CAUSE OF GRATH?  1  YES 2 NO
TED BY PHYSICIAN: MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRIED TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Panding Investigation 29. CERTIFIER   Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR AS  DUE TO	S A CONSEQUENCE OF S A CONSEQUENCE S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE S A CONSE	p:  26. PLACE OF COTHER: 4   Murning Home 5   76 E OF 28c, INJURY AT WORKY T     YES 2    street, factory, office	given in Pari	S I. 24a. WAS AN PERFORM  1 YES 2  Other (Specify)  6. DESCRIBE HOW II  City or John, State)  he ceuse(a) and mar	AUTOPSY MED? NO NUMBER OCCURRE	Interval Between Onset and Death  245. WERE AUTOPSY FINDINGS MARLABLE PROOR TO COMPLETION OF CAUSE OF SEATH?  1 VES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERENCE TO MEDICAL EXAMINERY 1   YES 2   NO  27. MANNER OF DEATH 2   Accident   S   Pending Investigation   Success	DUE TO (OR ALL DUE TO	S A CONSEQUENCE OF S A CONSEQUENCE S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE S A CONSE	n the underlying cause  26. PLACE OF COTHER:  26. PLACE OF COTHER:  26. PLACE OF COTHER:  26. PLACE OF COTHER:  4	given in Part  BEATH /Check of saidence 6 (25)  NO 281  No, end due to til red at the time	t I. 24a, WAB AN PERFORM 1 VES 2  Other (Specify) d. DESCRIBE HOW II  LUCATION (Show a City or John, State) he cause(a) and man a, date and place, an	AUTOPSY MED? NO NAURY OCCURE and Number or R	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS MAIL ARE PROOF TO COMPLETION OF CAUSE OF SEATH?  1 VES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRIED TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Panding Investigation 29. CERTIFIER   Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR ALL DUE TO	S A CONSEQUENCE OF S A CONSEQUEN	n the underlying cause  26. PLACE OF COTHER: 4   Murring Home 5   76 E OF 28c. NAJURY AT WORKY 1   YES 2   street, factory, office	given in Pari	1 I. 24a. WAS AN PERFORM 1 VES 2  Other (Specify) d. DESCHIBE HOW if I. LOCATION (Street a City or Seen, State) he cause(a) and mar	AUTOPSY MED? NO NAURY OCCURE and Number or R	Interval Between Onset and Death  245. WERE AUTOPSY FINDINGS MARLABLE PROOR TO COMPLETION OF CAUSE OF BEATH?  1 VES 2 NO  Death Route Number  Use(a) and manner as stated.  3NED (Month, Day, Year)
E COMPLETED BY PHYSICIAN: MEDICAL CERT	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERENCE TO MEDICAL EXAMINERY 1   YES 2   NO  27. MANNER OF DEATH 2   Accident   S   Pending Investigation   Success	DUE TO (OR ALL DUE TO	S A CONSEQUENCE OF S A CONSEQUEN	n the underlying cause  26. PLACE OF COTHER:  OTHER: WORK?  1 YES 2 Insurance and place and st the time, data and place on, in my opinion, death occur.	given in Part  BEATH /Check of saidence 6 (25)  NO 281  No, end due to til red at the time	1 I. 24a. WAS AN PERFORM 1 VES 2  Other (Specify) d. DESCHIBE HOW if I. LOCATION (Street a City or Seen, State) he cause(a) and mar	AUTOPSY MED? NO NAURY OCCURE and Number or R	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS MAIL ARE PROOF TO COMPLETION OF CAUSE OF SEATH?  1 VES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

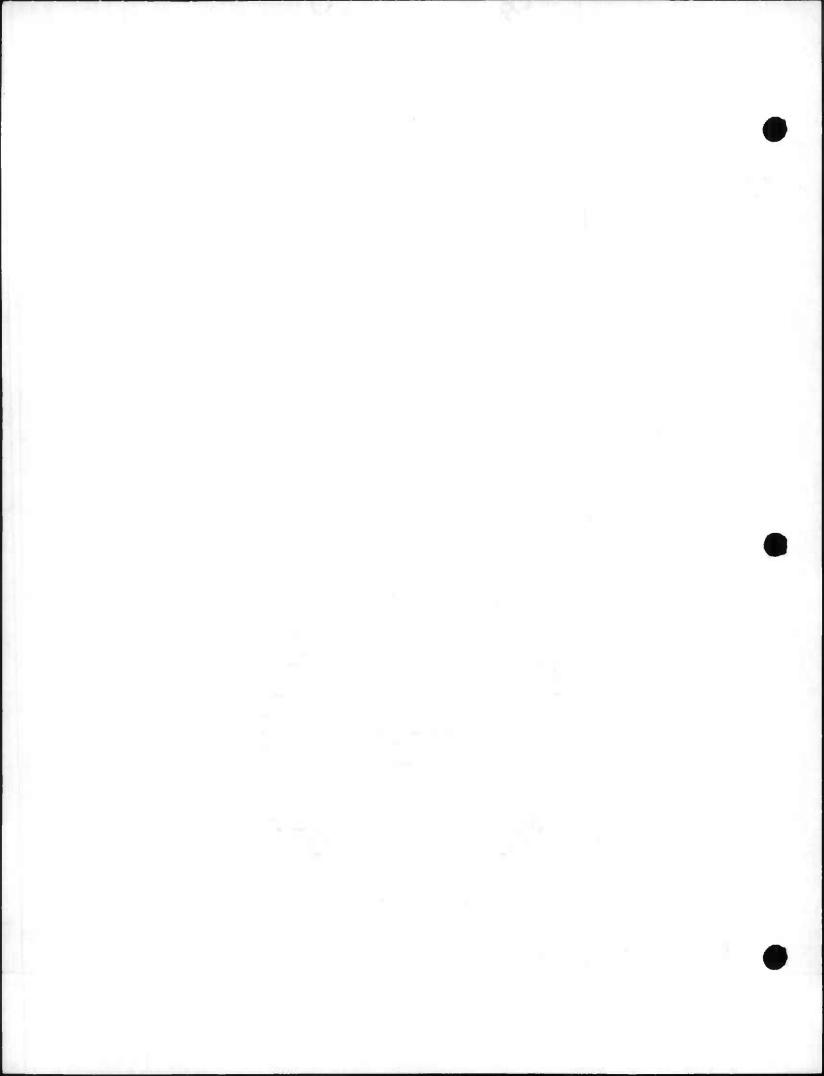
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained permit. Phe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

31. DATE FILED (Month, Day, Year)
MAR 1 5 1993

32. REGISTRAR'S SIGNATURE
Sisha Davidson-Randelle



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	STATE REGISTR	AR
Ī	1. D	ECEDENT'S	NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

93 09319

	nedistran			-11111	IOAIL	OI DE	7111	n	EG. NO.			
ļ	1. DECEDENT'S NAME (First, Middle, Last)	NETTIE	HELEN	CAR	TWRIGH	IT.		2. OATE OF E	EATH P	7,	15 <sup>4</sup> 5	3. TIME OF DEATH 10:40 A. M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les		IF UNDER 1 Y	-	DER 24 HRS.	7. DATE OF B		,		PLACE (State or Foreign
	213-14-6150	1 🗆 M 2 🖳 F	82	YRS.		AYS HOURS		NOV • 1		910	COVE	TIPQUIN, MD.
_	9e. FACILITY NAME (If not institution, give st					WN OR LOCA		EATH			NTY OF DE	
5	RTE. #1, BO	X 289			(	UANTI	CO			MI	COMI	
<u>ا</u> ۵	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	OCATION						10d. INSIDE CITY
- DIRECTOR		ICOMICO_			QUANT:							LIMITS?
FUNERAL	100. STREET AND NUMBER RTE.	1, BOX 28	19	101. ZIP CODE 21856					6 USA			HAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  3 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X	S 2 NO If yes, epecify, Cuben, Mexicen, F					IC ORIGIN? (Specify Yes or No— 14. RACE - Bleck, 16.)			- American Indian, , White, atc.
	15. OECEDENT'S EDUC	CATION	16a. OF	16a. OECEOENT'S USUAL OCCUPATION					D OF BUS	BINESS/INI	DUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	(G	16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					0 0 000				
P	7th		DOMESTIC				HOUSEWIFE					
MO	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME					e, Meiden	Surname)		
		JOHN	JONES					GOSL	EE.			
BE	19e. INFORMANT'S NAME (Type/Print)	19	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
٩	CARRIE P		ADDRESS SAME AS ABOVE									
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		b. PLACE OF DISPOSITION (Name of cometery, crometory or other place)  SPRINGHILL MEMORY GARD, HEBRON, MD.									
	21. SIGNATURE OF FUNERAL SERVICE LIC		<sup>2</sup> JOLLEY MEMORIAT CHAPEL, RTE. 2,					BOX 920				
	Despuna 1	J. Zocel	4	SALISBURY, MD. 21801  a death. Do not antar the mode of dying, such as cardiac or respiratory arrest,								
	shock, or heart failure.	List only one caus	MEGAL	u BLF	15516				огтеарі	retory at	1001,	Approximata interval Between Onset and Daath
NOI	Sequantially list conditions, if any, leading to immediate	b		CONSEQUENCE OF):  CONSEQUENCE OF):								
EDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (	OR AS A CONSE	CONSEQUENCE OF):								
Ä	resulting in datality Exist	d										
CALC	PART II. Other algnificant condition			but not resulting in the underlying cause given in Pa					24a. WAS AN AUTOPSY PERFORMED?		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
Σ		MYPE	NIENS	102				1	1 Tyes 2 NO D			DF DEATH? 1 YES 2 NO
A	DE MAC CADE DEFENDED TO MEDICO.					ne ni 100 1	P DEATH TO	hash sales in				
D D	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:			heck only one)				
PHYSICIAN:	1  YES 2  NO  27. MANNER OF DEATH  1  Netural 5  Pending	28e. DATE OF (Month, Da	INJURY	28b. TII		c. INJURY AT	7	8 Other (Sc 28d. DESCRI		NJURY O	CURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY At he	ome, ferm,	atreet, factor	YES :	2   NO	28f. LOCATIO City or To	N (Street own, State)		or or Rural F	Route Number,
EE	4 Homicide detarmined											
COMPLETED	(Crieck Orny	CIAN: To the best of R: On the basis of ex										e) end menner ee stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIES	lbut Wh	m, ma				D 23	373		•	3/18	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE						SAU	spury	, mn 21801	
10	31. OATE MAR 1 9 1993	Julia Dav	R'S SIGNATURE		ow.c							

.

DHMH-16 Rev 1/89

FOR

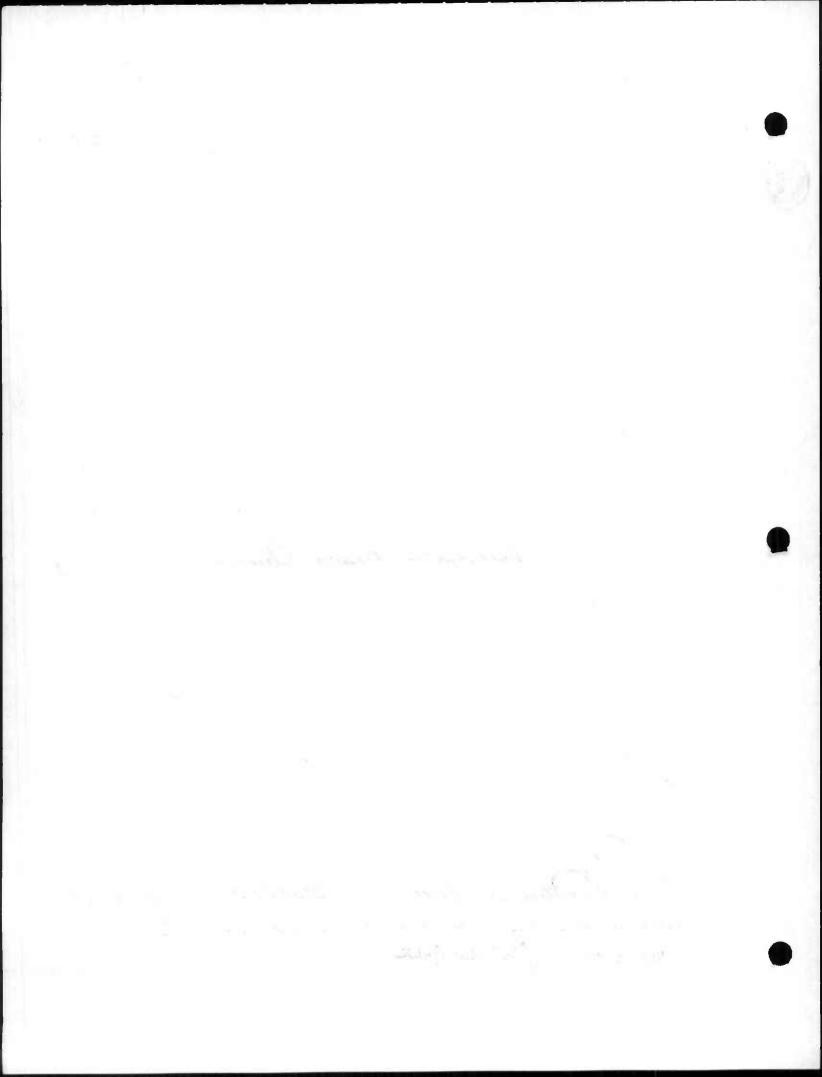
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

1 - STATE REGISTRAR		CER	HIE	CATE	OF DEA	TH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH			3. TIME OF DEATH	
Estella	Cather	ine Cl	len	danie	e 1		Marc	h 24	, 19	953	5:15 Am	
	SEX 6. A	GE (In yrs. last birti		IF UNDER 1 YE	AR IF UNDER	R 24 HRS.	7. DATE O	F BIRTH	20	8. BIRTH	IPLACE (State or Foreign	
		02 Y	YRS.		277,237			8-19	30	De	laware	
9a. FACILITY NAME (If not Institution, give street 205 Somerset Av.					WN OR LOCATI		ATH			NTY OF D		
RESIDENCE OF DECEDENT	enue			Car	nbrid	ge			Dor	che	ster	
10a. STATE 10b. COUNTY			De. CITY	TOWN OR L	OCATION						10d. INSIDE CITY	
	rchester		С	ambr	idge						XX YES 2 NO	
100. STREET AND NUMBER					101. ZIP COD				10g. CITI	ZEN OF W	VHAT COUNTRY?	
205 Somerset Av					2.	1613				US		
11. MARITAL STATUS 12  1 Never Married 2 Married	FORCES? 1 Y			II ye	DECENDENT (	n, Mexicen	n. Puerto Ric	(Specify Yes	or No-	14. RACE Black	- American Indian,	
3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OF	R DATES		1 🗆	YES X NO	Specify.	:			Speck	White	
15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON	18e. DECEO	ENT'S L	SUAL OCCU	PATION		16b. K	(IND OF BUSI	INESS/IND	USTRY		
Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	lile. Do l	NOT use	retired.)	g most of working	ng						
12		L,1	LDr	arian	1							
17. FATHER'S NAME (First, Middle, Last)								ddle, Maiden S				
Frank A. Meta	zner							eyno.				
19a. INFORMANT'S NAME (Type/Print) Gail C. Clendant	: -1	19b. MA	AILING A	N o so	eet and Number	or Rural A	oute Number	r, City or Town,	State, Zip	Code)	73162	
20a. METHOD OF DISPOSITION						113					City,Ok	
1 X Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State	20b. PLACE AND E	ry or oth	F DISPOSITION	Cem	3	/26		ATION —			
21. SIGNATURE OF FUNERAL SERVICE LICENS		114 1 10			E AND ADDRES	SS OF FAC		п	ILTO	ck,	Md.	
<b>I D D</b>								Home				
the still	3		Thomas Funeral Home 700 Locust St. Cambridge, Md. 21613									
23. PART/ I./Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest.												
diock, of figure tallure. List	plications that ceu only one ceuse or	sed tha deeth. n each line.	Do no	ot entar the	mode of dyl	ng, auch	St.	Cambr	idg	e,	Approximata	
23. PARTI I Enter the diseases, or come chock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition	only one couse of	n each line.		ot entar the	moda of dyl	ing, auch	as cardle	c or respire	idg	e,		
IMMEDIATE CAUSE (Final	illeta.	o each line.	e o	ot entar the	moda of dyl	ing, auch	as cardle	c or respire	idg	e,	Approximata Intarvel Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	illeta.	n each line.	e o	ot entar the	moda of dyl	ing, auch	as cardle	c or respire	idg	e,	Approximata Intarvel Between	
IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR A	o each line.	ICE OF)	Bya	moda of dyl	ing, auch	as cardle	c or respire	idg	e,	Approximata Intarvel Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUEN	ICE OF)	By a	moda of dyl	ing, auch	as cardle	c or respire	atory arm	e,	Approximata Intarvel Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	DUE TO (OR A	S A CONSEQUEN	ICE OF)	By a	moda of dyl	ing, auch	as cardle	c or respire	atory arm	e,	Approximata Intarvel Between	
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IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO (OR A	S A CONSEQUENTS	ICE OF)	By a	moda of dyl	ing, auch	e as cardle	oc or respire	utory arm	est,	Approximata Intervel Between Onset and Death ZZZ	
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IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant conditions condi	DUE TO (OR A  OUE TO (OR A  OUE TO (OR A  OUE TO (OR A  OUE TO (OR A  OUE TO (OR A  OUE TO (OR A	S A CONSEQUENT S A CO	ICE OF):	the undari	ying ceuse g	given in F	Part I. 2  Ck only one)  Discrete (3  28d. DESCF	4a. WAS AN A PERFORM	UTOPSY IED?	24b.	Approximata intervel Between Onset and Death  Z  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant conditions conditions conditions are significant conditions conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 10  27. MANNER OF DEATH  1 Netural 5 Pending Investigation investigation investigation determined	DUE TO (OR A  DUE TO (OR A  OU	A CONSEQUENT S. A CONSEQUENT S	ICE OF):  ICE OF):  ICE OF):  ICE OF):  ICE OF):  ICE OF):	ot enter the	ying ceuse g  B. PLACE OF DI  Home 5 We  INJURY AT  WORK?  YES 2	piven in F	Part I. 2 Ck only one)  Other (S 28d. DESCF	4a. WAS AN A PERFORM  U YES 2 (  Specify)  RIBE HOW IN.	UTOPSY IED?	24b.  URED  Or Rural Re	Approximata intervel Between Onset and Death  Z  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
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IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  PART II. Other significant conditions condi	DUE TO (OR A  DUE TO (OR A  OU	S A CONSEQUENT S A CO	ICE OF): ICE	the undari	ying ceuse g  B. PLACE OF DI  Home 5 The  INJURY AT WORK?  YES 2  Office  dete end place, n, death occur	piven in F  EATH (Checaldence 8  NO end due to end due to end due to end due to end end end end end end end end end end	Part I. 2  ck only one)  Other (3  28d. DESCF  City or  of the cause time, date en	44. WAS AN A PERFORM  1 YES 2 (	JURY OCC	24b.  URED  or Rural Re	Approximata intervel Between Onset and Death  Z  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other significant conditions condi	DUE TO (OR A  DUE TO (OR A  OU	S A CONSEQUENT S A CO	ICE OF):  CCE OF	the undari	ying ceuse g  s. PLACE OF Di  Home 5 The  INJURY AT  WORK?  YES 2  office  date end place, n, death occur  29c. LICE	given in F  EATH (Check sidence 8  NO  end due to end due to the dat the til	Part I. 2  1 Other (S 28d, DESCF City or one) the cause time, date em	4a. WAS AN A PERFORM  Specify)  RIBE HOW IN.  TOWN, Street an Town, State)  (e) and mann and place, end	JURY OCC  d Number of the due to the	24b.  URED  or Rural Re ad.	Approximata intervel Between Onset and Death  Z  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other significant conditions condi	DUE TO (OR A  DUE TO (OR A  OU	S A CONSEQUENT S A CO	ICE OF):  CCE OF	the undari	ying ceuse g  s. PLACE OF Di  Home 5 The  INJURY AT  WORK?  YES 2  office  date end place, n, death occur  29c. LICE	given in F  EATH (Check sidence 8  NO  end due to end due to the dat the til	Part I. 2  1 Other (S 28d, DESCF City or one) the cause time, date em	4a. WAS AN A PERFORM  Specify)  RIBE HOW IN.  TOWN, Street an Town, State)  (e) and mann and place, end	JURY OCC  d Number of the due to the	24b.  URED  or Rural Re ad.	Approximata intervel Between Onset and Death Zzy Were Autopsy Findings AMAILABLE Print To COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other significant conditions condi	DUE TO (OR A  DUE TO (OR A  OU	S A CONSEQUENT S A CO	ICE OF):  CCE OF	the undari	ying ceuse g  s. PLACE OF Di  Home 5 The  INJURY AT  WORK?  YES 2  office  date end place, n, death occur  29c. LICE	given in F  EATH (Check sidence 8  NO  end due to end due to the dat the til	Part I. 2  1 Other (S 28d, DESCF City or one) the cause time, date em	4a. WAS AN A PERFORM  Specify)  RIBE HOW IN.  TOWN, Street an Town, State)  (e) and mann and place, end	JURY OCC  d Number of the due to the	24b.  URED  or Rural Re ad.	Approximata intervel Between Onset and Death Zzy Were Autopsy Findings AMAILABLE Print To COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Year)
MAR 25'93 32 REGISTRAR'S SIGNATURE
Suha Sandson Randalle



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(q	2	劉)
1	200	57
		ei

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

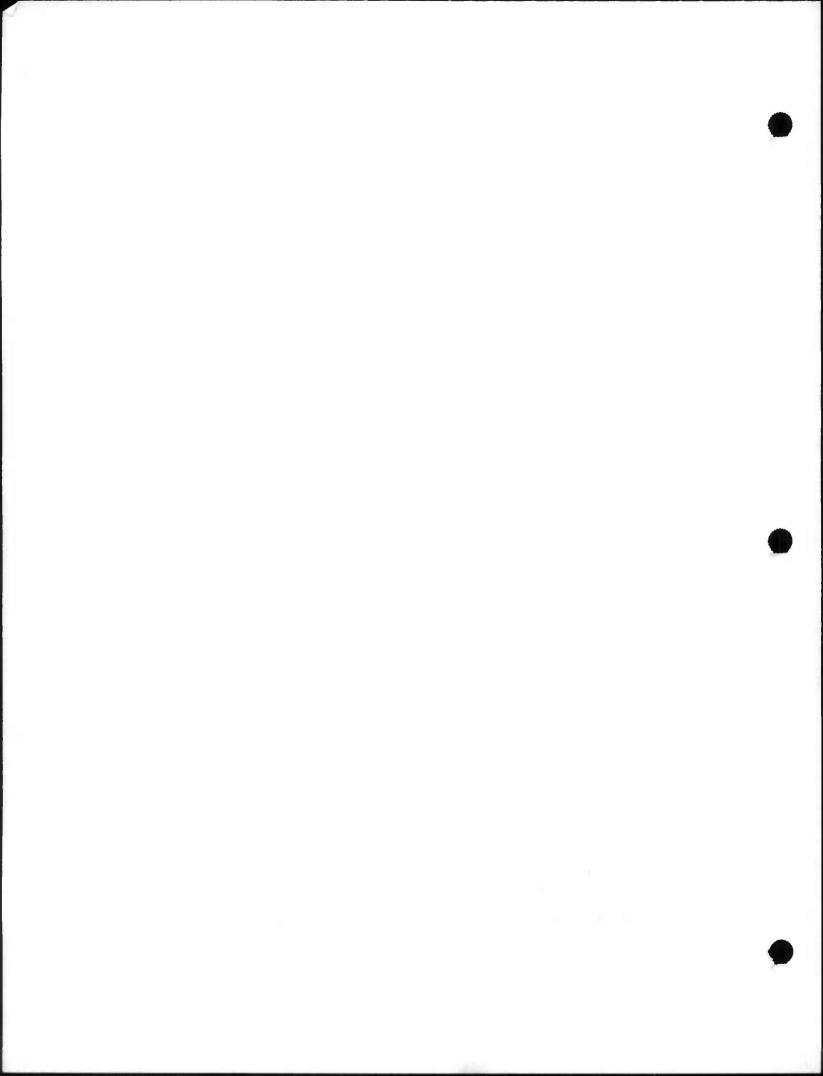
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINKEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last) Esther Salome CARNOCHAN  2. DATE OF DEATH MONTH. YEAR  3. TIME OF DEATH														
Esther S. CARNOCHAN										March 16, 1993 4:15				4:15 A. M
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (I	n yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE O	F BIRTH Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
723-12-2535		1 🗌 M 2 🙀 F	93		YRS.	MONTHS	DAYS	HOURS	MIN.			,1899		aryland
9a. FACILITY NAME (# not in	stitution, give s	treet and number)				9b. CITY,	TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	DEATH
Ravenwood L		n Villag	ge			Н	agei	rstov	m			Was	shing	gton
10a. STATE	10b. COUNTY	Y			10c. CIT	Y, TOWH O	R LOCAT	TION						10d. INSIDE CITY
Maryland	Washi	ngton			На	gers	tow	n						LIMITS?
10e. STREET AND NUMBER							_	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
149 King St	reet							217	740				USA	Α.
11. MARITAL STATUS		12. WAS DECEDER						ENDENT	OF HISPAN		(Specify Yes	or No-	14. RAC	E — American Indian.
1 ☐ Never Merried 2 ☐ Married  FORCES? 1 ☐ YES 2 ☑ NO  If yes, specify Cuban, Maxican, Puerto Rican, atc.)  SCX Wildowed 4 ☐ Divorced  FORCES? 1 ☐ YES 2 ☑ NO  If Yes, specify:  Specify:														
White white														
15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  18a. DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working file. Do NOT use retired.)  (In the proof of working file. Do NOT use retired.)														
Elementary/Secondary (0-12)  College (1-4 or 5+)  Iffe. Do NOT use retired.)														
8		0		8	ecre	etary					railr	oad		
17. FATHER'S NAME (First, M	liddle, Last)							11111			iddle, Maiden			
Howard C. T	urner							Ma	arga	ret H	erber	t		
19s. INFORMANT'S NAME (1	Type/Print)			19b	. MAILING	ADDRESS	(Street a	and Numbe	r or Rural	Route Numbe	er, City or Tow	n, State, Zi	p Code)	
19a. INFORMANT'S NAME (Type/Print)  Lois Logan  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  2617 Pennsylvania Avenue, Hagerstown, Md. 21740														
20. METHOD OF DISPOSITION   1   20c. LOCATION - City or Town, State   2   Cremetton 5   Other (Specify) -   20c. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)   21. Paul's Cemetery 3-19   Compared to the place)   22. LOCATION - City or Town, State   1   20c. LOCATION - City or Town, State   1   20c. LOCATION - City or Town, State   20c. LOCATION - City														
21. SIGNATURE OF FUNERA			_   0	L. I	auı	-		ND ADDRE			Inag	ELSE	JWII.	Haryrand
150	con	1m	ren	ese	ek	MI	NNI	CH FU	JNER	AL HO		aerci	t O v.m	,_Md. 21740
23. PART i. Enter the d	Iseaaes, or	complications th	at causad	tha da	ath. Do		_							Approximate
		Liat Dnly ona ca	use on e	ach line.										Interval Between Onsat and Daath
IMMEDIATE CAUSE (Fit disease or condition		-	9.4	a	4	= 1								
resulting in death)	7	a. DUE TO	OR AS A	CONSEC	UENCE O	n:		٠.						
	_	6-2-	la a chem	. 0.	X	La	L.	: 2 A-P	0	4				1 Vre
Sequentially list condit	ions,	DUE TO	OR AS A	CONSEC	ENCE O	F):		. 1 0 1 4		7				1 / 0
if any, leading to imma cause. Enter UNDERLY	ING													,
CAUSE (Disease or Injuthat Initiated events	iry	DUE TO	OR AS A	CONSEC	UENCE O	F):								
resulting in desth) LAS	T .	d												
24.57 11 011 111										T			1	
PART II. Other significa				ut not n	esuiting	in the un	derlyin	g csuse	given in	Part I.	24a. WAS AN PERFO		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
JA-ez	The me	and Du	Helek							- 1	1 TYES	NO		COMPLETION OF CAUSE DF DEATH?
										_				1 TYES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				OTHER		LACE OF I	DEATH (C	neck only one	9)			
1 TYES 2 NO		1   Inpatient 2	☐ ER/Outp	etlant 3		. A Nun		ne 5 🗆 R	asidance	8 🗆 Other				
27. MANNER OF DEATH	<b>2</b> 1/0	28a. DATE O (Month,	F INJURY Day, Year)		28b. TIR IN	JURY	W	JURY AT ORK?		28d. DE\$	CRIBE HOW	INJURY O	CORED	
1 Natural 5 1	Pending Investigation					М	1 🗌	YE\$ 2 [	□ NO					
3 Suicide 8 🗆	Could not be	28a. PLACE building	OF INJURY		me, ferm,	street, fact	ory, offic	Ce			ATION (Street or Town, State		er or Rural	Route Number,
4 Homicide	detarmined					_								
29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	of my know	ledge, de	ath occur	red at the t	me, dat	a and plac	e, and du	to the cau	se(s) and ma	nner aa st	ated.	
ann)	ICAL EXAMIN	ER/On the basis of	axaminatio	n and/or	Investigati	on, in my o	pinion,	death occu	red at the	time, data	and place, a	nd due to	the cause	(s) and manner as stated.
29b. SIGNATURE AND TITLE	E OF CLUTTIFIE							29c, LIC	ENSE NU	MBER		29d, DA	TE SIGNE	D (Month, Day, Year)
) (	7	I.a							-	4242			614	
30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETEO CA	USE OF DE	ATH (ITE	M 27) (Type	e, Print)								1
who Ni.	Fan				E. L	n tre	tan	St.	14	agen	stor	577 7	CIN	21740
MAR 19 19	393	32. REGISTE	AR'S SIGN	ATURE	I				,					

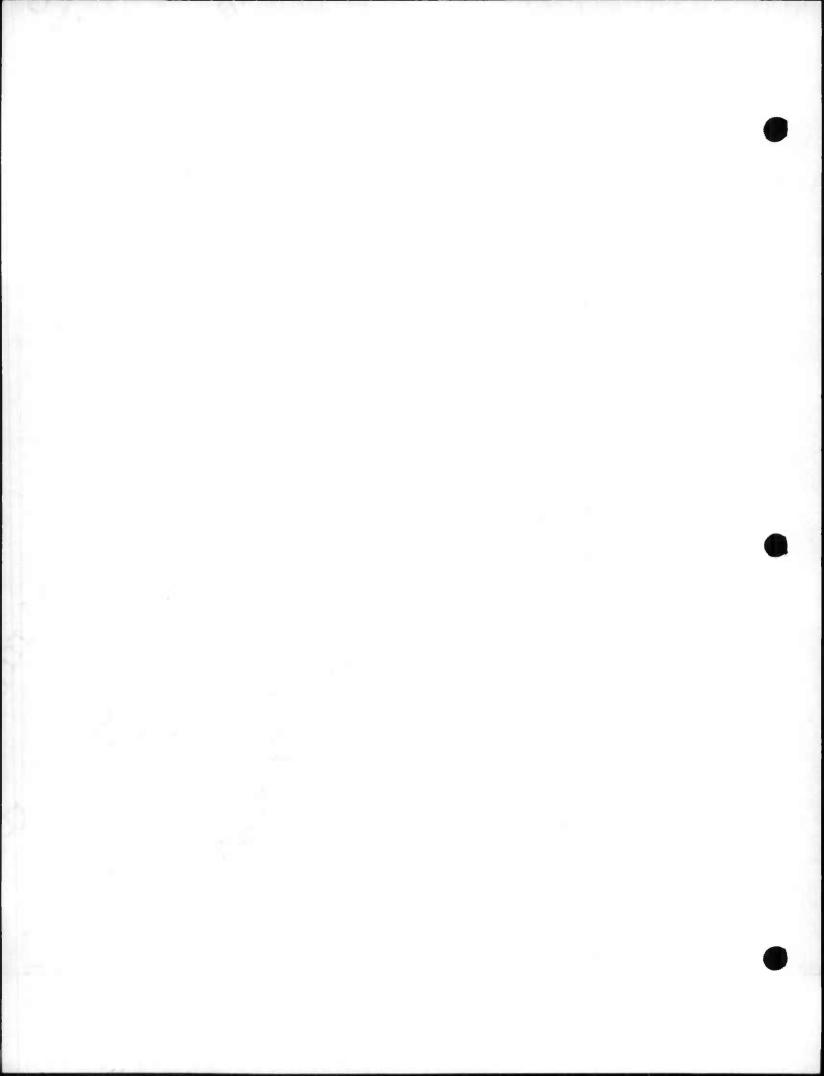


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	Pages
	H.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

		REGISTRAR		CERTIFIC			REG.	NO.		
			Harve	MRVEY	D. CAL	imer, sr	2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DE	
		214-14-7162	1 1 2 F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month), Day, You 3/ZL/	7.	BIRTHPLACE (State or Country)	Foreign
	стов	9a. FACILITY NAME (If not institution, give stre  WASHINGTON COUN RESIDENCE OF DECEDENT	Ty Host I	TAL	. /	OR LOCATION OF DE	/	Bc. COUNTY	OF DEATH HINGTOI	/
permit. Pages 1,	DIREC	10a. STATE 10b. COUNTY	HINGTON		ASC				10d, INSIDE CI LIMITS?	
nsit permi	ERAL	16618 RAVEN RO				01. ZIP CODE Z 1 7 1	9	16g. CITIZEN	OF WHAT COUNTRY	7
ung pnysician. the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	II yes, s	CENDENT OF HISPAN poetity Cuben, Mexica S 2 NO Specifi	n, Puerto Rican, etc.	Yes or No- 14.	RACE — American in Black, Whita, etc. Specify:	dlan,
use as the	E	15. DECEDENT'S EDUCA (Specify only highest grade or	TION	16a. DECEDENT'S US	UAL OCCUPAT	ION	16b. KIND OF	BUSINESS/INDUS		
ched for us	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	SELF	etired.)	The state of the s	F	ARMIN	1G	
5 should be detached for notified at once.	ш	17. FATHER'S NAME (First, Middle, Lest) ROBERT L. C	ALIMER			16. MOTHER'S NA	ME (First, Middle, Mai	Iden Surname)  NASLI	ER)	
e 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)	MER		-	and Number or Aural I	4	Town, State, Zip Co	- 0	
rector, page		20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remov  4 Donation 8 Other (Specify)	al from State	D. PLACE AND DATE OF C metery, crematory or other ETHEL	DISPOSITION (A		OATE 20c	LOCATION - City	or Town, State	
by the funeral director, page emoval.		21. SIGNATURE OF FUNERAL SERVICE AND		5		AND ADDRESS OF FA		AYNES		
d in by the or removal.		23. PART I. Enter the diseases, or co	mplications that cause	d the death. Do not			h as cardiac or re	apiratory arrest	Approxi	mate
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		iMMEDIATE CAUSE (Fine) disease or condition resulting in death) a.	st only one cause on e	e Corebi					interval	Between and Death
2 2 - 0			DUE TO (OR AS	A CONSEQUENCE OF):						
and and	ATION	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING	DUE TO (OR AS /	A CONSEQUENCE OF):						
4 e b	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):						
the attending Mental Hygie	- 1	DART II Other significant and distant								
and a	MEDICAL	PART II. Other algnificant conditions	1	out not resulting in t	tha underlyir	ng cause given in	PER	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION OF OF DEATH?  1 YES 2	OR TO F CAUSE
as been s bept. of H 23 show										
State D	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (Ch	eck only one)			
the S	PHYS	1 VES 2 NO	Inpatient 2 ER/Out	petient 3 DOA 4		me 5 🗆 Residence	a Other (Specify) 28d. OESCRIBE HO	W IN ILIES OCCUE	-	
Wer this cereath with the	BY PI	1 Netural 5 Pending Investigation	(Month, Day, Year)	INJUR	Y W 1 🗆	YES 2 NO				
On Attending this certificate has been signed blocked of the state of	ETED	3 Suicide 8 Could not be determined	building, etc. (Spe	f — At home, farm, stre- cify)	et, tactory, offi	CA	28t. LOCATION (Str. City or Town, St		Rural Route Number,	
3 4 2 =	COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know On the basis of examination						ause(a) and manner at	s stated.
불물	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	16			29c. LICENSE NUM	IBER Y > /	29d. DATE SI	IGNED (Month, Day, Yea	ır)
2 6 2 ₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	18 /	D38	theli	4	2	
		MAR 19 1993	32. REGISTRAR'S SIGN		1108	24,1	1 4 9 9 97	2	7/	
		111VIV TO 1222		A PARTY						



1. DECEDENT'S NAME (First, Middle, Last)

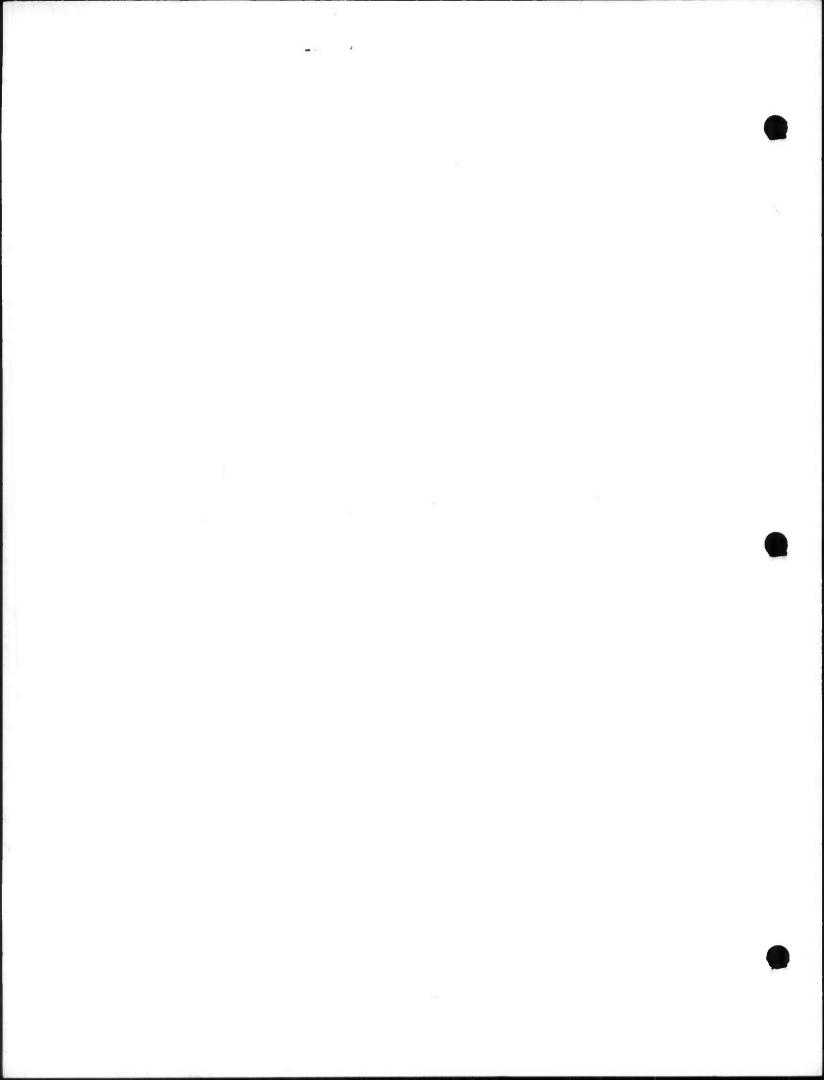
31. DATE FILED (Month, Day, Year)
WAR 2 4 '93

32. REGISTRAR'S SIGNATURE

Luke Davidson Bandelle

IMPORTANT If hem 28 is marked or item 23 shows any injury or other trainflit event the medical eventues he motified at another

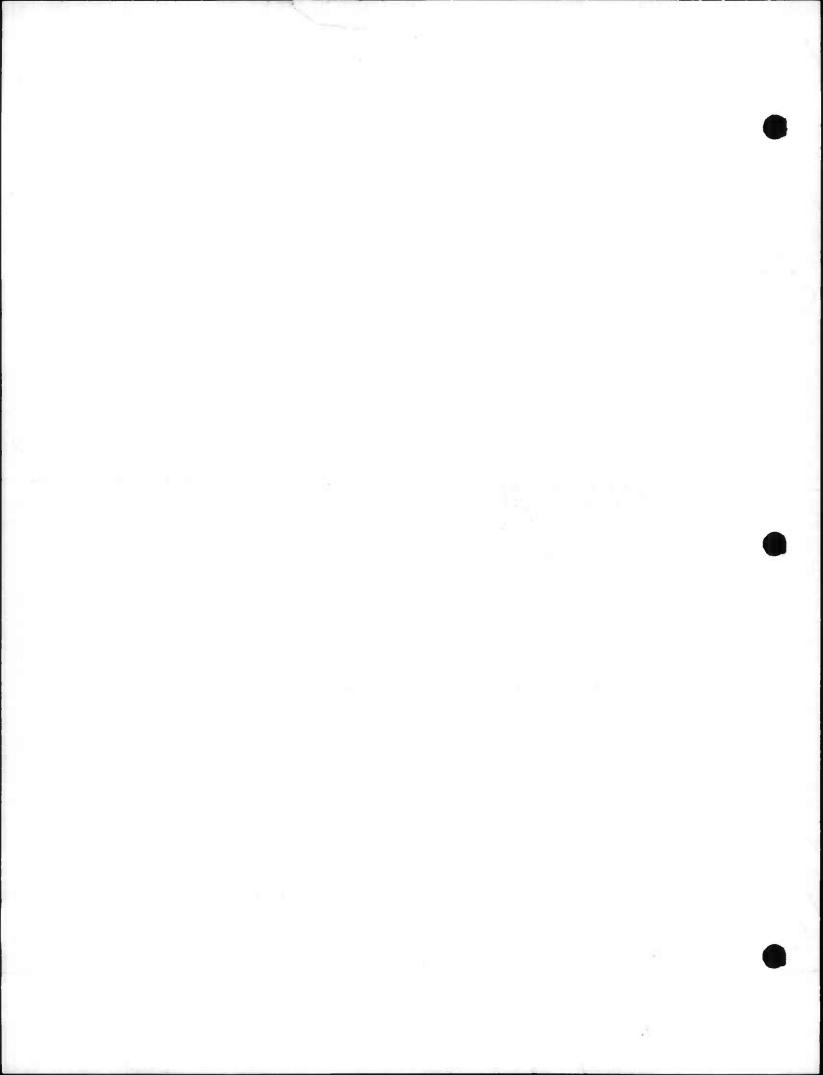
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME	E OF DEATH	
	Ralph Ho		Coulson				March 23, 1993			3:1	0 P	м		
-	4. SOCIAL SECURITY NUMBER	CIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH					8. BIRTI	IPLACE (	State or Foreig	n				
	215-82-0789	$5-82-0789$   1 $\times$ M $_2$ $_{\rm F}$   51 yrs. Months Days Hours MIN. $6\overset{(Month)}{-6} - 19\overset{(Month)}{-1} 1$				Count	nv)	Caro						
	9a. FACILITY NAME (If not institution, give str	set and number)			9b. CITY	, TOWN	OR LOCAT	ON OF DE		9c. COL	INTY OF D			
8	Physicians Memorial Hospital					P1a	ita			Cha	Charles			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		Y, TOWN OR LOCATION 10d											
E									10d, INSIDE CITY LIMITS?					
	Maryland Char		ndia								ES 2 X NO			
A A		101. ZIP CODE						F WHAT COUNTRY?						
FUNERAL	Rt 1 Box 462 L		20640				USA							
	1 Never Married 2 Married	MED O	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxics				en, Puerto Rican, etc.) Bi			E Ame k, White,	rican Indien, alc.			
BY	3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 × NO	Specify	r:		Spec			
G	15. DECEDENT'S EDUC	ATION	16e. DE	CEDENT'S	USUAL O	CCUPATIO	ON		18b. KIND OF BUS	INESS/IN		iite	;	-
	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5	(Gr	ve kind of v Do NOT us	work done	during mo	st of worki	ng	Adult			iti	es	
.   글	0			ail	Wor	ker			Vocati					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-			16. MOT	HER'S NA	ME (First, Middle, Melden :	Surname)	_			
BEC	Walter H. Coul	son					F	ero]	L M. Coul	son				
	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	S (Street I	and Number	r or Rural I	Route Number, City or Town	r, State, Zi	p Code)			
2	Ferol M. Couls	on	R	t 1	Box	46	2 L	Inc	lian Head	, M	D 20	640	)	
	20a METHOD OF DISPOSITION	uni dan en Chaha	20b. PLACE A						OATE 20c. LOC	CATION —	City or To	wn, Stati		$\neg$
	4 Donation 5 Other (Specify)	Val from State	Saddi	e M	ther place	Bapt	ist	Cer	n 3/26 En	nic	e, N	IC		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	10				ND ADDRE			-				
	Donata (	)./.	SITTLE	_	I A	ret	art	-Ect	nols Fune 57 La Pl	ral	Hon	ie,	Inc.	- 1
	23. PART I. Enter the diseases, or co	omplications that	t caused the dea	eth. Do r	not anter	the mo	da of du	Oue oni	b as cardiac or resolu	ata	, MI			$\dashv$
	snock, or heart failure. L	ist only one cau	ise on aach iina.							atory ar	rest,	In	pproximate itarvai Batw	
	iMMEDIATE CAUSE (Final disease or condition		Danhin	mli	NM	1	21/1	ing				0	nset and De	ath
	resulting in death)	OUE TO	(OR AS A CONSEO	UENCE OF		4						-		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  A Disease or condition a. Disease or condition out to (or as a consequence of):  Kyphoscolioolis by													
ō	Sequentially list conditions,  If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYING	Cen	peril	el D	cfo	m	itus					ļ		
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEO	UENCE OF	F): /									
E .	resulting in death) LAST													
3	PART II. Other significant conditions	annielle de co	dooth hut and		1- 40	4								
MEDICAL	M C = 9 (4 cos V 1	LL C	death but not re	suiting	in the un	dariyin	g cause	given in	Part I. 24a. WAS AN A PERFOR		24b	AMILAE	UTOPSY FINDIP ILE PRIOR TO	
ă	- temodral	91 8	ac , 1	ren	let	ary	700	nie	1 YES 2	□ NO		OF DEA	ETION DF CAUS TH?	E
	- lesituar	Leim	orr.			- 0		/	_			1 🗆 YE	S 2 NO	
PHYSICIAN:														
ं हे	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	ock only one)					
YSI	1 VES 2 NO	1 Inpatient 2	ER/Oulpatient 37	DOA			o 5 □ R	sidence	6 Other (Specify)				_	
F	27. MANNER OF DEATH  1 ☑ Netural 5 ☐ Pending	26e. DATE OF (Month, D	INJURY lay, Year)	26b. TIM	E OF URY	28c. INJ WO	URY AT		28d. DESCRIBE HOW IN	JURY OC	CURED			
B	1 Netural 5 Pending 2 Accident Investigation				М		/ES 2 [	NO						
	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — Al hon etc. (Specify)	ne, farm, s	street, fact	ory, offic	•		28f. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural F	loute Nun	nber,	
4 Homicide determined														
PL	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC													
O	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as state  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)							inner ea state	s.					
ш								Day, Year)	$\dashv$					
2 00	1 1 1000 th (4 Herding (huz) (Can)   D-12507   3-72-00													
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type,	Print) 7	C Pc	st 0	ffic	e Road Cen	na M	edic	al (	enter	$\dashv$
	Giriji S. Rath, M.	D.			Wa	aldo	rf,	Mary	land 20602					- 11



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BALTIMORE, MARYLAND 21215-0020	1 24 hours after death. Page 6 may be retained by the hospital or attending phy	y filled in by the funeral director, page 5 should be detached for use as the builtion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.

	1 - FOR STATE OF MARY	LAND / DEPARTM	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			2, DATE OF DEATH	3. TIME OF DEATH				
	Mary Lee Costello			3-17-93	O100 M				
			UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH	B. BIRTHPLACE (State or Foreign Country)				
	233-36-3911 1 M 2 🟋 F	68 YAS.	A 527 258 10	6-4-24	Matoake, W.Va				
æ	9a. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN OR LOCATION OF	DEATH 9c. C	COUNTY OF DEATH				
5	Union Hospital Elkton Cecil								
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY				
٥	Md. Cecil		Elkton		XX YES 2 NO				
RAI	10. STREET AND NUMBER  24 Chesapeake Apartment		101, ZIP CODE		CITIZEN OF WHAT COUNTRY?				
FUNERAL	11 MARITAL STATUS 12 WAS DECEDENT EVE	D IN H C ADMCD	2192	ANIC ORIGIN? (Specify Yes or No-	U.S.A.				
	1 Never Married 2 Married FORCES? 1 Y	Black, White, etc.							
ВУ	Nidowed 4 □ Divorced IF YES, GIVE WAR OF		1 TYES 2 NO Spe		Specify: White				
TEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USU	IAL OCCUPATION done during most of working tired.)	16b. KIND OF BUSINESS/	INDUSTRY				
PLE	Elementary/Secondary (0-12) College (1-4 or 5 +)	Houseke	ALC S	II o u = o l					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	llouseke		NAME (First, Middle, Maiden Surnam	keeping				
BE C	Robert Howard		Ell	en Howard					
TO B	19a. INFORMANT'S NAME (Type/Print)	19b, MAILING ADI		al Route Number, City or Town, State,	Zip Code)				
-	Mary Jane McCall			nt Rd, Elkto	on, Md. 21921				
	1 LXBurial 2 Cremation 3 Framousi from State	20b. PLACE AND DATE OF D cometery, crematory or other	olace)	The state of the s	- City or Town, State				
	21. SIGNATURE OF UHUNAL SERVICE LICENSEE	nerry Hil	1 Meth. Cen		cy Hill, Md. . Main St.,				
	X 45 91 900		Gee Funeral		. Main St.,				
	23. PART I. Enter the diseases, or complications that cause	sed the death. Do not	enter the mode of dying, s						
	IMMEDIATE CAUSE (Final	each line.			Interval Between Onset and Death				
	disease or condition resulting in death)	onany o	em Solism	7.					
	disease or condition resulting in death)  a.   **DUE TO (OR AS A CONSEQUENCE OF):**  DUE TO (OR AS A CONSEQUENCE OF):**								
NO.	Sequentially list conditions, DUE TO (OR A	S A CONSEQUENCE OF):							
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury				į				
TIF	that initiated events resulting in death) LAST	S A CONSEQUENCE OF):							
CERTIFICATION	d.								
A.	PART II. Other aignificant conditions contributing to death			in Part i. 24e. WAS AN AUTOPS	MARIAN FRANCE				
DIC	Seuce Concerne	ham F	alune.	1 Tes 2 No	COMPLETION OF CAUSE OF DEATH?				
ME	- VALUUIM M	Det 01. 7	und:		1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER?  1 YES 2 NO 1 Inpatient 2 ER/O		26. PLACE OF DEATH (						
PHYSICIAN: MEDIC	27. MANNER OF DEATH 28s. DATE OF INJUR	Y 28b. TIME OF	Bb. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED						
ВУР	1 Netural 5 Pending (Month, Day, Yea 2 Accident Investigation	r) INJURY	M 1 YES 2 NO		1 72 2				
	3 Suicide 8 Could not be 28s. PLACE OF INJU	RY — Al home, farm, stree pecify)	t, factory, office	28f. LOCATION (Street and Num City or Town, State)	iber or Rural Route Number,				
COMPLETED									
MPL	29e. CERTIFIER (Check only one)								
00	one) 2 MEDICAL EXAMINER: On the beets of examine	tion and/or investigation, in	my opinion, death occured at t	he time, data and place, and due to	o the cause(s) and manner as stated.				
BE	296. SHONATERINE AND TITLE OF CERTIFIER	1	29c. LICENSE N	10MBER 29d. 0	DATE SIGNED (Month, Day, Year)				
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Non Prin	10012	) 70	7/1/7) -				
	Robert Gray 221 E. Main	/	ton, Md. 21	921					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SI	GNATURE							
	MAR 18 '93 Julia Navidson	1- Bondo De			DHMH 18 Day 180				



		FOR
П	_	STATE
٠.		REGISTRAR

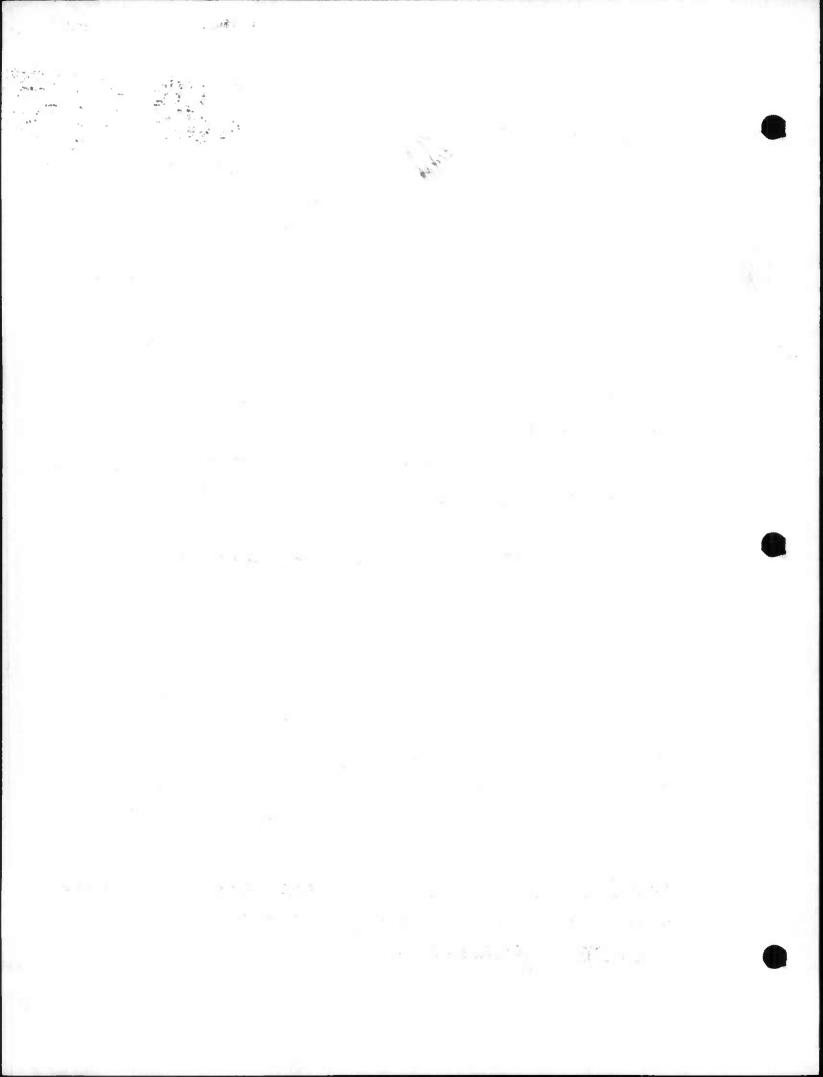
	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN REG. NO	E	
	1. DECEDENT'S NAME (First, Middle, Last)	(NMI)	Cue	CO R	gbert	2. DATE OF DEATH DATE OF 19	- 93	3. TIME OF DEATH
~	4. SOCIAL SECURITY NUMBER  221-24-4388  96. FACILITY NAME (If not institution, give selection)	1/C/M 2 G F	(In yrs. lest birthday) 53 YRS.	IF UNDER 1 YEAR MONTHS DAYS  9b. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF 0	7. DATE OF BIRTH (Month, Day, Year) Sept 18,	1939 Pe 9c. COUNTY OF	THPLACE (State or Foreign noty) NNSYLVANÍA DEATH
TOF	Union Hospital o	is cecic coun	ty	Elk	con		Cecil	
DIRECTOR	100. STATE 10b. COUNT Naryland Ced		-	ort Dep		· · · · · · · · · · · · · · · · · · ·		10d. INSIDE CITY LIMITS? 1 YES & NO
	10e. STREET AND NUMBER				f. ZIP CODE			WNAT COUNTRY?
FUNERAL	1988 Red Toad Roa 11. MARITAL STATUS	12. WAS DECEDENT EYER IN FORCES? 1. YES	N U.S. ARMED	13. WAS DE	21904 CENDENT OF HISPA	NIC ORIGIN? (Specify Yea	U. S or No.— 14. RA	CE — American Indian
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DE Unavailabl	ATES		2 MO Speci	an, Puerto Rican, atc.) fy:	100	nck, White, etc. ecity: WHITE
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S (Give kind of a life. Do NOT us	vork done during m	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	10th	College (1-4 or 5+)	100	Employe	d	Paintin	ig/Const	ruction
00	17. FATHER'S NAME (First, Middle, Last)				1	A. Clarke	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)	10111			and Number or Rural	Route Number, City or Town		
	Mrs. Phyllis W. (		PLACEANDDATE			Port Deposi	cation - City or	
	20a, METHOD OF DISPOSITION 1/ Burlat 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	G	retery, cremetory or of tacelann	Memoriu	il Park	3-83- Neu	Castle	, Delaware
	21. SIGNATURE OF FUNERAL SERVICE LIK	H. GRHA	25 11	I GEBHA	ND ADDRESS OF FA	RAL HOMES	2=11112	
	23. PART I. Enter the diseases, pr	complications that caused	the deeth. Do r			EW CASTLE,		Approximata
	IMMEDIATE CALIDE (Elect	a. antenias.  DUE TO (OR AS A		and	1. 10 VASC	wher dis	esse	Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	CONSEQUENCE OF					
PHYSICIAN: MEDICAL C	PART II. Other significent condition		ut not resulting l	n the underlyin	g ceuee given in	Part I. 24a, WAS AN PERFOR 1 TYES 2	MED?	IIb. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL				405 05 05 05			
SICI	EXAMINER?  1 De Yes 2 No	HOSPITAL: 1 □ Inpatient 2 □ ER/Outp	ettlent 3 P DOA	OTHER:	ACE OF DEATH (C)	6 Other (Specify)		
	27. MANNER OF DEATH  1. Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 21 IN	URY AT	28d. DESCRIBE HOW I	UURY OCCURED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY, building, etc. (Spec	At home, ferm, s	1.7		281. LOCATION (Street a City or Town, State)	nd Number	Playte Number,
COMPLETED		ICIAN: To the best of my knowl						(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIES	a hail	n.P.		29c. LICENSE NU	779	29d. DATE SIGNE	D (Month, Day, Year)
	W. Bruck Ob	ens hair	ATH (ITEM 27) (Type,	Maro-	Hospo	mad 2	Levil	County
	31. DATE FILED (Month, Day, Year) MAR 2 2 93	32 REGISTRAR'S SIGN	ATURE					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-002 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

DHMH-18 Rev 1/89



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	_					

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AM	ME	3. TIME C	OF DEATH	
MARY FRANCES CR	IGER							0.3		8	93	10:	50	Α
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	0	8. BIRTH	IPLACE (St		11
212 76 6997	1 M 2 KF	7	2 YRS.	MONTHS	DAYS	HOURS	MIN.		27 20		Count	WIAN		
9e. FACILITY NAME (If not institution, give at	reet end number)			9b. CITY	r, TOWN O	R LOCATI	ON OF OF	_	27 20		INTY OF D		ע	
FROSTBURG HOSPI	ΤΔΙ				OSTB									
RESIDENCE OF DECEDENT	IAL			I rku	131D	UKG	_			ALLI	EGAN	(		_
10e. STATE 10b. COUNTY			10c. CI1	TY, TOWN C	OR LOCAT	ION						10d. INSI		
MARYLAND AL	LEGANY			MT.	CAT	ACE						1 YES		10
10s. STREET AND NUMBER				MIL		ZIP COD	Ε			10a. CIT	IZEN OF Y	WHAT COUN	2.7	
D 0 D0V 4	60									7.50				
P. O. BOX 4	12. WAS DECEDEN	T EVED IN II C	ADMEO	Lan	WT 0 050		545		? (Specify Ye		U.S.			_
1 Never Married 2 Married	FORCES?	YES 2	NO	13.	If yes, spe	elfy Cuba	n, Mexica	n, Puerlo I	7 (Specify Ye tican, etc.)	s or No-	14. RACI	E — Americ k, White, et	en India: c.	١,
3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES	•		1 TYES	2 X NO	Specify	r:			Speci		TME	
15. DECEDENT'S EDUC	ATION	1				W.		152				WH.	ITE	
(Specify only highest grade		104.	(Give kind of Iffe. Do NOT u	work done	during mos	it of working	g	16b.	KIND OF BU	SINESS/INI	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	+)												
8		H	IOUS E	WIFF	3				OWN I					
17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, I	fiddle, Meiden	Surname)				
JOHN PRAT	T						DOF	RCAS	PRAT	T				
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRESS	S (Street er	nd Number			er, City or Tox		p Code)			
FRANK CRIGER			P. 0	. RC	X 4	60	МТ	SA	VAGE	MD	215	45		
20e. METHOD OF DISPOSITION		20b. PLAC	CE AND DATE				444	OAT		CATION —				
1 Durial 2 Cremation 3 Remo	wal from State	cemetery,	crematory or o	other place)									an '	
4 f Donation 5 Other (Specify)												- H: IV	VIII .	٦.
4 ♣ Donation 5 ☐ Other (Specify)	ENSEE	- LST.	PAT				SE OF EA	OH ITY	20 M		AVAG	1119 1		21
4 1 Donation 5 Other (Specify)	A N	/	PAT	22.	NAME AN	D ADORES	SS OF FA	CILITY				, L. , L.		21
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MAR 22 1993

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the large	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

6

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E	09321
1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH	2 302	3. TIME OF DEATH
ELMEDA	J.	CORLEY			MARCH 16	1993	9:00 P M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. Bif	RTHPLACE (State or Foreign
217-10-6038	1 □ MXX F	B2 YRS.	NTHS DAYS	HOURS MM.	<b>64-26-1</b> 9:	LO PÃ	untry)
9a. FACILITY HAME (If not institution, give st	treet and number)	96	. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
Memorial Hospital		Center	Cumber1	and		Allega	any
10a. STATE 10b. COUNTY			OWN OR LOCAT				10d. HISIDE CITY LIMITS?
	.egany	Cun	berlan	d			YES 2 HO
10e. STREET AND HUMBER	_		101.	ZIP CODE			F WHAT COUNTRY?
1221 Lexington				21502		USA	
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2X HO	13. WAS DEC	ENDENT OF HISPAN Icity Cuban, Mexica	IIC ORIGIN? (Specify Years, Puerto Rican, etc.)	Bi	ACE American Indian, ack, White, atc.
3 ₩ Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify	r.	Sp	white
15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USU	JAL OCCUPATIO	N	16b. KIND OF BUS		
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos tired.)	st of working			
unknown	Solida (1-4 of 5 4)	homemal	ker		own	hame	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S HA	ME (First, Middle, Malden	Sumame)	
Josiah Bullo	ck			Emma	G. Altmar	1	
19a. INFORMANT'S HAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural F	Route Number, City or Town	r, State, Zip Code)	
Mr. Joseph Y.	Corley			and, MI			
20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo		. PLACE AND DATE OF D	ISPOSITION (Na	me of		CATION — City or	Town, Stata
4 Donation 5 Other (Specify)	D Car	ry Ridge C	cemeter	У	3-22 B	edford (	Co, PA
21. SIGHATURE OF FUHERAL SERVICE LIC	EHSEE	.1		O ADDRESS OF FA			
1 Jan 7	dicare	111.	Scar	pelli Fi	meral Home MD 21502	9	
23. PARY I. Enter the diseases, or c	omplications that couped	the deeth. Do not	enter the mo	de of dving, auci	n as cerdiac or resol	ratory arrest	Approximate
shock, or heart fellure.	List only one ceuse on e	ech Ilne.	0	\	0	atory arroad,	Interval Between
IMMEDIATE CAUSE (Final disease or condition	Adr	mod	( On	on			Onset and Death
reaulting in death)	QUE TO (OR AS A	CONSEQUENCE OF):	<u>J</u> .		1:0		
	Advo	ned	di	1 /V	et,		İ
Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):		-1 /	DIAN	^-	
CAUSE (Disease or Injury	. Chr	001 19	Proto	nulle	LM-19	3 Sel	$\varrho$
that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	^				
resulting in deeth) LAST		epren	w.				
PART II. Other algnificant conditions	s contributing to death b	ut not resulting in ti	he underlying	ceuse alven in	Part I. 24a. WAS AN	ALTTORCY O	4b. WERE AUTOPSY FINDINGS
			io underlying	codec given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 YES 2	AMO	OF DEATH?
					- 1		1 TYES 2 HO
25. WAS CASE REFERRED TO MEDICAL		<del></del>	26 PI	ACE OF DEATH (Che	not anti-onal		
EXAMIHER?	HOSPITAL:		THER:				
27. MAHHER OF DEATH	26e. DATE OF IHJURY	28b. TIME OF			8 Other (Specify) 28d. DESCRIBE HOW II	LILIBY OCCUPED	
Netural 5 Pending	(Month, Day, Year)	YRULHI	WO		104. 02001102 11011 11	SONT COCONED	
2 Accident Investigation 3 Suicide & Could set be	28a. PLACE OF INJURY	- At home, farm, stree			281. LOCATION (Street a	nd Number or Rurs	al Route Number
4 Homicide 6 Could not be	building, etc. (Spec	ify)			City or Town, State)		ar road rurrious
29a. CERTIFIER	NAME TO ALL DATE OF THE PARTY O						
	CIAH: To the best of my know R: On the besis of exemination						AA AA AA AA AA AA AA AA AA AA AA AA AA
			· ···y opinion, de				
296. SIGNATURE AND TITLE OF CENTIFIER	MY			29c. LICEHSE HUN	BER	29d. DATE SIGH	ED (Month, Day, Year)
30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF THE	ATH ATEN AD C	-0	D23371		- 211	0/75
Dr. Qamar Zaman Jo				ng Cumbe	rland, MD.	21502	2. /
MAR 2 2 1993	32. REGISTRAR'S SIGH	ATURE					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

8

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			-UIIL	ICAL	E UF	DEAL	1.77	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF E	D.I	IY.	YEAR	3. TIME OF DEATH
Ì	Orpha A. (								Marc		, 19	93	11:30 A.M
	214-07-6412	5. SEX 1  M 2  F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, 0m)	190°	9	8. BIRTH Countr	PLACE (State or Foreign y) Md.
	9s. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY	r, TOWN	OR LOCATION	ON OF DE				INTY OF D	EATH
TOR	6 Broadway					Fr	ostb	ırg			A	llega	any
Ä	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d, INSIDE CITY
		Llegany			Fr	ostb	0						LIMITS?
FUNERAL DIRECTOR	6 Broadway					101	215)				_	U.S.	/HAT COUNTRY?
	11. MARITAL STATUS 1 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N	MED		If yes, sp		n, Mexica	IIC ORIGIN? (Sp n, Puerto Rican		or No	14. RACE Black Speci	— American Indian, t, White, etc.
BY	3 Wildowed 4 Divorced						200	-				9,000	White
Ĕ	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE (G	CEDENT'S	USUAL O	CCUPATIO	ON st of workin	g	16b. KINI	OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hro.		ache:			•	Cor	intar	Sch	ools	
No.	17. FATHER'S NAME (First, Middle, Last)	150		10	a Cire		18. MOTH	IER'S NAI	ME (First, Middle			0019	
BE C	James H. Clar	ck							Ellen			е	
5 8	19s. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRES	S (Street a	nd Number	or Rural A	loute Number, C	ity or Town	, State, Zi	p Code)	
F	Harry R. Clark			402	Col	umbi	a St.	., C	umberl	and,	Md.	2150	02
	20e, METHOD OF DISPOSITION  1 [A, Burlel 2   Cremetion 3   Remo	oval from State	cometary, cre St. M						3/22			City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIC	. /	/	O11g.	22.	NAME A	D ADDRES		YTUR				
	fran J.	Hern							l Home				Md.
	23. PART 1. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	e on aach iina	nary	Ins		cien		n as cerdiac	or respi	ratory sr	rest,	Approximate interval Between Onset and Death
z I	Sequentially list conditions,	)	Aort			sis							
Ĕ	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (	OR AS A CONSEC	DUENCE O	F):								
윤	CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSEC	DUENCE O	F):								
CERTIFICATION	resulting in death) LAST	l											
	PART II. Other algolificant conditions	contributing to	leath but not n	esulting	in the ur	nderlying	Cause o	ilven in i	Dart I 24a	WAS AN	ALIMOREY	100	WERE AUTOPSY FINDINGS
EDICAL					The di		, cause y			PERFOR	MED?	240.	AWILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
≥									-				1 YES 2 NO
롯	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	EATH (Che	ck only one)				
is I	YES 2 NO	HOSPITAL: 1   Inpatient 2	ER/Outpatient 3	□ DOA	OTHEI	R: sing Hom	5 X Re	sidence	6 Other (Spe	icity)			
/ PHYSICIAN: M	27. MANNER OF DEATH  1 A Netural 5 Pending	28s. DATE OF I (Month, Day	NJURY y, Year)	28b. TIM	E OF URY M		URY AT RK? 'ES 2	NO.	26d. DESCRIB	E HOW IN	JURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At hor tc. (Specify)	me, farm, i	street, fact				26f. LOCATION City or Tox	(Street s	nd Numbe	r or Rural R	oute Number,
<u>ا</u> ا			VI	-		_							
COMPLETED	(Check only												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	/			_		29c. LICE	NSE NUM	BER	T	29d, DAT	E SIGNED	(Month, Day, Year)
BE	De /	non	4				D	0915	7				-1993
٩	30. NAME AND ADDRESS OF PERSON WHO		·		,							/	
-		D 124	W. 3rd	St.,	Cum	perl	and,	Md.	21502				
	31. DATE FILED (MAR 2/3 199	13	S SIGNATURE	Ande	48.								

- N . 19 9 ft - 7 g - 9 g . s x I\_ sex b=\_ 02. . . . . 0 . . . • e 

BALTIMORE, MARYLAND 21215-002

detach		once.
e 5 should be d		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
ge 5 s		e not
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director		r mus
filled in by the funeral		examine
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signe	be filed within 72 hours after death with the State Dept. of Health and Mental H	B SM
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certi	a	9
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After	death	Ĕ
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31. DATE FILED (Mornth, Day, N

1993

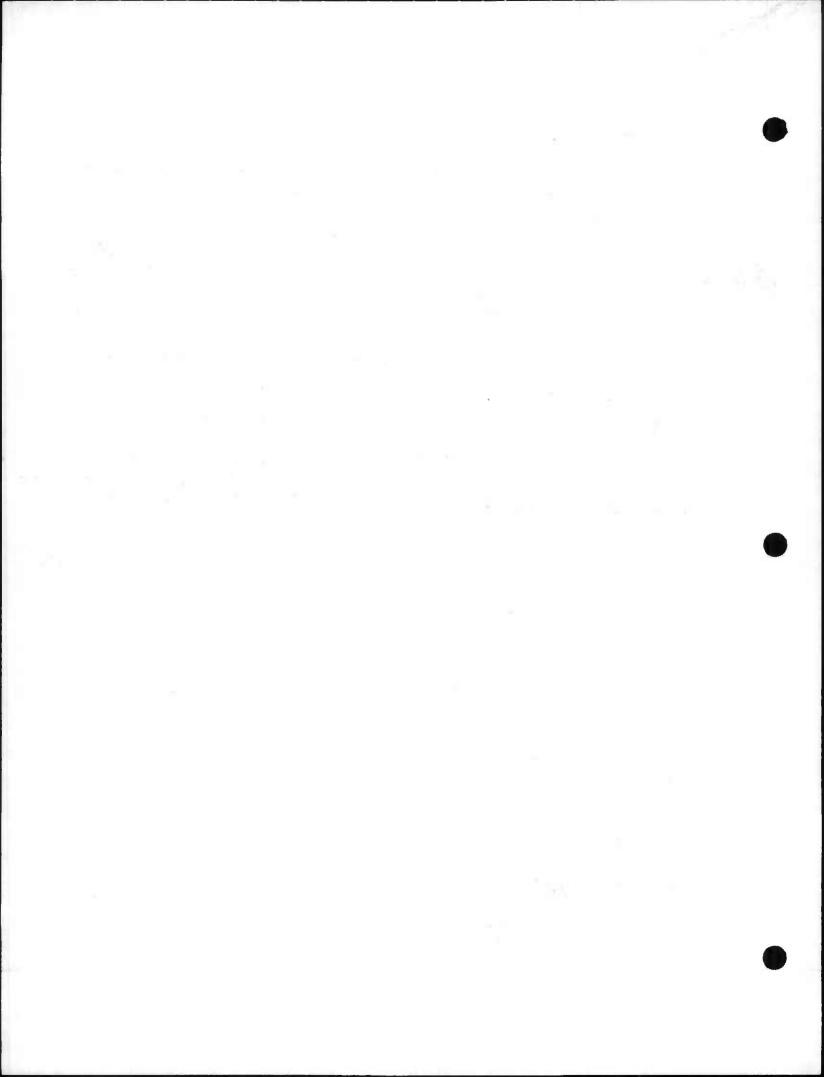
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

											9	13	09329
	FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	TMEN	T OF H	EALTH DEAT	AND I	MENTA	L HYGIEN	E		0 7 0 2 5
	1. DECEDENT'S NAME (First Miridle, Last)		•			-		*		OF DEATH			TIME OF DEATH
1	Edward H.	Dougi	herty,	Jr.					Mar	ich 21.	1993	YEAR	3:15 Am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia	200	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH			ACE (State or Foreign
	014 07 0000	MM-10 2 □ F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give str				01.00	V 7000004		201.0-0.0		22. 19			yland
oc	4		o #		96. CIT		OR LOCATH		EATH			TY OF OEAT	
2	Anne Arundel Medic	tac cent	ei.			Anina	poli	۵			Anne	. Arui	raec
D D	10a. STATE 10b. COUNTY			10c CIT	Y TOWN	OR LOCAT	TION .					1 44	d. INSIDE CITY
R	MD Anne	Arundel		37		olis							LIMITS?
	10e. STREET AND NUMBER	Hunaec			riria	- V							YES 2 NO
AA						101	. ZIP CODI		12				T COUNTRY?
BY FUNERAL DIRECTOR	1293 Ashton Cow							2140	15		unci	ted S	lates
5	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AI	RMED NO	13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGI	N7 (Specify Yes	or No—	4. RACE -	American Indian, /hite, etc.
≥	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TES	2 X X0	Specify	y:	Rican, etc.)		Specify:	
		WWII	-										White
핕	15. DECEDENT'S EDUC (Specify only highest grade of		16a. Di	ECEDENT'S Give kind of a. Do NOT u	USUAL C	during mo	ON st of worldn	ia.	160	. KIND OF BU	SINESS/INDU	STRY	_
Ш	Elementary/Secondary (0-12)	College (1-4 or 5	)										
AP.	12			Elect	rici	an				C	ivil S	ervi	ce
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Surname)		
BE (	Edward H. Doughe	rty, Sr.					Са	roli	ine s	Segelke	2n		
	19a. INFORMANT'S NAME (Type/Print)		19	D. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Nun	ber, City or Tow	n, State, Zip C	Code)	
2	Shirley Tuers			101	4 Pc	vrk A	lvenu	e f	Innap	ober, City or Tow	MD 21	403	
	20e. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPO	SITION /No	me of		DAT	E 29c. LO	CATION — CI	ity or Town	Ctate
	1) Burlet 2 Cremation 3 Remo	vat from State	Hill					03-					Maryland
1	IL SAMATURE OF FUNERAL SERVICE DICE	ENSEE /	June	o test	1 22	NAME AL	ADDRE	OF FA	CHITY	Tales II	Tand	700, T	uneral Hom
(	11 201	11			1	17 D.	. I. a	1 00	2	JOHN M.	raye	OL F	uneuic nom
-	Mully 8.1	Lytu			- 1			_					lis, MD
	3. PART I. Enter the diseases, or co	implications that	t caused the de	eath. Do i	not ente	r the mo	de of dyi	ng, suc	h as car	diec or respi	iratory arre	et,	Approximate
	shock, or heart feilure. L IMMEDIATE CAUSE (Final	list by y one cau			111		10						Interval Between Onset and Death
	disease or condition		P	ne	JUU	LON	10						11/11/
	resulting in death)	DUE TO	(OR AS A CONSE	OHENCE O	E).								iwn.
_	_		(										
ERTIFICATION	Sequentially list conditions,	DHE TO	(DR AS A CONSE	OHENCE O	D.								-
A	If any, leading to immediate cause. Enter UNDERLYING	502 10	(DI AS A CORSE	GUENCE O	E):								
	CAUSE (Disease or injury	DHE TO	(OR AS A CONSE	OHENCE O	Б.								
Ē	that initiated events resulting in death) LAST	552 10	(On AS A CONSE	QUENCE O	r j:								
G	d	•											
	PART ii. Other significant conditions	contributing to	deeth but not	resulting	in the u	nderlying	cause g	iven in	Part i.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
₹		hysel								PERFOR	MED?		MILABLE PRIOR TO MPLETION OF CAUSE
		1-00							_	1 TYES 2	200		DEATH?
Σ					_				_			1	YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL									<u> </u>			
2	EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only o	ne)			
YS	1 YES 2 NO		ER/Outpatient 3	3 🗆 DOA			e 5 🗆 Re	sidence	8 🗆 Oth	er (Specify)			
F	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIM	IE OF	28c. INJ WO	URY AT		28d. DE	SCRIBE HOW I	NJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation				M	1 🗆 1	res 2	NO					
	3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At he	ome, ferm,	street, fac	tory, offic			281. LOC	CATION (Street of	and Number o	r Rural Rout	e Number,
TED	4 Homicide determined		- (						uny	or Town, State)			
COMPLET	290, CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of	my knowledge de	eath prouv	ad at the	time data	and plac-	and due	to the co	unala) cad = :			
N N	(Check only one) 2 MEDICAL EXAMINER												d manage of the d
8	A		27	verigent	, ar my	-pro11, 0				enu piace, an	uve to the	ceuse(s) ar	ru manner as stated.
BE	296 SIGNATURE AND TITLE OF CENTIFIER	01-11	10,				29c. LICE	NSE NUA	MBER		29d. DATE		onth, Day, Year)
0	Amm ( De	www	l, co				0	148	SY		<b>3</b>	1211	93
		COMPLETED CALL	OF OF STAN ATE										

Annapolis, Und.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Selowich 900 Bestgate

32. REGISTRAR'S SIGNATURE and Davidson Windows



TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be esecuted within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

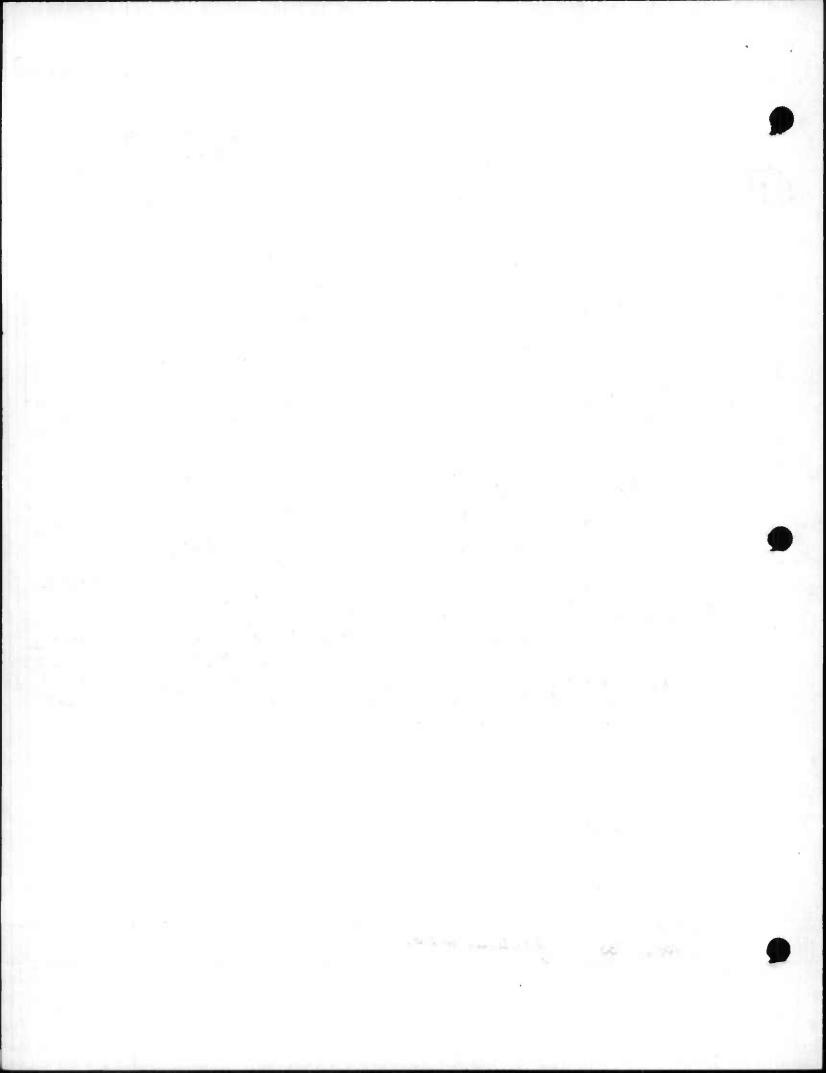
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

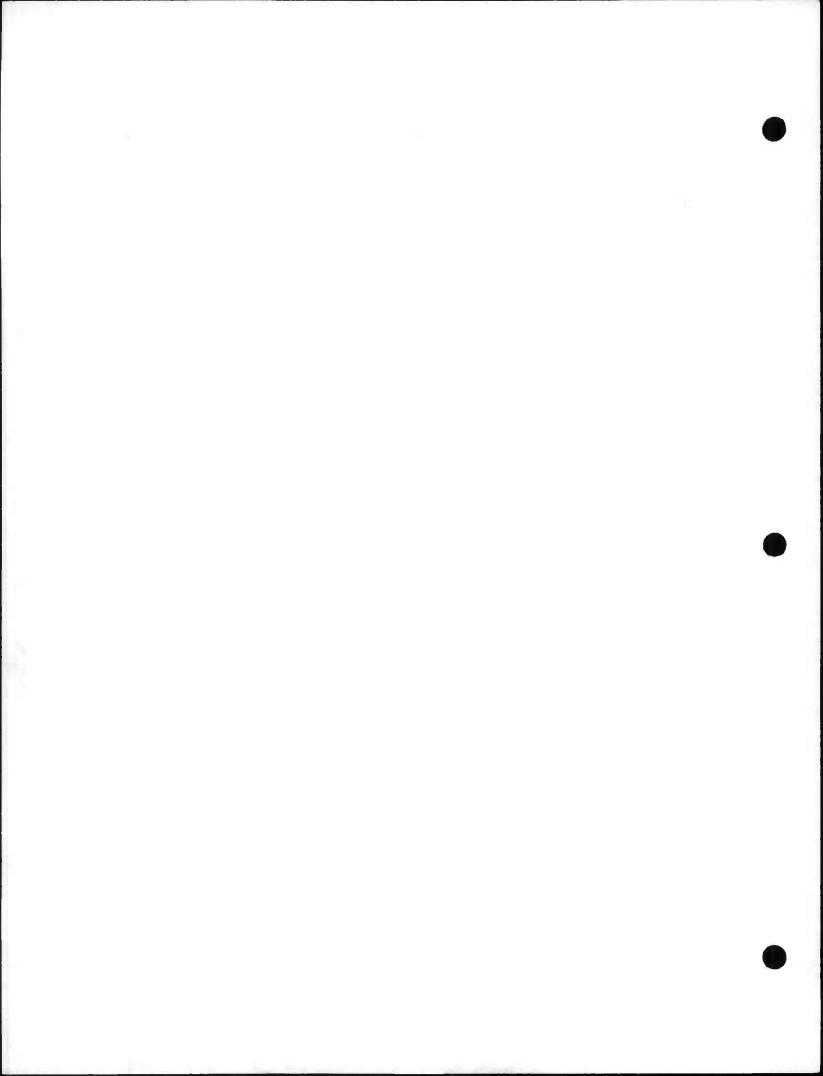
TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
ISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTM			MENTAL HYGIENI REG. NO.	•	0 0,000
	1. DECEDENT'S NAME (First, Middle, Last) MADRICEL 6/55 , MA	RIENCE D	EVILBIS	S		2. DATE OF DEATH MONTH 32r.196	1993 ZEAR	3. TIME OF DEATH N
	220-16-1281			UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year) 01/15/01	8. BIRTH Country MAR	PLACE (State or Foreign YLAND
TOR	90. FACILITY NAME (II not institution, give stree  CARROLL COUNTY GE  RESIDENCE OF DECEDENT		96.		INSTER	EATH	CARROL	
DIRECTOR	10e, STATE 10b, COUNTY	DERICK	NEW NEW	WN OR LOCATI WINDSO	on R			10d. INSIDE CITY LIMITARY
FUNERAL	15102 NEW WINDSOR	RD.		107.	ZIP CODE 217	776	10g. CITIZEN OF W	S.A.
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Walderpredd	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 HE FYES, GIVE WAR OR DATES		If yes, spe	NDENT OF HISPAI city Cuben, Mexica 2 NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	Black	— American Indian, , White, atc. HITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		ECEDENT'S USU Give kind of work to NOT use red ARMER RCHARDT	done during mos ired.)	er of working	ATOR GEN		
	17. FATHER'S NAME (First, Middle, Last) WILLIE S. DEVILBI	SS			18. MOTHER'S NA	ME (First, Middle, Maiden S LA BARNES		
TO BE	190. INFORMANT'S NAME (Type/Print) REGINA BOWERSOX	11			d Number or Rural	Route Number, City or Town		01705
	20s. METHOD OF DISPOSITION BUR 1 Burlel 2 Cremetton 3 Remove 4 Donatton 6 Other (Specify)	IAL 20b. PLACE	16736 E AND DATE OF DI PURISH NORE	SPOSITION (Nan	ne of	Fig. Since	ATION — City or Too	vn, State
	21. SIGNATURE OF FUNERAL BERVICE LICEN		W .		ADDRESS OF FA	,	NIONVILL HARTZLE	
	23. PART I. Enter the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	picationa that could the dit only one couse on each lin	e.	1			atory arrest,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  OUT TO (OR AS A CONSE	COUENCE OF):	ar	rhy?	Knia	Mor	year year
A	PART II. Other significent conditions of	contributing to death but not	Tus		cause given in	d sol	JUTOPSY 24b.	WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERENCE TO MEDICAL.	gly und	á-		CE OF BEATH (Ch	ecili anty onej		1 🗍 YES 2 🕍 10
HYSI	1.0	28e. DATE OF BUJURY (Month, Day, Year)	386. TIME OF	28c. INJU	RY AT	6 Dither (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
₽	1 Netural S Pending 2 Accident 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY At he building, etc. (Specify)	INJURY ome, farm, streat	0.000	15 2   NO	26f. LOCATION (Street en City or Town, State)	d Number or Rural Ro	oute Number,
COMPLETED	290. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge, de						
BE CO	2 MEDICAL EXAMINER: 0	On the beele of examination end/or	Investigation, in		oth occured at the		due to the cause(e) 29d. DATE SIGNED	
10	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH TE	EM 270 (I/pe, Print		014	1992	3-	19-93
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	ZA C	<i>H</i>	HEI	NWIH	dsor	Md. 2177
	MAR (2) 30	The second second second	-5274					DHAM OF Box 4000

.EFHRAIM 03/17/9



		HEGISTANI		QEIIIII	-	T DEALH	REC	2. 140.	
		1. DECEMBET'S NAME (First, Middle, Lest)  ANIELLE	AITO	10	1		2. DATE OF DE	DAY	3. TIME OF DEATH
France		4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER FAE	AR IF UNDER 24 HRS.	3		3 // AM
4000			1 M 2 PF	LL YRS.	MONTHS DA		7. DATE OF BIR (Morth, Day, )	10 17 P	BIRTHPLACE (State or Foreign Country)
		214-35-8771 9a. FACILITY NAME (If not institution, give st		Tins.			4-1		ashington D.C.
	a	ICT & VICTORIAN IN THE STREET OF SE	reet and number)			VN OR LOCATION OF DI	EATH	9c. COUNT	OF DEATH
6,	ᅙ	RESIDENCE OF DECEDENT	LANC		- a	urel		MAN	ce bearges
es 1,	DIRECTOR	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
Pa Ba	뜻	MD PM	Nec bears		RUL	- 4			LIMITS?
Ĭ.		10e. STREET AND NUMBER	VICE DECITYA	3	70	101. ZIP CODE		the Civize	1 YES 2 NO
physician. burlal-transit permit. Pages 1,	FUNERAL	5908 KE	11/11	<u></u>		O. ZIF CODE	7		
trans	Z I	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	III C ABMED	40, 100,0	40-10	/		JSA
physician. burlal-trar		1 X Never Married 2 Married	FORCES? 1 YES	2 NO	If yes	DECENDENT OF HISPAI , specify Cuban, Mexico	n, Puerto Rican, e		. RACE — American Indian, Black, White, etc.
	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	10	YES 2 NO Specif	y:		Specify:
attending se as the	ED	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUR	ATION	165 KIND	OF BUSINESS/INDUS	TOV
0 n		(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	(Give kind of a	vork done during	most of working	100.7070	or bookless/iitous	The state of the s
spital ed fe	7	0	coneda (1-4 0t 2 +)		\T			None	
the hospital detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			Vone	18. MOTHER'S NA	ME (First, Middle, A		
2 0 %		Glen E. Dav				I		wedow durnamey	
5 should	BE	19a. INFORMANT'S NAME (Type/Print)		19h MAILING	ADDRESS (Sh	Mary A.  Bet and Number or Rural		as Four Plats 7in Co	ada l
	임	Glen E. Day							
y b		20s. METHOD OF DISPOSITION	200	PLACEANDDATE		Road, Laur			
e 6 may ector, pa must b		Burlal 2 Cremation 3 Ramo	oval from State   com	etery, crematory or o	ther place)		1	Oc. LOCATION — CIT	Control of the Contro
Page al direc		21. SIGNATURE OF FUNERAL SERVICE LIC	FNSFF	alriax Me	emoria	Park 3	<u>/22/93</u>	Fairfax,	Virginia
death. Pag tuneral div d.		N 00 0	n M			cly Funera			
0 = 0		Jekky W.	welly					airfax. V	irginia 22030
hours after d nd In by the or removal.		23. PART I Enter the diseases, or c	omplications that caused	the death. Do r	ot enter the	mode of dying, suc	h as cardiac or	respiratory arres	l, Approximate
D o E		immediate cause (Fine)	List only one cause on e	ech line.					interval Between Onset and Death
		disease or condition	1n+1+v	na c					Onest and Death
completely fille rial, cremation, c event, the	1	resulting in death)		CONSEQUENCE OF					
8 9 3 0	-				,				į l
8 " o F	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):				
physician ne prior t	Y.	cause. Enter UNDERLYING							1 1
certificate be nding physicia Hygiene prior or other trau	正	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):				
eath certi attending mtal Hygie Y, or oth	ᇤ	resulting in death) LAST	l:						! !
the atten Mental H		DADE II OUT II							
= 0 =	EDICAL	PART II. Other significant conditions	1 1	ut not resulting	n the under	ying cause given in		AS AN AUTOPSY ERFORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
signed by Health an	ă	- 11 Cho th	cephaly				10'	YES 2 NO	COMPLETION OF CAUSE OF DEATH?
	ME						_		1   YES 2   NO
s bee									
V: The law requicate has been State Dept. of I	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				. PLACE OF DEATH (Ch	eck only one)		
CIAN: intifical he Sta	Si	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	atlent 3 🗆 DOA	OTHER:	Home 5 Residence	8 Other (Specia	(y)	
PHYSICIAN: The law req this certificate has been with the State Dept. of rked, or item 23 sho	£	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT	26d. DESCRIBE	HOW INJURY OCCUI	NEO
		1 Natural 5 Pending	(Moral) Day ion	ling.	- 1	WORK? YES 2 NO			
PH THE			NA						
VOING PHYS - After this or death with Is marked,	BY	2 Accident Investigation	28s. PLACE OF INJURY	— At home, farm, i	street, factory, o			Street and Number or	Rural Route Number,
ATTENDING PH CTDR: After thi after death wi 28 Is marke	ED BY	2 Accident Investigation		— At home, farm, i	street, factory, o		28f, LOCATION ( City or Town,		Rural Route Number,
DR ATTENDING PH DIRECTOR: After thi nours after death wi tem 28 Is marke	ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	ny)		office	City or Town,	State)	Rural Route Number,
AL DR ATTENDING AL DIRECTOR: After 2 hours after death f frem 28 is ma	ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	28a. PLACE OF INJURY building, etc. (Spec	edge, death occurre	ed at the time,	office	City or Town,	State)  nd menner ea stated.	
AL DR ATTENDING AL DIRECTOR: After 2 hours after death f frem 28 is ma	D BY	2 Accident 3 Suicide 4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED	28a. PLACE OF INJURY building, etc. (Spec ZIAN: To the best of my knowl R: On the basis of examination	edge, death occurre	ed at the time,	office	City or Town,	State)  nd menner ea stated.	Rural Route Number, suse(s) and menner ea stated.
AL DR ATTENDING AL DIRECTOR: After 2 hours after death f frem 28 is ma	E COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	28a. PLACE OF INJURY building, etc. (Spec ZIAN: To the best of my knowl R: On the basis of examination	edge, death occurrent end/or investigation	n, in my opinio	data and place, and due	to the cause(s) at	ond menner ea stated.	suse(s) and menner es stated.
DR ATTENDING DIRECTOR: After ours after death tem 28 is ma	BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF GERTIFIER  Correll AND LAND L	28a. PLACE OF INJURY building, etc. (Special Property Spe	edge, death occurrent end/or investigation	n, in my opinio	data and place, and due	to the cause(s) at	ond menner ea stated.	suse(s) and menner es stated.
AL DR ATTENDING AL DIRECTOR: After 2 hours after death f frem 28 is ma	E COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED	28a. PLACE OF INJURY building, etc. (Special S	edge, death occurrent end/or investigation	n, in my opinio	data and place, and due	to the cause(s) at	ond menner ea stated.	suse(s) and menner es stated.
AL DR ATTENDING AL DIRECTOR: After 2 hours after death f frem 28 is ma	BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINET  29b. SIGNATURE AND TITLE OF GERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	28a. PLACE OF INJURY building, etc. (Special Property Spe	edge, death occurrent end/or investigation	n, in my opinio	data and place, and due	to the cause(s) at	ond menner ea stated.	suse(s) and menner es stated.
AL DR ATTENDING AL DIRECTOR: After 2 hours after death f frem 28 is ma	BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF GERTIFIER  Correll AND LAND L	28a. PLACE OF INJURY building, etc. (Special S	edge, death occurry on end/or investigation  The property of the state	n, in my opinio	data and place, and due	to the cause(s) at	ond menner ea stated.	ause(s) and menner es stated.



 BIRTHPLACE (State or Fo Country)

Maryland

3. TIME OF DEATH

45

Wilbur

4. SOCIAL SECURITY NUMBER

216-05-5784

So. FACILITY NAME (If not inst

W.

5. SEX

1 X M 2 - F

Donohue

6. AGE (In yrs. last birthday)

77

YRS.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

2. DATE OF DEATH MONTH March

7. DATE OF BIRTH (Month, Day, Year) March 25,

14

1915

1993

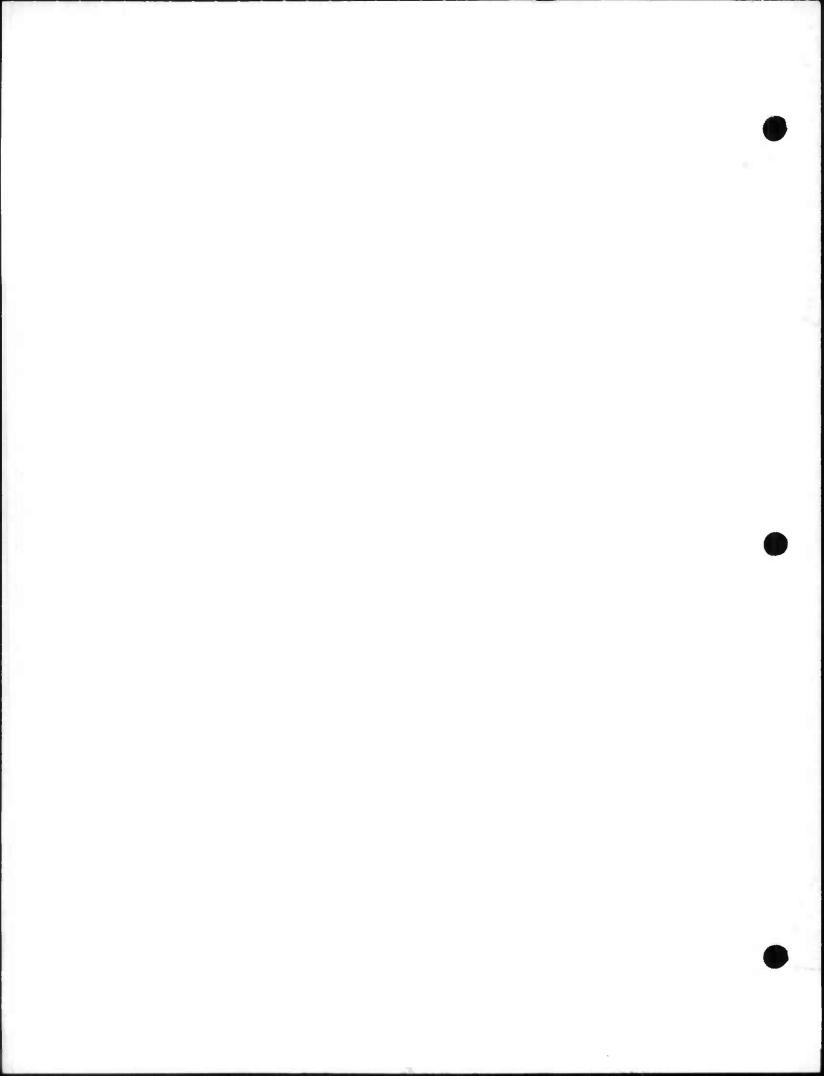
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		Pages		
		the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,		
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BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the	2	the profession was the needless of the same

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 1st hours after death. Page 6 may be retained by the hospital or attending to the RUNG THE RUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the Rund within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

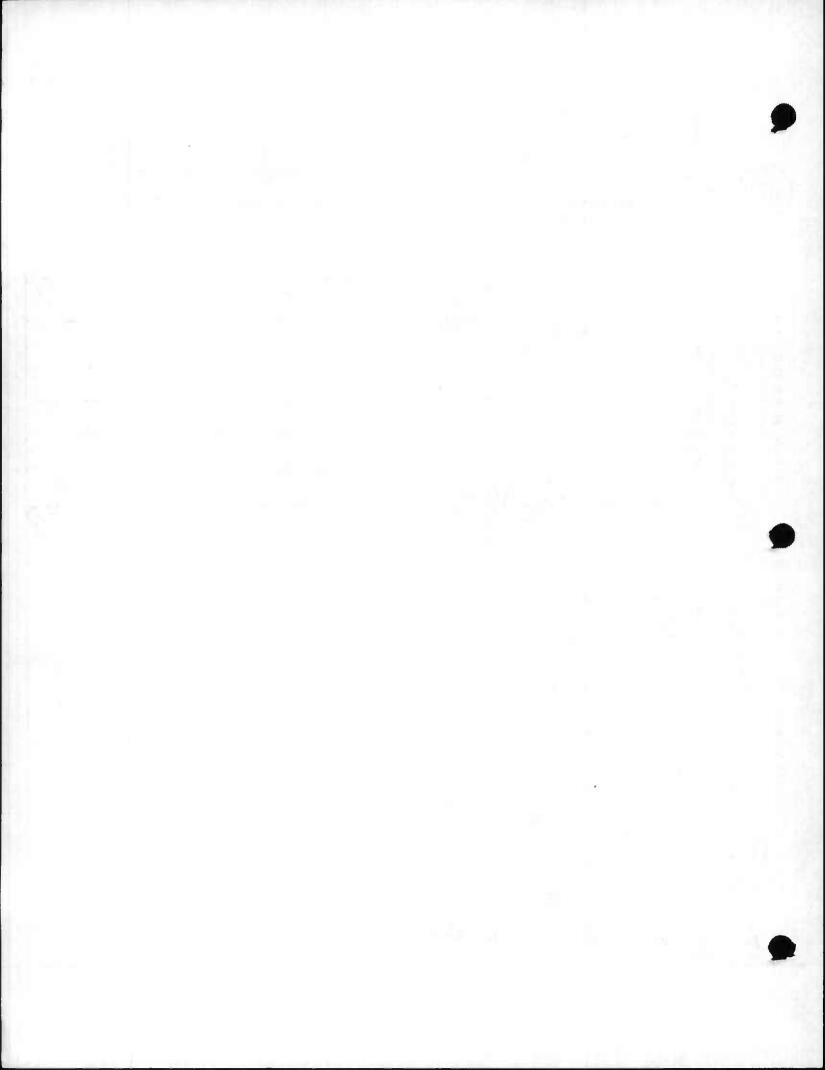
TOR	Washington Adventist Hospital					akoma	Park,	Mary	land		ntgome	
ECI	10a. STATE	10b. COUNTY			10c, CITY, T	OWN OR LO	CATION				100	d. INSIDE CITY
DIRECTOR	Maryland	Prin	ce Georges			tsvil						LIMITS?
ME	10e, STREET AND NUMBER					101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?		T COUNTRY?
FUNERAL	5104 71st A	venue				20784					USA	
J.	11. MARITAL STATUS 1 Never Married 2 X	Married	12. WAS DECEDENT EVER FORCES? 1 TYPE	8 2 NO							American Indian, hits, etc.	
BY	3 Widowed 4 Divo	250,000	# YES, GIVE WAR OR 4-3-44 - 11	DATES	1 ☐ YES 2 📉 NO Specify:					Specify: White		Libito
	15. DEC	EDENT'S EDUC	ATION		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF BUSINESS/INDUSTRY			wille	
ET	Elementary/Secondary (0	y highest grade o	College (1-4 or 5+)	iife. L	e kind of work Do NOT use n	done during stired.)	most of working					
COMPLETED	7		0		Music	ian			Perform:	ing A	Arts	
8	17. FATHER'S NAME (First, M	107. 3724.					18. MOTHE	R'S NAME	First, Middle, Malden	Sumame)		
BE	Charles H.		e						ell White			
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
Ron W. Donohue    5104 71st Ave. Hyattsville, Md. 20748   20s. METHOD OF DISPOSITION   1X  Burlal 2   Cremation 3   Removel from State   Cremation 5   Other (Specify)   Fort Lincoln Cemetery 3-19-93   Brentwood, Marylan												
	21. SIGNATURE OF FUNERA			OIC I	THEOT	22. NAME	AND ADDRESS	OF FACILIT	TY		-	Гутани
Fort Lincoln Funeral Home, Inc.												
	23. PART i. Enter the d	Iseases, or co		ed the dea	2 /	3401	Blader	asbur	g Rd.,Br	entwo	ood,Md	
	IMMEDIATE CAUSE (Fir	eert tellure. L	ist only one ceuse on	each line.	Q.			0	cardiac of respi	atory an	1001,	Approximate interval Between Onset and Death
	disease or condition resulting in death)  a. Due to (or as a consequence or):											
			DUE TO (OR AS	A CONSEQU	JENCE OF):	h 011 -	1 1					At At
ON	Sequentielly list conditions, If any, leading to immediate  b. DUE TO (OR AS A CONSEDUENCE OF):											more
PHYSICIAN: MEDICAL CERTIFICATION	cause. Enter UNDERLY	ING			9-7	Sep	scen	vi a				
Ĕ	CAUSE (Disease or injuthat initiated events		DUE TO (OR AS	A CONSEQU	JENCE DF):		!					
E	resulting in death) LAS	T d										
2	PART ii. Other significa	nt conditions	contributing to death	but not re	sulting in t	the underly	ring cause giv	ren in Par	t i. 24a, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
2					0-				PERFOR	MED?	AM	MILABLE PRIOR TO MPLETION OF CAUSE
									. 1 - YES 2	W NO		OEATH?
ž						_					1	] 123 2 [] 110
SIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					PLACE OF OEA	TH (Check o	only one)			
YSI	1 TES 2 NO		HOSPITAL:			THER:	ome 5 🗆 Resk	dence 6	Other (Specify)			
PH	27. MANNER OF DEATH	Pending	26a. DATE OF INJURY (Month, Day, Year)		28b. TIME O	Y	INJURY AT WORK?		d. OEŞCRIBE HOW IF	JURY OC	CUREO	
ВУ	2 Accident	investigation					YES 2 1	ND				
ED		Could not ba determined	26s. PLACE OF INJUF building, etc. (Sp	RY — Al hom recify)	e, farm, stre	et, factory, o	ffice	281	I. LOCATION (Street a City or Town, State)	nd Numbe	or Rural Route	Number,
Ē	29a. CERTIFIER						F					
3 Suicide 6 Could not be detarmined 281. LOCATION (Street and Number or Rural Route Number, City or Rown, State)  292. CERTIFIER (Check only orie) 2 Detarting Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											d menner as stated.	
E C	29b. SIGNATURE AND TITLE	OF CERTIFIER	Ana	1/	100		29c. AIÇEN	SE NUMBER	3	29d. DAT	E SIGNED (Mo	orth, Qay, Year)
TO BI	20 MANE AND ASSESSED	92	001101	W	INIT	7	D-	-334	182	•	3 15	-193
	Sajeer An	and, A	10 722	7,B	Ha	nove	2 Pkg	4 G	reen bell	m	D 20	770.
	31. DATE FILEO (MONTH, Day, YOUT)  32. REGISTRAN'S SIGNATURE  MAR 1 6 1993  Askie Savidson-Randall											



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ATT	65	afte s	28
8	DIRE	OUR	tem
M	AL	72 1	=
SPI	NER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ë
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8 1 VA

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle	•					2. DAT	E OF DEATH	AY		3. TIME OF DE	EATH
	William	Franklin Du	rnbaugh,	Sı	٠.		03	16		993	5:40	рм
	4. SOCIAL SECURITY NUMBER 577 28 1405	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. lest	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		of BIFTH th, Day, Year) - 6-190	9	e. BIRTI	PLACE (State or	Foreign
H.	9a. FACILITY NAME (If not institution  Bayside No	n, give street and number) ursing Cente	r			on Location of ton Park				Mar		
5	RESIDENCE OF DECEDE	NT	-				, 110		30.	rial	уь	
DIRECTOR	MD 10a. STATE 10b.	Calvert			r, rown on Loc hesapeak						10d. INSIDE CI LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 6345 Bayside	Rd.			10	20732			10g. CIT		MHAT COUNTRY JSA	7
BY	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Wildowed 4 Divorced	COROCCO 4	T EVER IN U.S. ARI YES 2 N MAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 ☐ YES 2 ☐ NO Specify: White, etc. Specify: White							
8		T'S EDUCATION est grade completed)	16a. DEC	CEOENT'S	USUAL OCCUPAT	ION	16	b. KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 d		e kind of work done during most of working Do NOT use retired.)  Electrician Construction								
Ö	17. FATHER'S NAME (First, Middle, L					18. MOTHER'S		Middle, Maiden	Sumame)			
BE (	Joseph Leona		h			Lillia	n N	lay E	Barbe	e		
5	William Frank	,	gh, Jr.	9 C	ADDRESS (Street )10 Broom	and Number or Run Me's Isl	and E	nber, City or Tow Rd., Br	n, State, Zij OOME	Code)	s., MD	20516
	20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Special				of DISPOSITION (A		3-19-		cation — kirk		wn, Stefa al.) MI	
	21. SIGNATURE OF FUNERAL SER	VICE LICENSEE			22. NAME A	ND ADDRESS OF	ACILITY					
	► William	R. Stre	20		Rausc	n Funera	1 Hon	ne, P.A	. 0	wing	s, MD	20736
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
Ü		d										
PHYSICIAN: MEDICAL	PART II. Other significant co	nditiona contributing to	death but not re	esulting	In the underlying	g ceuse given I	n Part I.	24s. WAS AN PERFOR	MED2	24b	WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF OEATH?  1 YES 2	OR TO F CAUSE
₹ I	25. WAS CASE REFERRED TO MED	ICAL		-	28. P	LACE OF DEATH (C	heck only o	ne)				
Sic	EXAMINER?	HOSPITAL: ↑ 1 ☐ Inpetient 2	ER/Outpetlant 3	□ DOA	OTHER:	ne 5 🗆 Residence						
¥	27. MANNER OF DEATH	28a, OATE OF	INJURY	28b. TIN	E OF 28c. IN	JURY AT	_	SCRIBE HOW I	NJURY OC	CURED		
ВУР	1 Natural 5 Pendin		шу, төлг)	IN		YES 2 NO						
	3 Suicide 6 Could 4 Homicide datarm	not be 28e. PLACE Of building.	F INJURY — At honetc. (Specify)	ne, farm,	street, factory, offi			CATION (Street a or Town, State)	and Number	or Rural F	Route Number,	
3 Suicide 6 Could not be detarmined building, etc. (Specify)  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the past of axagrination and/or investigation, in my opinion, in my opinion, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										etelad		
	29b. SIGNATURE AND TITLE OF CE		(	Control of the Contro	.//	29c. LICENSE N		The second second			glidonth, Day, Ne	
BE		// >	× .	10	//	1/99	17		<b>&gt;</b> 3	/17/	93	
٩	30. NAME AND ADDRESS OF FERS	ON WHO COMPLETED CAUS	E OF DEATH OFEN	27) (Type	Princip	0111			7	1	, –	
	31. DATE FILED (Month, Day, Year) MAR 1 9 1993	ful Davids	R'S SIDNATURE DO	2								



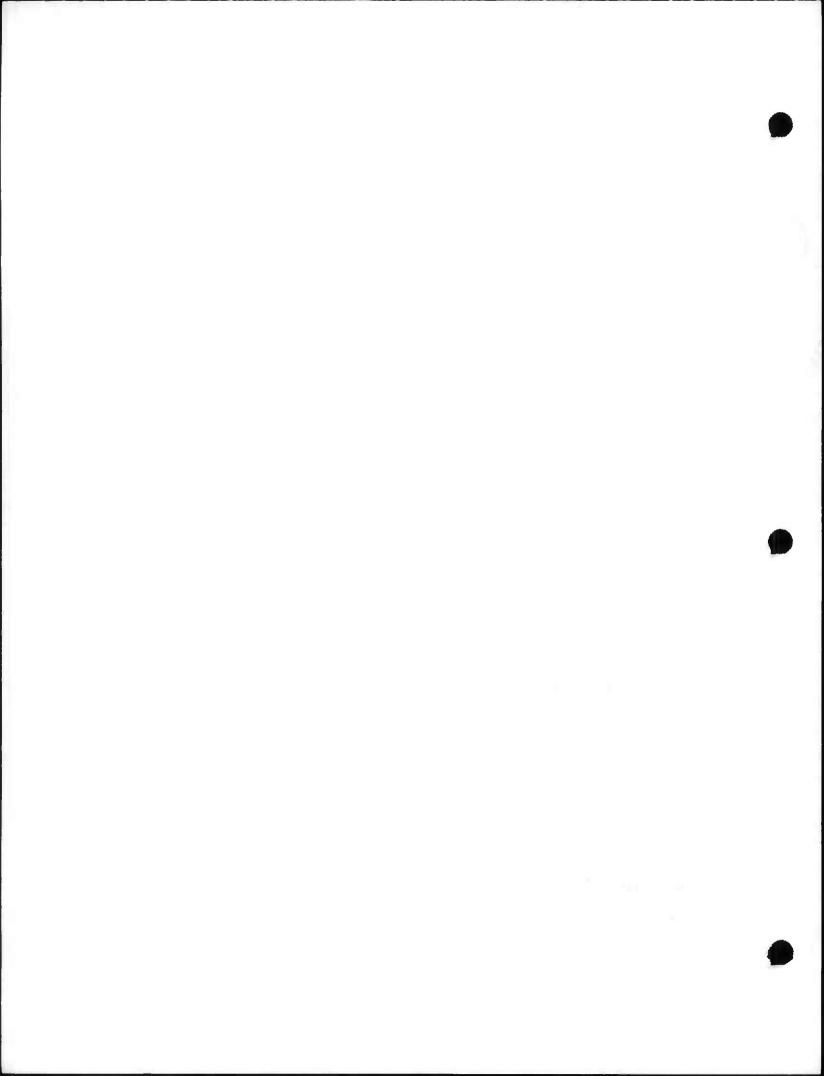
BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

31. DATE FILED (Month, Day, Year)
APR 05

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

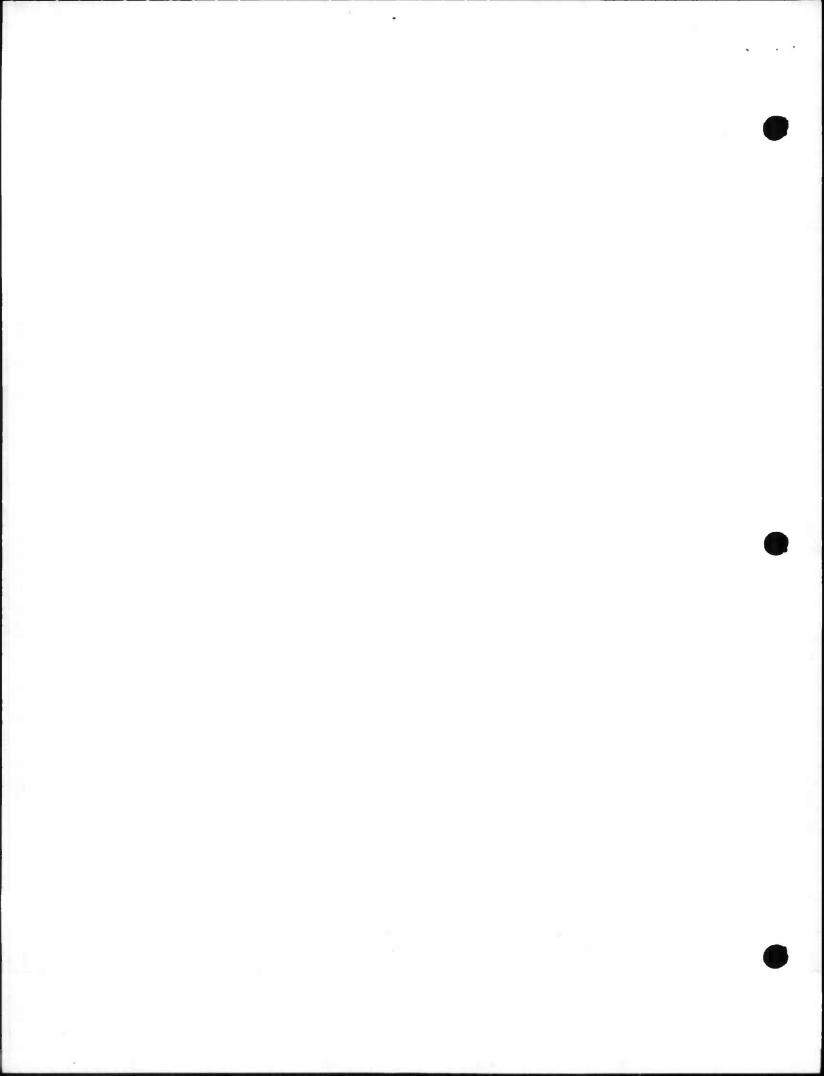
	HEGISTHAR		CL	:niir	ICALE	UF	DEAL	111		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Mildred Hel	en Detr	io						MONTI	of death da	1993	YEAR	3. TIME OF DEATH 6:15 α.M	
		5. SEX	6. AGE (in yrs. last	b lette des cl	IF UNDER	4 VPAD	IF UNDER	04 ISD0	-	OF BIRTH		e pintus	PLACE (State or Foreign	
- 1		1 M 2 F		YRS.	MONTHS	DAY8	HOURS	MIN.	(Monti	, Day, Year)		Country		
	229-32-0595		78				03-20-1			<del>-20-14</del>				
	9e. FACILITY NAME (If not institution, give street	et and number)			9b. CITY	, TOWN (	OR LOCATE	ON OF DE	ATH		9c. COUNT	c. COUNTY OF DEATH		
DIRECTOR	11802 Renner Roa	ad			Κe	eyma	r				Frederick			
E I	11802 Renner Ros										1100			
2	10e. STATE 10b. COUNTY				Y, TOWN C		TION					- 1	10d. INSIDE CITY LIMITS?	
百	Maryland Fred	derick		K	eymaı	r				1[			1 YES 2 NO	
4	10e. STREET AND NUMBER			101. ZIP CODE					10g. CITIZEN OF WHAT CO			HAT COUNTRY?		
2	11802 Renner Rd			21757					USA					
FUNERAL			T EVER IN U.S. ARI											
급	1 Never Merried 2 Married	FORCES? 1	YES 2 X N							etc.) Black, White, atc.		White, atc.		
BY	3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	1 🗌 YE9	Z <sup>N</sup> □ NO	Specify	sny: Specify: Wit				white	
					1				11					
巴	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	18e. DE	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working b. Do NOT use retired,					, KIND OF BUS	SINESS/INDU	STRY			
<b>Ш</b>	Elementary/Secondary (0-12)	DO NOT U	se retirea.)											
4	12	e				B	rook G	rove	Foun	dation				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	101		1s. MOT	HER'S NA	ME (First, i	Middle, Meiden	Sumame)	195					
	Milard Thomas					Ма	hale	v ?						
8E	19e. INFORMANT'S NAME (Type/Print)		198	, MAILING	ADDRESS	S (Street a	and Number			ber, City or Tow	n, State, Zip (	Code)		
2	William McColl			110	02 P	anna	n Dd	V	Oumo	n MD	21757			
	William McCall							eyma.	r, MD	CATION - C		•		
	20e. METHOD OF DISPOSITION 1 1	ral from State	20b. PLACE other pla	OF DISPO	SITION (Na	ame of ce	metery, crer	natory or					.,	
	4 Donetion 5 Other (Specify)		- Kempt	ptown Cemetery Mon						rovia	MD	)		
	21. SIGNATURE OF FUNERAL SERVICE LICE		22.	NAME A	ADDRE	SS OF FA	CILITY	Homes	D A					
	21. SIGNATURE OF FUNERAL SERVICE LICE Marianne A	. sla	uffer	/	- 4						•		700	
				_						rederi				
	23. PART I. Entar the diseases, or co shock, or heart fallure. L(				not antar	tha mo	da of dy	ing, suc	h ss can	diac or respi	iratory arre	est,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final		One								Onsat and Death			
	disease or condition	DEM	ENTIA	, ALZHEIMER'S TYPE					YDE			3 YRJ		
	resulting (n death) a.	DUE TO	(OR AS A CONSEC	EOUENCE OF):						.,				
_	_													
CERTIFICATION	Sequentially list conditions, b.	DUE TO	(OR AS A CONSEC	DIENCE OEN							+			
F	If any, leeding to immediate ceuse. Enter UNDERLYING	552 10	(OII AG A GOIIGE	JOENOE C	/-								İ	
0	CAUSE (Disesse or Injury 6	DUE TO	(OR AS A CONSEC	NIEWOF 6									-	
Ë	that initiated events resulting in desth) LAST	DOE 10	(OH AS A CONSEC	JOENCE C	/r):								İ	
H	d.													
0	PART II. Other significant conditions	contributing to	deeth but not r	esulting	In the ur	nderivin	C CAUSA	alven in	Part I.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
EDICAL										PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ă	ANDREKIA/HIT	ERTENJ	104/	DIA	exil	cui	-041	7		1 TYES 2	NO	1	OF DEATH?	
ME													1 - YES 2 - NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	DEATH (Ch	eck only o	ne)				
2		HOSPITAL:	- Ento-services o	□ 204	OTHE		- 00 -	/						
Ϋ́	27. MANNER OF DEATH		ER/Outpetient 3	28b. TH			ne 5 🖫 🛪	esidence		SCRIBE HOW	IN ILIEN OOO	HOED		
F	1 Natural 8 Pending	28a. DATE OF (Month, E			JURY	W	JURY AT ORK?	_	280. UE	SCHIBE HOW	INJURY OCC	UNED		
В	2 Accident Investigation				М		YES 2	NO						
	3 Suicide 8 Could not be	28e. PLACE C	OF INJURY — At he atc. (Specify)	me, ferm,	street, fac	tory, offi	CO			ATION (Street or Town, State)		or Rural R	loute Number,	
COMPLETED	4 Homicide determined						12.7	, 2.310,						
3	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best o	l my knowledne de	ath annua	and at the	alma das	a and also		to the se	(a) and ma				
MP	Check only						-						) end manner ee stated.	
00	2 MEDICAL EXAMINER	. On the Deele Of 6	10/pre normanimax	vestigat	on, iii my	opinion,	watn occi	HOU AT THE	arret, care	end piece, el	uua to the	- Cansa(6)	, and mainter ee stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1	\	/				ENSE NU			29d. DATE	SIGNED	(Month, Day, Year)	
0	ANDRE Andr	rus O.	Done	lson	m	0	32	19	36		▶ 3	-/-	93	
2			SE OF DEATH (ITE	M 27) (Typ	e, Print)									
	30. NAME AND ADDRESS OF PERSON WHO ANDREW O. DO.	NELGIA	1 911	7	0//	of a	16	\$ 20	3	FREDI	ERICE	C, M	D	
		7	- / -	Per		10 -4					, - , - 4	-,		



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumstic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND	MENTAL HYGIEN REG. NO		0 0 0 0 0							
9	1. DECEDENT'S NAME (First, Middle, L.	nst)		OI DEATH	2. DATE OF DEATH		3. TIME OF DEATH							
	Elizabeth H	Frev Deibel			03	21 93								
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		IPLACE (State or Foreign							
- 5	212-10-3252 Sa. FACILITY NAME (If not institution, g	1 DM 2 DF	83 YRS. MONT	HE DAYS HOURS MIN.	(Month, Day, Year) 08-25-09	9 Count	MD							
POR	947 Nena Ave.			Havre de Gra		9c. COUNTY OF C								
EC	10a. STATE 10b. COL		10c, CITY, TOV	WN OR LOCATION			10d. INSIDE CITY							
- DIRECTOR		arford		re de Grace		1 TES 2 NO								
FUNERAL	947 Nena Ave.			21078		USA								
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	S. ARMED	13. WAS DECENDENT OF HISP	WIC ORIGIN? (Specify Yes	or No- 14. BAC	E — American Indian,							
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuban, Mexi- 1 TES 2 X NO Spec		Spec	k, white, etc.  White							
							WIIILE							
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12th grade  17. FATHER'S NAME (First, Middle, Last)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done durling most of working life. Do NOT use retired.)  18b. DECEDENT'S USUAL OCCUPATION (Give kind of work done durling most of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY  (Bive Decedent'S USUAL OCCUPATION (Give kind of work done durling most of working life. Do NOT use retired.)  18c. DECEDENT'S USUAL OCCUPATION (Give kind of work done durling most of working life. Do NOT use retired.)  18c. KIND OF BUSINESS/INDUSTRY  (Bive Decedent'S USUAL OCCUPATION (Give kind of work done durling most of working life. Do NOT use retired.)														
7	Elementary/Secondary (0-12)   College (1-4 or 5+)   Manager - School Cafeteria   Food - School System													
O	17. FATHER'S NAME (First, Middle, Last)		Manuager-		AME (First, Middle, Maiden		ool System							
	John F. Stever	ncon				Surierier								
BE (	19a. INFORMANT'S NAME (Type/Print)	18011	19b. MAILING ADDI	RESS (Street and Number or Rura	e Frev  Route Number, City or Tow	m, State, Zio Code)								
2	Mr. George F.	Deibel	947 Ne	na Ave. Havi	o de Grace	MD 2	1078							
	20%/METHOD OF DISPOSITION	20b. Pt	LACE AND DATE OF DIS	POSITION (Name of		CATION — City or To								
1 ( Buriel 2 Cremetton 3 Removel from State Commetter, cremetory or other place) 4 Donatton 5 Other (Specify) Angel Hill Cemetery 3-25-93 Havre de Grace. M														
- 1	21 SIGNATURE OF FUNERAL SERVICE LICENSEE													
	Madelyn Mitchell Shank 123 S. Washington St.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as Cartifac or respiratory arrea, Approximate													
	23. PART I. Enter the diseases,	or complications that caused the	he death. Do not er	ter the mode of dying, so	ch as cardiac or respi	Iratory arrest,	Approximate							
	IMMEDIATE CAUSE (Final	ire. List only one cause on eacl					Interval Between Onset and Death							
- 1	disease or condition resulting in death)	KESP	PESPIRATORY KAILURE											
		DUE TO (OR AS A CO	ONSEQUENCE OF):											
N	Sequentially ilst conditions,	ь												
F	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF):											
임	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A CO	ONSEQUENCE OF:											
CERTIFICATION	resulting in death) LAST		,,,				İ							
		d												
AL.	PART II. Other significant condi	tions contributing to death but	not resulting in the	underlying cause given i	Part i. 24a. WAS AN		WERE AUTOPSY FINDINGS							
8	Lymp	HONNY			1 _ YE\$ 2	DINO	COMPLETION OF CAUSE OF DEATH?							
ME							1 TES 2 NO							
PHYSICIAN: MEDIC														
<u>5</u>	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C										
₹	1 YES 2 NO	1 ☐ Inpatient 2 ☐ ER/Outpatie		Nursing Home 5 Residence	_									
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED								
B		estigation " 1 TES 2 NO												
ED	2 Cutalda	26s. PLACE OF INJURY -	3 Suicide 6 Could not be 4 Homicide determined  28a. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify)  28a. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify)											
ш	3 Suicide 6 Could not	be 26s. PLACE OF INJURY — building, stc. (Specify)	Al home, farm, street,	factory, office			Route Number,							
LETE	3 Suicide 6 Could not 4 Homicide determine	be 26s. PLACE OF INJURY — building, stc. (Specify)			City or Town, State)		Goute Number,							
OMPLETE	3 Suicide 4 Homicide 6 Could not determine  29a. CERTIFIER (Check only	be building, stc. (Specify)  HYSICIAN: To the best of my knowleds	ge, death occurred at t	he tima, data and place, and de	City or Town, State) e to the cause(s) and mar	nner as stated.								
COMPLET	3 Suicide 4 Homicide 6 Could not determine  29a. CERTIFIER (Check only	be building, stc. (Specify) d  26s. PLACE OF INJURY — building, stc. (Specify) https://discourse.com/building.stc.	ge, death occurred at t	he tima, data and place, and de	City or Town, State) to the cause(s) and mar e lims, date and place, an	nner as stated, and due to the cause(i	s) and manner as stated.							
BE COMPLET	3 Suicide 4 Homicide 6 Could not determine  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	be building, stc. (Specify) d  26s. PLACE OF INJURY — building, stc. (Specify) https://discourse.com/building.stc.	ge, death occurred at t	he time, data and place, and do my opinion, death occured at th	City or Town, State) to the cause(s) and mar e lims, date and place, an	nner as stated.	s) and manner as stated.							
COMPLET	3 Suicide 4 Homicide 6 Could not determine  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	be 26a. PLACE OF INJURY — building, stc. (Specify) d  HYSICIAN: To the best of my knowled MINER: On the basis of examination as IFIER	ge, death occurred at t	he time, data and place, and do my opinion, death occured at th	City or Town, State) to the cause(s) and mar e lims, date and place, an	nner as stated, and due to the cause(i	s) and manner as stated.							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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													93	09336
	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAR					MENTA	L HYGIEN			0 0 0 0 0
	1. DECEDENT'S NAME (First, Middle of Fift)	RLE	CHAR	LES LE	STER	DAI	WSON	JF	₹.	2. DATE OF DEATH DAY YEAR 3. TIME OF DEAT				TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	- 1	5. SEX	6. AGE (In yrs. le:		IF UNDE	R t YEAR	IF UNDER	24 HRS.		ATE OF BIRTH 8. BI		8. BIRTHPL Country)	ACE (State or Foreign
	215-22-8092		1 🔀 M 2 🗌 F	64	YRS.				727	Sept. 23,1928 N				land
· c	9a. FACILITY NAME (If not instituti				9b. CITY, TOWN OR LOCATION OF DEATH					EATH	E 10 10 10 1 10 10 10 10 10 10 10 10 10 1			
DIRECTOR	Baltimore Co.	Gene	eral Hos	pital	al Baltimore						Baltimore			e Co.
띭		COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION				10d, INSIDE CITY		
	Maryland	Harf	Ford		Edgewood						LIMITS? 1 ☐ YES 2 🔀 NO			
FUNERAL	10e. STREET AND NUMBER				10f. ZIP			ZIP CODE			10g. CITIZ	EN OF WHA	AT COUNTRY?	
	1403 Clearvie	w Rd.			21040			USA						
	11. MARITAL STATUS  1 Never Married 2 Marri	T EVER IN U.S. AF				CENDENT OF HISPANIC ORIGIN? (Specify pecify Cuban, Mexican, Puerto Rican, etc.			N? (Specify Yes Rican, etc.)	or No-	14. RACE - Black, V	- American Indian, White, etc.		
B	3 Widowed 4 Divorced	AR OR DATES			1 TYES				1110411, 0102)		Specify:			
								KIND OF BUILD	INESS/INDI	ICTOV	White			
E	UL Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of working most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTF (Give kind of work down down down down down down down down								Jaint					
릴	Kitchen Installer Woodworkin									ing				
8														
BE	Charles Lester Dawson, Sr. Anna Belle													
2	O 198, INFORMANT'S NAME (Type/Print) 196, MAILING ADDRESS (Str.								(Street and Number or Rural Route Number, City or Town, State, Zip Code)  BOX 83B, Leonardtown, Md. 20650					
	John L. Dawso:	n							Lec					
	1 🔀 Burlel 2 🗆 Cremation 3 4 🗆 Donation 5 🗆 Other (Spec	cify)		20b. PLACE of Cometery, cree	matan, as a	than alaaa			у 3	1			timor	e, Md.
	21. SIGNATURE OF FUNERAL SEF	KVICE LICE	NSEE Wale	man :	tut	I	NAME AN HOWAI 1317	d K.	McC	comas	s III F	unera	al Ho	me, P.A. 21009
	23. PART I. Enter the disease	sea, or co	mplicatione that	caused the de	ath. Do n									Approximate
	shock, or heert IMMEDIATE CAUSE (Finel disease or condition	rallure, Li	M.F.		interval De							interval Between Onset and Death		
	resulting in death)	а.	DUE TO	OR AS A CONSE	QUENCE OF):									
ERTIFICATION	Sequentially list conditions, if any, leading to immediate		DUE TO	OR AS A CONSEC	DUENCE OF	ŋ:								
걸	cause. Enter UNDERLYING CAUSE (Disease or Injury	<b>c.</b>	DUE TO	OR AS A CONSE	MENCE OF	n.								
ERTI	that initiated events resulting in death) LAST			ON AS A CONSE	JOENCE OF	<i>y</i> .								
2	PART ii. Other algorificant co	onditiona	contributing to	deeth but not r	eeuiting i	n the u	nderlylna	cause o	lven in l	Part i.	24a. WAS AN	UTOPSY	24b W	ERE AUTOPSY FINDINGS
MEDICAL	DROST	ATF	= CA								PERFORI	WED?	AV	MILABLE PRIOR TO DMPLETION OF CAUSE
밃										_	1 YES 2	□ NO	Of	F DEATH?
										_			''	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO ME	DICAL					26. PL	ACE OF DE	EATH (Che	ock only o	ne)			
EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify)														
РНҮ	27. MANNER OF OEATH  1 Natural 5 Pendi	Ing	28s. DATE OF (Month, Da		28b. TIMI INJ		26c. INJU WOF	JRY AT			SCRIBE HOW IN	JURY OCCI	URED	
ВУ	3 Suidde	tigation	28a. PLACE OF	INJURY — At ho	me farm e	treet for		ES 2 _	NO	201 1 00	CATION (Street ar	and Advantage of	0	
ETED		not be	building,	ntc. (Specify)			nory, omca			City	or Town, State)	na rvumber o	or Psurair Piour	e Number,
COMPL			AN: To the best of an											nd manner as stated.
- 11	29b. SIGNATURE AND TITLE OF C						, , , ,				- Lio piece, end			
TO BE	0.0	lau	~ lly	2				29c. LICE	D S	37	333	DATE	SIGNED (M	onth, Day, Year)
<b>⊢</b> #	30. NAME AND ADDRESS OF PER	SON WHO	COMPLETED CALLS	E OF DEATH //TEL	4 27) /Sma	Onint) s								1

2113

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRAR'S SIGNATURE
Julia Davidson-Handall

31. DATE FILED (MONTH, Day, Year)
MAR 26 93

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician,	led in by the funeral director, page 5 should be detached for use as the burial-transit permit, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be rotatined by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO-BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 00337

	REGISTRAR		-		CATE OF	DEAILI	REG. N	10.	_	00001		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. T	TIME OF DEATH		
	NEWTON	Clarence	Γ	OYKES			03- <b>⊠</b> X	07 S	YEAR 1	.818 •		
	4. SOCIAL SECURITY NUMBER	5. SEX 8	. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLAC	CE (State or Foreign		
	220-12-1152	1 XM 2 🗆 F	70	YRS.	WONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Mary1	and		
	9a. FACILITY NAME (If not institution, give si	street and number)	_/	1	9b. CITY, TOWN	OR LOCATION OF D		01 07 22				
5	PENINSULA REGIONA	T. MEDICAL	CENTER	,	SALISB	TIDV		[A77	COMIC	· ·		
5	RESIDENCE OF DECEDENT		CERTAIN	1	SHLISE	OKI		AA "I	CONT	.0		
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION			10d.	. INSIDE CITY LIMITS?		
0		comico		L	Delmar				130	YES 2 NO		
¥	10e. STREET AND NUMBER				10	Of. ZIP CODE		10g. CITIZ	EN OF WHAT			
FUNERAL	E. East Street					21875		1	JSA			
5	11. MARITAL STATUS	12. WAS DECEDENT 8 FORCES? 1	EVER IN U.S.AR	MED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify					
	1 Never Married 2 Married	FORCES? 1 FYES, GIVE WAR	YES 2 OR DATES	10	If yea, a	pecify Cuban, Maxica S 2 NO Specif	en, Puerto Rican, etc.)		Black, Whi Specify:	kmerican Indian, ita, atc.		
ВУ	3 Widowed 4 Divorced				"		7		эрвопу.	WHITE		
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE(	CEDENT'S U	SUAL OCCUPATI	ION	16b. KIND OF E	BUSINESS/INDU	STRY			
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hie.	Do NOT use	retired.)	ost or working						
API	10		r	none								
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		1			18. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)	-			
BE C	Clarence (unk) Dy	ykes				Doroti	hy (unk) l	Hasting	2S			
	19a. INFORMANT'S NAME (Type/Print)		19t	o. MAILING A	DDRESS (Street		Route Number, City or 1	-				
2	Tamala Paxton						ve., Sali:			1801		
	20a. METHOD OF DISPOSITION		T 20b. PLACE /		DISPOSITION		OATE 20c.					
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Remo	oval from State	comptent cres	motory or other			3/10 S					
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	DAVES	S Fami		ND ADDRESS OF FA	3/10  0	grispur	у, ш	7. 21001		
	n. La	.AnA	- 1				eral Home					
	May 1	LOCHOW	w		501	Snow Hil	1 Rd., Sa	lisbury	J. Md.	21801		
	23. PART I. Enter the disesses, or c shock, or heart failure. I	complications that c	aused the de	eth. Do no	t enter the me	ode of dying, suc	h as cardiec or ree	piratory sme	st,	Approximate		
	IMMEDIATE CAUSE (Final	List only one cause	on escn line.						i	Interval Between Onset and Death		
	disease or condition	ארו משוחנו ג	דיייט מייי		יייי איייייייייייייייייייייייייייייייי	אדם מגיווים	מדם א כיוני		i			
	resulting in death)	a. ARTERIOSO DUE TO (O	R AS A CONSEQ			COLAK DI						
7								į				
ō	Sequentially list conditions,	DUE TO (O	R AS A CONSEC	UENCE OF):					+			
P 10	cause. Enter UNDERLYING	Sequentially list conditions, If any, leading to immediate										
X I												
IFICA	CAUSE (Disesse or Injury that initiated events	c. DUE TO (OI	R AS A CONSEQ	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):								
RTIFICA	CAUSE (Disesse or Injury	c. DUE TO (O	R AS A CONSEQ	NUENCE OF):								
CERTIFICA	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	d										
AL CERTIFICA	CAUSE (Disesse or Injury that initiated events	d				ng ceuee given in		AN AUTOPSY		E AUTOPSY FINOINGS		
DICAL CERTIFICA	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  CHRONIC OBSTRUC	d	eath but not re	esulting in	the underlyin	ig ceuee given in	PERF	ORMED?	AVAIL	LABLE PRIOR TO		
MEDICAL CERTIFICATION	CAUSE (Disesse or Injury that Initiated events resulting in death) LAST	d	eath but not re	esulting in	the underlyin	ig ceuee given in		ORMED?	AVAIL COM OF D	LABLE PRIOR TO IPLETION OF CAUSE DEATH?		
Σ	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  CHRONIC OBSTRUC	d	eath but not re	esulting in	the underlyin	ng ceuee given in	PERF	ORMED?	AVAIL COM OF D	LABLE PRIOR TO		
Σ	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  CHRONIC OBSTRUC  COCHEXIA  HYPERTENSION  25. WAS CASE REFERRED TO MEDICAL	d	eath but not re	esulting in	the underlyin	ng ceuee given in	PERF 1 TYES	ORMED?	AVAIL COM OF D	LABLE PRIOR TO IPLETION OF CAUSE DEATH?		
Σ	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent condition:  CHRONIC OBSTRUC  COCHEXIA  HYPERTENSION	d.  s contributing to de  CTIVE PULM  HOSPITAL:	on the but not re	esulting in	the underlyin	LACE OF OEATH (Ch	PERF 1 VES	ORMED?	AVAIL COM OF D	LABLE PRIOR TO IPLETION OF CAUSE DEATH?		
Σ	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions:  CHRONIC OBSTRUC COCHEXIA  HYPERTENSION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	onth but not re	OISEAS	the underlyin E  26. P  THER:  Nursing Hon	PLACE OF GEATH (Ch	PERF 1 YES  meck only one)  8 Other (Specify)	ORMED?	AVAIL COM OF D	LABLE PRIOR TO IPLETION OF CAUSE DEATH?		
PHYSICIAN: M	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions:  CHRONIC OBSTRUC COCHEXIA  HYPERTENSION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	d.  s contributing to de  CTIVE PULM  HOSPITAL:	ONARY D	esulting in	the underlyin  26. P  THER:  Nursing Hon  RY  W	PLACE OF OEATH (Ch.	PERF 1 VES	ORMED?	AVAIL COM OF D	LABLE PRIOR TO IPLETION OF CAUSE DEATH?		
BY PHYSICIAN: M	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions:  CHRONIC OBSTRUC COCHEXIA  HYPERTENSION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	d	ONARY D	DOA CALLED BY BOOK BOOK BY BOOK BY BOOK BY BOOK BY BOOK BY BOOK BY BOOK BY BOOK BY BOOK BY BOOK BY BY BY BY BY BY BY BY BY BY BY BY BY	26. P  THER: Nursing Hon OF WY M 1	PLACE OF OEATH (Chromo 5  Residence JURY AT ORK? YES 2  NO	PERF 1 YES  seck only one)  8 Other (Specify)  28d. DESCRIBE HOW	ORMED?  2 NO  VINJURY OCCU	AWAIL COM OF D	LABLE PRIOR TO PILETION DF CAUSE PEATH?		
ED BY PHYSICIAN: M	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions  CHRONIC OBSTRUC  COCHEXIA  HYPERTENSION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	d	eath but not re ONARY D  ER/Outpetient 3 JURY At hor	DOA CALLED BY BOOK BOOK BY BOOK BY BOOK BY BOOK BY BOOK BY BOOK BY BOOK BY BOOK BY BOOK BY BOOK BY BY BY BY BY BY BY BY BY BY BY BY BY	26. P  THER: Nursing Hon OF WY M 1	PLACE OF OEATH (Chromo 5  Residence JURY AT ORK? YES 2  NO	PERF 1 YES  meck only one)  8 Other (Specify)	ORMED?  2 NO  W INJURY OCCU	AWAIL COM OF D	LABLE PRIOR TO PILETION DF CAUSE PEATH?		
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ED BY PHYSICIAN: M	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions:  CHRONIC OBSTRUC  COCHEXIA  HYPERTENSION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSK	d	eath but not re ONARY D  ER/Outpetient 3 JURY (ber)  NJURY — At hor c. (Specify)	DOA CONTROL OF THE CO	26. POTHER:  Nursing Hon OF 28c. IN. W 1 est, factory, office	PLACE OF OEATH (Ch. The S Residence JURY AT ORK? YES 2 NO ce a and place, and due	PERF 1 YES  1 YES  Other (Specify)  28d. DESCRIBE HOV  281. LOCATION (Stree City or Town, Ste	ormed?  2 No  W INJURY OCCU et and Number of	AWAIL COMMON OF D	LABLE PRIOR TO PILETION DF CAUSE SEATH?  YES 2  NO  Number.		
ED BY PHYSICIAN: M	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions:  CHRONIC OBSTRUC  COCHEXIA  HYPERTENSION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSK	HOSPITAL:  1   Inpatient 2   28a. DATOF IN. (Month, Dey.)  28a. PLACE OF IN. (building, etc.)	eath but not re ONARY D  ER/Outpetient 3 JURY (ber)  NJURY — At hor c. (Specify)	DOA CONTROL OF THE CO	26. POTHER:  Nursing Hon OF 28c. IN. W 1 est, factory, office	PLACE OF OEATH (Ch. The S Residence JURY AT ORK? YES 2 NO ce a and place, and due	PERF 1 YES  1 YES  Other (Specify)  28d. DESCRIBE HOV  281. LOCATION (Stree City or Town, Ste	ormed?  2 No  W INJURY OCCU et and Number of	AWAIL COMMON OF D	LABLE PRIOR TO PILETION DF CAUSE SEATH?  YES 2  NO  Number.		
COMPLETED BY PHYSICIAN: M	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions:  CHRONIC OBSTRUC  COCHEXIA  HYPERTENSION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSK	d	eath but not re ONARY D  ER/Outpetient 3 JURY (ber)  NJURY — At hor c. (Specify)	DOA CONTROL OF THE CO	26. POTHER:  Nursing Hon OF 28c. IN. W 1 est, factory, office	PLACE OF OEATH (Ch. The S Residence JURY AT ORK? YES 2 NO ce a and place, and due	PERF 1 YES  1 YES  Other (Specify)  28d. DESCRIBE HOW  City or Town, Sta  to the cause(a) and ri	ormed?  2 No  V INJURY OCCU  of and Number of the)	AWAIL COMM OF D 1   ITEO  FRUITE Route H  Cause(e) and	LABLE PRIOR TO PILETION DF CAUSE SEATH?  YES 2 NO  Number,  menner as stated.		
COMPLETED BY PHYSICIAN: M	CAUSE (Disesse or Injury that Initiated events resulting in death) LAST  PART II. Other significent conditions  CHRONIC OBSTRUC  COCHEXIA  HYPERTENSION  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	d	eath but not re ONARY D  ER/Outpatient 3 JURY Year)  NJURY — At hor c. (Spec/ly) y knowledge, dea	DOA CONTROL OF THE CO	26. POTHER:    Nursing Hon OF   28c. IN. WY M   1       eet, factory, offic st the time, date in my opinion, o	PLACE OF OEATH (Cheme 5   Residence JURY AT ORK? YES 2   NO ce a and place, and due death occured at the	PERF 1 YES  1 YES  1 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State of the cause(a) and many time, data and place,	ormed?  2 No  W INJURY OCCU  of and Number of  replacements a stated and due to the  29d, DATE:	JREO  JREO  ANAL COMMISSION OF D  1   Cause(a) and  SIGNED (Monis	LABLE PRIOR TO PICETION OF CAUSE PEATH?  YES 2 NO  Number.  menner as stated.  th, Day, Year)		
ED BY PHYSICIAN: M	CAUSE (Disesse or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions CHRONIC OBSTRUC COCHEXIA HYPERTENSION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Ves 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:  1   Impatient 2   E    28a. DATE OF IN. (Month, Day.  28e. PLACE OF in building, etc.)	eath but not re ONARY D  ER/Outpetient 3 JURY — At hor c. (Spec/ly) y knowledge, des	DOA CALL DOA	the underlyin  26. P  OTHER:  Nursing Hon  OF  28c. IN.  WY  M  1   set, factory, offic  at the time, data in my opinion, of	PLACE OF OEATH (Ch	PERF 1 YES  1 YES  1 Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State of the cause(a) and many time, data and place,	ormed?  2 No  W INJURY OCCU  of and Number of  replacements a stated and due to the  29d, DATE:	AWAIL COMM OF D 1   ITEO  FRUITE Route H  Cause(e) and	LABLE PRIOR TO PICETION OF CAUSE PEATH?  YES 2 NO  Number.  menner as stated.  th, Day, Year)		
TO BE COMPLETED BY PHYSICIAN: MI	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition:  CHRONIC OBSTRUC COCHEXIA  HYPERTENSION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  3 NAME AND ADDRESS OF PERSON WHO	HOSPITAL:  1   Imperient 2   28e. DATCE OF IN- (Month, Dey.  28e. PLACE OF IN- building, etc.  R. O COMPLETEO AUSE.	eath but not re ONARY D  ER/Outpatient 3 JURY year)  NJURY — At hon c. (Specify)  y knowledge, des mination and/or in	DOA 4 28b. TIME (INJUR	26. POTHER:  Nursing Honory  New M  1   at the time, date in my opinion, of the my opinion opinion opinion.	PLACE OF OEATH (Ch. The 5 Residence JURY AT ORK? YES 2 NO Ce a and place, and due death occured at the DO359	PERF 1 YES  1 VES  Other (Specify)  28d. DESCRIBE HOV  281. LOCATION (Street City or Town, State of the cause(a) and matter, deta and place, MBER	W INJURY OCCU et and Number or te)  nenner as stated and due to the  29d. DATE:	JREO  JREO  Rural Route I  cause(a) and  SIGNED (Mont	LABLE PRIOR TO PICETION OF CAUSE PEATH?  YES 2 NO  Number.  menner as stated.  th, Day, Year)		
TO BE COMPLETED BY PHYSICIAN: MI	CAUSE (Disesse or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions CHRONIC OBSTRUC COCHEXIA HYPERTENSION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Ves 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:  1   Imperient 2   28e. DATCE OF IN- (Month, Dey.  28e. PLACE OF IN- building, etc.  R. O COMPLETEO AUSE.	eath but not re ONARY D  ER/Outpatient 3 JURY hear)  NJURY — At hon  At hone  y knowledge, dea nination and/or in  DEPUT  OF DEATH (ITEM  8 PINE	DOA 4 20b. TIME (INJURE) The ferm, streeth occurred investigation, TY M.E BLUFF	26. POTHER:  Nursing Honory  New M  1   at the time, date in my opinion, of the my opinion opinion opinion.	PLACE OF OEATH (Ch. The 5 Residence JURY AT ORK? YES 2 NO Ce a and place, and due death occured at the DO359	PERF 1 YES  1 VES  Other (Specify)  28d. DESCRIBE HOV  281. LOCATION (Street City or Town, State of the cause(a) and matter, deta and place, MBER	W INJURY OCCU et and Number or te)  nenner as stated and due to the  29d. DATE:	JREO  JREO  Rural Route I  cause(a) and  SIGNED (Mont	LABLE PRIOR TO PICETION OF CAUSE PEATH?  YES 2 NO  Number.  menner as stated.  th, Day, Year)		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh be filled within 72 hours after death with the State Dept. of Heath and Mental Hyglene pylor to burial, cremation, or removal.
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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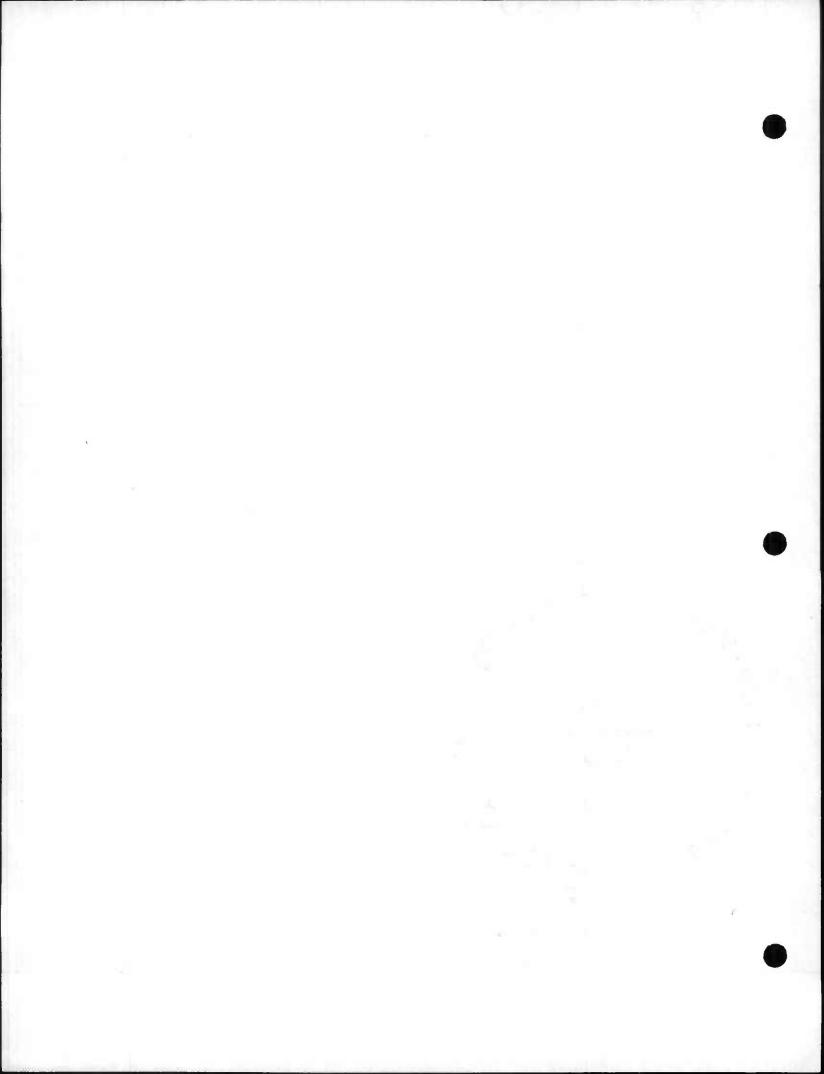
	FOR STATE REGISTRAR		STATE OF N		DEPAR ERTIF					MENTA	L HYGIEN		93	09338
1	1. DECEDENT'S NAME (First	t, Middle, Lest)									OF DEATH	AY	been !	3. TIME OF DEATH
	li .		ALEXA	NDER P.	DOUG	GAN				MONT	RCH 8	1993	PASY	1336
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDE	7	IF UNDER		7 DATE	DATE OF BIRTH		a BIRTH	IPLACE (State or Foreign
	222-58-466	1	1 📉 M 2 🗆 F	21	YRS.	MONTHS	DAYS	HOURS	MINI.	5/2	/41		Black!	Pool, England
	9a, FACILITY NAME (If not is	nstitution, give a	street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATH 9c. COUNTY O				
OR	PENINSULA :		AL MEDICA	L CENTE	ER	SA	LISB	URY				WI	COMIC	00
DIRECTOR	RESIDENCE OF DE	10b. COUNT	v		10c CIT	V TOWAL	OR LOCAT	TION						44.4 MININE COTY
E	Delaware		ussex		11	,			L					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		ussex		I N	епор		Beac.				T 40= 000	TEN OF I	1 YES 2 NO
FUNERAL	100 Strawb		av (Breez	(hoowe			1	1997	_	USA				WHAT COUNTRY?
N.	11. MARITAL STATUS	city w	12 WAS DECEDEN	T EVED IN ILC AL	PMED	277.2								
8	1 Never Married 2 X 3 Widowed 4 Dive		FORCES? 1 IF YES, GIVE W	YES 2	INO  13. WAS DECENDENT OF HISPANI  H yes, specify Cuban, Mexican,  1  YES 2 NO Specify:				n, Puerto		or No	Black	E — American Indian, c, White, etc.  White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind						OCCUPATIO	ON		16b	KIND OF BU	SINESS/INC	DUSTRY	
E	Elementary/Secondary (		College (1-4 or 5 +	·)	Sive kind of a. Do NOT u			IST OF WORK	ng					
P.	Unknown			Br	ick l	Maso	nry			Q	uigley l	<b>Assonr</b>	y Con	tractors
Ö	17. FATHER'S NAME (First, Middle, Last)										Middle, Maiden			
BE (	Alexander	E. Do	ougan		Elizabeth S					th Sc	h Scofield			
70	198. INFORMANT'S NAME (Type/Print)  Jeanette Dougan  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  19971  100 Strawberry Way (Breezewood) Rehoboth Beach, DE													
	20a. METHOD OF DISPOSITI	TION on 3 Rem	oval from Stata	20b. PLACE	AND DATE	of DISPO	Cre	nator	-v 3/	DAT /9/93	E 20c. LO	cation –	city or To	wn, siete Delaware
	21. SIGNATURE OF THE LICENSEE  22. NAME AND ADDRESS OF FACILITY MELSON FUNERAL SERVICES, LTD. MILLSBORO, DELAWARE 19966													
	23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear fellure. List only one ceuse on each line.  Approximate interval Between													
	disease or condition resulting in death)	<b>→</b>	Basilar Arten Infarction  Due to (OR AS A CONSEQUENCE OF):									3 days		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										Dyenrs			
CERTIFICATION	CAUSE (Disease or Injuthat Initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	QUENCE O	F):								
_	PART II. Other aignifica	ent condition	as contribution to	death but not	regulting	In the u	adadula.		eless la	David I	04-1400 444	4117777		
3	Coronn		A-to-	0	75 C	m the u	inoenym,	g cause :	Aisen III	rant I.	24a. WAS AN PERFOR		240.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL	(oven A	4	Artey	Byp	A35	6	mt	Hing			1 TES 2	М		OF DEATH?
AN	25. WAS CASE REFERRED 1	Ren	1 /-	allor			00 84	105.05.0	F 1711 401					
Ö	EXAMINER?	O MEDICAL	HOSPITAL:	1.03000		OTHE	R:			eck only or				
48	27, MANNER OF DEATH		28s. DATE OF	ER/Outpatient :	28b. TIM		28c. INJ		esidence	6 Othe	r (Specify) CRIBE HOW I	N HIEV OO	CURED	
	_	Pending	(Month, D			JURY		PRK?	NO	200. DE	CHIBE HOW I	NJUNT OC	COMED	
BY	2 Accident	investigation	28e. PLACE O	F INJURY — AI h	ome term	street for			_ NO	281 100	ATION (Chart	and Number	on Charact C	Sauda Africada a
COMPLETED	3 Suicide 6 4 Homicide	Could not be determined	building,	atc. (Specify)	orre, willing	-treet, IBI	or y, orne	-			ATION (Street of Town, State)	aru numbei	or numer h	voure rumber,
1	29a. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best of	my knowledge. de	eath occum	ed at the	Jime, date	and place	, and due	to the co-	se(s) and me	mer es ste	led.	
M	onel													) and manner as stated.
	295, SIGNATURE AND TITLE	-							ENSE NUI					
3 BE	Itas	ful	in	MD				D4	1813	)		▶ 3	3 —	8-93
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Non-Pile)									- 7					

SA/USU

ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

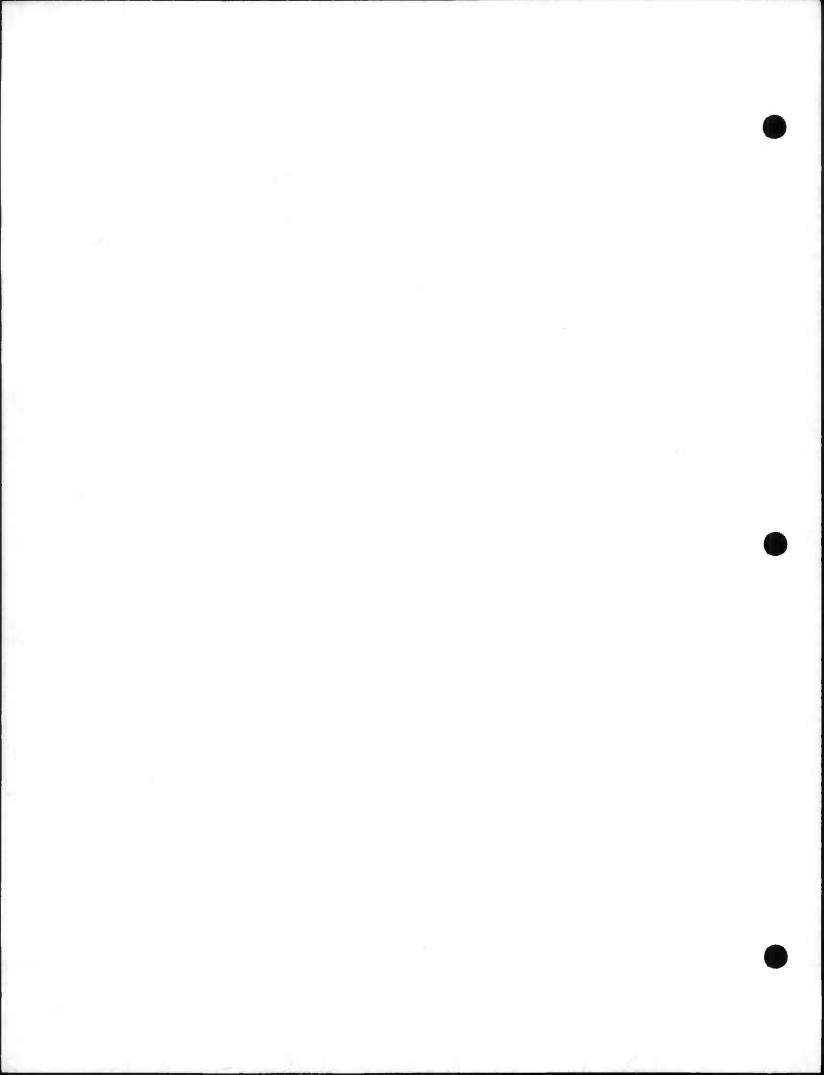
J I An MO 201 Pine

32. AEGISTRAR'S SIGNATURE
Julia Daydson-Aandall



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be find within 70 hours after death with the State Phot	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MARYLAN	D / DEPARTME			MENTAL HYGIEN	TE.	3 09339			
	1. DECEDENT'S NAME (First, Middle, Last)	OLITTI TOA	IL OI D	LAIII	2. DATE OF DEATH	).	3. TIME OF DEATH			
	Rebecca L. Dashiel	MONTH (		YEAR						
			DER 1 YEAR #	F UNDER 24 HRS.	7. DATE OF BIRTH		3 5:25 A M  BIRTHPLACE (State or Foreign			
	219-07-6088 10 M2 MF 85	YRS. MONTH	1	OURS MIN.	(Month, Day, Year)		Country)			
	9s. FACILITY NAME (If not institution, give street and number)			LOCATION OF DE	11-20-19	-	Maryland			
Œ		0.00	- 77		EATH	9c. COUNT	Y OF DEATH			
5	SALISBURY NURSING & REHAB CENT	'ER SAL	ISBURY	, MD.		WICO	MICO			
l E	10a. STATE 10b. COUNTY			10d, INSIDE CITY						
1 %	SALISBURY NURSING & REHAB CENTER SALISBURY, MD. WICOM  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  Maryland  Wicomico  Fruitland									
	10e. STREET AND NUMBER		101, 21	P CODE		10g. CITIZEN OF WHAT				
N.	311 Anderson Street		2	1826		S.A				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S	S ARMED I			HC ORIGIN? (Specify Ye					
	1 Never Married 2 Married FORCES? 1 YES 2	NO	If yes, specify	y Cuben, Mexica	n, Puerto Rican, etc.)	8 OF NO.	I. RACE — American Indian, Black, Whits, etc.			
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	,	1   YES 2	NO Specifi	y:		Specify: RIACK			
0	15. DECEDENT'S EDUCATION 164	DECEDENT'S USUAL	OCCUPATION		16b, KIND OF BL	SINESS/INDUS	STRY			
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work do	ne during most of d.)	f working						
립		Oomestic			None					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	OMCSCIC	16	MOTHER'S NA	ME (First, Middle, Maider					
E C	Harry Toadvine				Andersor	,				
0	19s, INFORMANT'S NAME (Type/Print)	105 MAN ING ADDRESS			Route Number, City or To					
일	Philip Dashiell				Severn,		· ·			
	1 ■ Burist 2 □ Cremation 3 □ Removal from State   Cometer	ACE AND DATE OF DISP y, cremetory or other place		of	12/.		y or Town, State			
	4 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Calver				iitlar	nd, Md.			
	4. 6	4.	22. NAME AND A	ADDRESS OF FA	99.0	01 17-	al Da			
	Gladyo By Stewar	7	Clinto	on F.S	tewart-S	Salish	est Rd. oury,Md.2180			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.									
	shock, or heaft failure. List only one cause on each line.  interval Between Onset and Death									
	disease or condition	HONIA					Oriset and Death			
	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
- 1	Da 2420/374									
CERTIFICATION	Sequentially list conditions,									
🛓	If any, leading to immediate cause. Enter UNDERLYING	LTIPLE	5	Roke	2 5					
	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CO						-			
E	resulting in death) LAST									
빙	d									
4	PART ii. Other significant conditions contributing to death but r	not resulting in the	underlying ca	ause given in		. WAS AN AUTOPSY 24b. WERE AUTOPSY PERFORMED? AMAILABLE PRIC				
일	HISTORY CHE				1 TYES	41	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
	ASCUP					Am	OF DEATH?			
2	1531				-		I I IES DO NO			
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL		26 BI AC	E OF DEATH (Ch	an and and					
일	EXAMINER? HOSPITAL:	ОТН	ER:							
¥	1   YES 2   RO   1   Inpatient 2   ER/Outpatient 2. MANNER OF DEATH   286. DATE OF INJURY				8 Other (Specify)					
	Natural 5 Pending	28b. TIME OF INJURY	28c. INJURY WORK?	?	28d. DEŞCRIBE HOW	INJURY OCCUI	RED			
\	2 Accident Investigation		1172	2 NO						
0	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, street, f	actory, office		281. LOCATION (Street City or Town, State		Rural Route Number,			
	4   Normana Osterimina									
COMPLET	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge	e, death occurred at th	e time, date and	d place, and due	to the cause(s) and me	nner as stated.				
§	one) 2 MEDICAL EXAMINER: On the basis of sxamination and									
	29b. SIGNATURE AND TITLE OF CERTIFIER	_		IC. LICENSE NUA			SIGNED (Month, Day, Year)			
8	ma	110				17 17	1.010 (MOINI, DBY, TOBY)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH			D-39813	)	1 - 2	110/7_>			
			a	ran	ил озо					
1	MICHAEL ATKINS, M.D. 1104 HEAL	THWAY DRI	VE, SAI	PTSBOKA	, Md. 2180	λŢ				
0	MAR 17 1993 Julia Jawasan Jar	dell								



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	1	STATE OF MA		DEPAR ERTIF					MENTA	REG. NO.	Ε -		09340	
1. DECEDENT'S NAME (First,		Hammond	Dellin	ger					MON	ch 21,		YEAR.	3. TIME OF DEATH  3:00 a M	
4. SOCIAL SECURITY NUMB 214-16-0150		5. SEX 6	AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS.	7. DATE (Mon	E OF BIRTH th, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)	
9a. FACILITY NAME (If not ins				ins.	9h CITY	Dec. 7, 1919 Ma							yland	
351 Nottingham Road						ager							gton	
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY													10d, INSIDE CITY	
Maryland Washington					10c. CITY, TOWN OR LOCATION Hagerstown							LIMITS?		
100. STREET AND NUMBER 351 Nottingham Road					101. ZIP CODE 21740							S.A	WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 S  3 Widowed 4 Divoc	EVER IN U.S. AR YES 2 P OR DATES	2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)						or No—	14. RACE — American Indian, Black, White, etc. Specify: White					
(Specify only	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)   College (1-4 or 5+)    0-12   College (1-4 or 5+)    18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.)  18b. KINO OF BUSINESS/INDUSTRY  City Gov*t													
17. FATHER'S NAME (First, Mi	ddle, Last)				Lena		18. MOT	HER'S NA	ME (First,	Middle, Maiden S		L		
Vern	on B.	Dell <b>i</b> nge:	<u> </u>							ace Ha		d		
Mrs. Betty		linger								nber, City or Town			and 21740	
20a. METHOD OF DISPOSITI	ON Bemov		20b. PLACE	ANDDATEC	OF DISPOS	ITION (Na	me of	July	OA"	TE 20c. LOC	ATION —	City or To	wn, Stata	
4 Donation 6 Other		NSEE	Rest	Have				SC OF EA	<b>-12-</b> 2	23   Hag	erst	own,	Maryland	
1 Sa	ret 1	ma	nxe	ell						Minnic			Home wn, MD 2174	
IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if any, leading to immediately in the condition in	a. Hypertensive Atherosclerotic Cardiovascular Disease many years  Due to (or as a consequence of):  b. Due to (or as a consequence of):  b. Due to (or as a consequence of):													
PART II. Other significes  Diabetes	d.	contributing to de	R AS A CONSEC			derlying	ceuse (	given in	Part I.	24a. WAS AN / PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	1	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER	٥.			B □ Oth	er (Specify)				
	ending	28s. DATE OF IN (Month, Day,	JURY	28b. TIMI		28c. INJU	JRY AT			SCRIBE HOW IN	JURY OCC	CURED		
2 Accident Investigation 3 Suicide 6 Could not be determined City or Town, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								loute Number,						
		AN: To the best of my											) end menner as stated,	
296. SIGNATURE AND TITLE	OF CERTIFIER	0 11					29c. LICI	ENSE NUI	MBER		29d. DATE	E SIGNEO	(Month, Day, Year)	
John	< w	W, A	123				D	010	5 2		▶ 3/	/22/	93	
Bdward W.  31. DATE FILEO MOOTH Day, 1				, , ,,		Wa	shir	ngto	n S	t. H	ager	sto	wn, MD	
MAR 2	2 1993	Juin 8	and on the	mende	L									

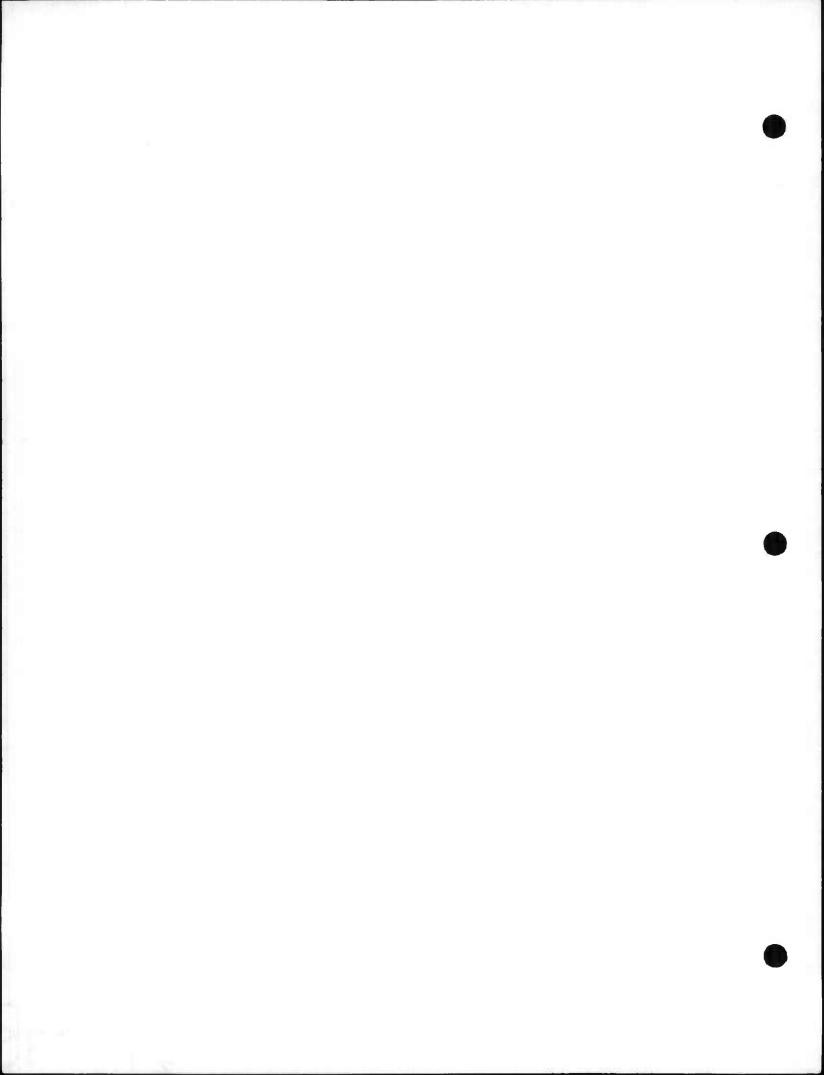
TO THE MOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



8. BIRTNPLACE (State or Foreign

Maryland

3. TIME OF DEATH

20:40 P.M

rene

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

218-30-8839

Irene

1 M 2 X F

86

YRS.

5. SEX

Deibert

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

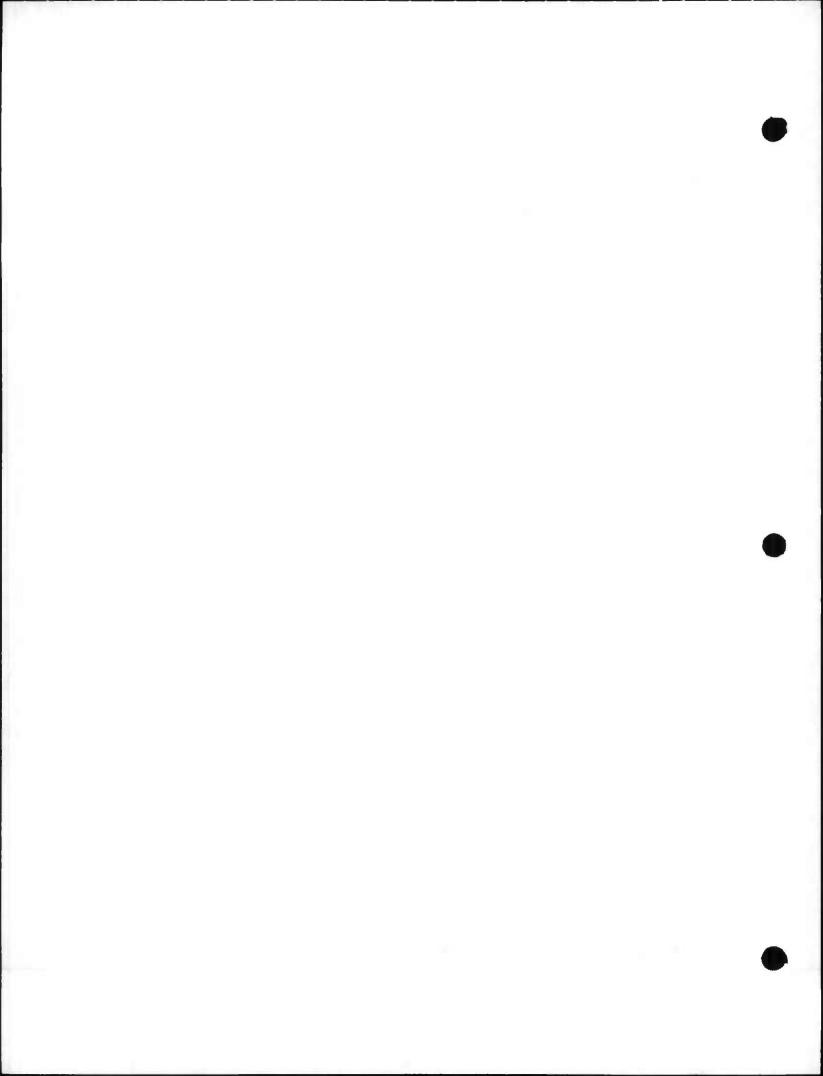
IF UNDER 1 YEAR

7. DATE OF BIRTH (Month, Day, Year, August 1

,1906

9c. COUNTY OF DEATH

	СТО	Washington Co	ounty Hospi	tal	Hager	rstown		Was	hington				
4	REC	10e. STATE 10b. COUNTY	7	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY	INSIDE CITY LIMITS?  YES 2 NO COUNTRY?  A.  White  e  aryland State 1740  ash., Md.  nc. 21740  Approximate interval Between Onset and Death  E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?  YES 2 NO  Number.  manner as stated.  th, Day, Year)			
4	듬	Maryland Wa	shington	Нас	gersto	wn			1 X YES 2 NO				
perm	A	10e. STREET AND NUMBER			101	f. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?	_			
ransit	E	42 South Cann	r <del>i</del>			21740			U.S.A.				
urial-t	FUN	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES			CENDENT OF NISPAN secify Cuban, Mexican	IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	s or No- 1	14. RACE — American Indian, Black, White, etc.				
the b	BY	3 Widowed 4 Divorced	ATES	1 🗆 YES	2 NO Specify			Specify: White					
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	윤	15. DECEDENT'S EDUI (Specify only highest grade	16a. DECEDENT'S US	SUAL OCCUPATION done during mo	ON ost of working	BUSINESS/INDUSTRY							
d for	ZEI	Elementary/Secondary (0-12)	College (1-4 or 5+)	Cler	retired.)		Donont	mont	Ctono				
this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  **Year of Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	COMP	17. FATHER'S NAME (First, Middle, Last)		CTET	. K	18. MOTHER'S NAI		Store	_				
be d	ш	Elmer Char	les Stot	tlemyer		Mine		ta	Kline				
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  PORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO B	19a INFORMANT'S NAME (AreaDries)											
ge 5	١۴١	Howard G. Stot	tlemyer	11128	Glens	ide Ave	nue,Hage	rstov	wn, Maryland	Indian,  te  I and  I a			
tor, pa		20a. METHOD OF DISPOSITION 1 Disposition 3 Rem	oval from State 20b.	PLACE AND DATE OF STATE OF BUT HE VET	DISPOSITION (No				tty or Town, State 1740				
direc		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		st Haver					cown,Wash.,Md.				
funera <b>xamir</b>		. R. heel &	Reader				fman Fune						
y the noval.				t the death. De set					,Md. 21740	and to determine the street of			
ety filled in by ration, or ren the media		shock, or heart fellure. List only one cause on each line.											
I, crer		DUE TO (OR AS A CONSEQUENCE OF):											
tending physician and c al Hygiene prior to buria or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):						In d			
ned by the at alth and Ment any Injury.	MEDICAL C	PART II. Other significant condition	s contributing to death be	ut not resulting in	the underlying	g cause given in I	Part I. 24a. WAS AI PERFO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	Illen,  Ben,				
of He							_		1 TES 2 NO				
Dept.	AN	25. WAS CASE REFERRED TO MEDICAL			24 04	LACE OF DEATH (Che	-tt			_			
State State	SICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	te 5 - Residence				yland 1740  I., Md.  240  PSY FINDINGS PRIOR TO N OF CAUSE 2 NO			
s cert	РНҮ	27. MANNEY OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c, INJ		28d. DESCRIBE HOW	INJURY OCCU	JRED				
ter th ath w	ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO							
ECTOR: Airs after de n 28 is	ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	ret, factory, offic	10	281. LOCATION (Street City or Yown, State	and Number o	r Rural Route Number,				
NERAL DIF thin 72 hou NT: It Itel	COMPL	29a. CERTIFIER (Check only one)  1											
TO THE FU be filed wi	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	r sig			D 2 a	212		SIGNED (Month, Day, Year)				
		30. NAME AND ADDRESS OF PERSON WH	MAJHI	16 TON	(Ded	177 1	HOSPIT	he					
		MAR 2 2 1993	32. REGISTRAR'S SIGN	ATURE									



93 09342

ITEM: 23 PART I,27 PER MEO G-698 4/7/93 reb

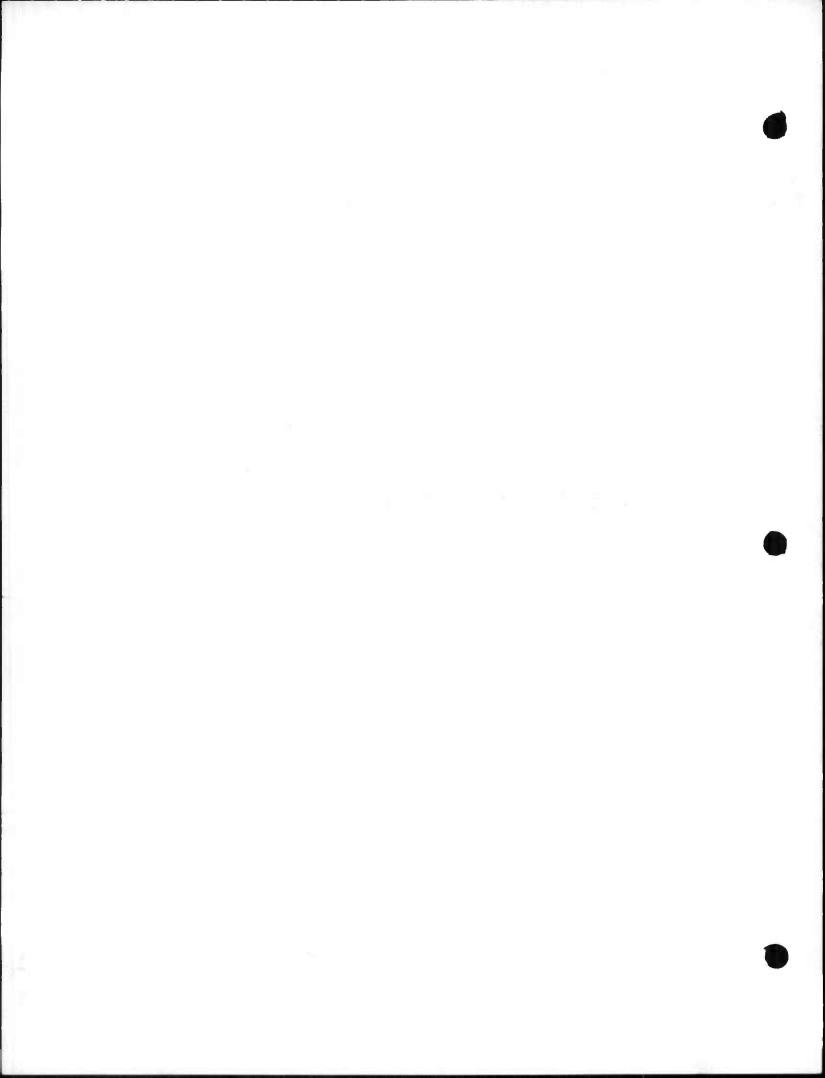
	1 - STATE REGISTRAR	STATE OF N	MARYLAND / D Cef				EALTH DEAT		MENT	AL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)  MICHELLE	Renee			DELOSIER					2. DATE OF DEATH DAY 03 13			3. TIME OF DEATH 3:00 A	
	4. SOCIAL SECURITY NUMBER 214-13-6581	5. SEX	6. AGE (In yrs. lest be	irthday) YRS.				E OF BIRTH nth, Day, Year)	Country)		HPLACE (State or Foreign ry)			
œ	9a. FACILITY NAME (If not institution, give s			9b. CITY	, TOWN C	R LOCATIO	ON OF DE		e 20,19	90. COUNTY OF DEATH				
DIRECTOR	WASHINGTON COUNTY HOSPITAL RESIDENCE OF DECEDENT				HAG	ERS	NOT	<u> </u>			WASHINGTON			
JIRE	Maryland Washington				Y, TOWN C							10d. INSIDE CITY LIMITS?		
AL	10e. STREET AND NUMBER				Hagerstown 101. ZIP CODE						10g. CIT	IZEN OF Y	1 YES 2 NO	
FUNERAL	17823 Woodvale Co		T EVER IN U.S. ARME				217				L	USA		
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 22 NO	D	1 1	if yes, spi	ENDENT OF CUBST 2 NO	ı, Maxicai	n, Puerto	IN? (Specify Yes Ricen, etc.)	or No	14. RACE — American Indian, Black, Whits, stc. Specify: White		
COMPLETED	(Specify only highest grade completed) (Giller Elementary/Secondary (0-12) College (1-4 or 5 +)			CEDENT'S USUAL OCCUPATION We kind of work done during most of working Do NOT use netred.)  16b. KIND OF BUSINESS/INDUSTRY  tudent										
BE CO	17. FATHER'S NAME (First, Middle, Last) Mike W. Delosier						Can	rmen	J.	Middle, Msiden				
2	190. INFORMANT'S NAME (Type/Print) Mike W. Delosier									nber, City or Town				
	1 E≻ Burial 2 ☐ Cremation 3 ☐ Removal from State   Cametery C			1 W. Baltimore St., Apt. 212, Hag., M  IDDATE OF DISPOSITION (Name of atory or other place)  Hill Cemetery  B-17 Hagerstown.						City or To	wn, Stats			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  MINNICH FUNERAL HOME  415 E. Wilson Blvd., Hagerstown, Md. 21740													
	23. PART I. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	sAST	HMA			the mod	de of dyir	ng, such	n as ca	rdiac or respir	ratory an	rest,	Approximete interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not result					g in tha underlying ceuse given in Part				BIT I. 24a. WAS AN AUTOPSY PRAFORMED?  1 YES 2 NO			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL					ACE OF DE	ATH (Che	ck only o	one)				
IASI	1 NES 2 NO  27. MANNER OF DEATH	EXAMINER?  1 2 4ES 2 NO  1 Inpetiant 2 XER/Outpetient 3 DOA  1 Nursing Home 5 Residence 6 Other (Specify)												
BY PI	1 Natural 5 Feliciting 2 Accident Investigation	Natural 5 Fending (Month, Day, Year)				TIME OF 182. INJURY AT WORK?  M 1 YES 2 NO			28d. OEŞCRIBE HOW INJURY OCCUREO					
	3 Suicide 8 Could not be datermined 28. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									loute Number,				
COMPLETED	298. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC 2 X MEDICAL EXAMINED		my knowledge, death										) and manner as stated.	
TO BE C	296. SHOWATUME AND TITLE OF GENEVIEWER	e Shule			29c. LICENSE NUMBER O.C.M.E.						29d. DATE SIGNED (Month, Day, Year)  ▶ 3 - 16 - 1993			
	30. NAME AND ADDRESS OF PERSON WHO  A CALL OF THE CONTROL OF THE C	17. KO		. P		Str	eet	, Ba	alt.	imore,	Ма	ryla	and 21201	
	MAR 1 7 1993	John Dan	MATERIA.	~										

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending programment	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burners and man attending physician and some 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
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	REGISTRAR	CERTI	FICATE O	F DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	T D			2. DATE OF DEATH	AY YEA	3. TIME OF DEATN			
		I.P				<u>5 93</u>	10:30 a. w			
		AGE (In yrs. lest birthde	MONTHS DAVI		7. DATE OF BIRTN (Month, Day, Year)		RTHPLACE (State or Foreign untry)			
	100 10 0000	82 YRS		ATTHS DAYS HOURS MAN. 4-18-1910 Virginia						
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  0C										
5	Calvert Manor Nursing Home Rising Sun Cecil									
R	Calvert Manor Nursing Home Rising Sun Cecil  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION OX FOR COUNTY  PA Chester Oxford 10d. INSIDE 10d. INSID									
ā			Oxford				1 X YES 2 NO			
₹	10e. STREET AND NUMBER			IOI. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?			
N.	45 East Mt. Ver			19363		USA				
10e. STREET AND NUMBER  45 East Mt. Vernon St.  19363  USA  11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 Never Married 1 Never Married 4 Divorced  10e. ZIP CODE 10g. CITIZEN OF WHAT COUNTR 19363  USA  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—Black, Whita, atc.) 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 Never Married 1 Never Married 4 Never Married 1 Never Married 5 Never Married 1 Never Married 5 Never Married 1 Never Married 5 Never Married 1 Never Married 6 Never Married 1 Never Married 7 Never Married 1 Never Married 8 Never Married 1 Never Married 9 Never Married 1 Never Married 9 Never Married 1 Never Married 9 Never Married 1 Never Married 9 Never Married 9 Never Married 1 Never Married 9 Neve										
	3 Wildowed 4 Divorced	OR DATES	1 U Y	ES 2 💢 NO Specify	r:	S	pocHy: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT	T'S USUAL OCCUPA of work done during	TION	16b. KIND OF BUS					
	Elementary/Secondary (0-12) College (1-4 or 5+)	He. Do NO	use retired.)	nost or working						
MP	2	home	maker							
8	17. FATHER'S NAME (First, Middle, Last)	. 1		1	ME (First, Middle, Maiden	,				
BE	Herschel F. H		NO ADDRESS (0)		Elizabe					
2	Susan D. Weiser				lbertsvi					
	20a. METHOD OF DISPOSITION	20b. PLACE AND DAT	E OF DISPOSITION	Name of	DATE 20c. LO					
	1  Burlel 2  Cremation 3  Removal from State 4  Donation 5  Other (Specify)	R.A. Fe	rother place)		16-93 We					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0	22. NAME	AND ADDRESS OF FA	CH ITY					
	* Edward & Colling	r	inc				neral Home, PA 19363			
	23. PART I. Enter the diseases, or complications that of	aused the death. De			n as cardiac or reapi	ratory arrest,	PA 19363 Approximate			
	shock, or heert fellure. List only one cause IMMEDIATE CAUSE (Final	Dn each line.		A	-		interval Batween Onset and Death			
	disease or condition resulting in death)	stine Hea	it thank	Lino			3days			
		R AS A CONSEQUENCE	OF):	A .			secure			
N	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Caugestive Heart Tracture  Buy To (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  If any leading to immediate									
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	1 AS A CONSEQUENCE	OF):				2 h			
CERTIFICATION	CAUSE (Disease or Injury	AS CONSEQUENCE	OED:				2 weeks			
Ē	that initiated events resulting in deeth) LAST		· /·				j			
2										
DICAL	PART II. Other significant conditions contributing to de	eth but not resultin	g in the underly	ng ceuse given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă					1 YES 2	NO	DF DEATH?			
ME							1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		0.0	PLACE OF DEATN (Che						
2	EXAMINER? HOSPITAL:	R/Outpatient 3 DOA	QTHER:							
H	27. MANNER OF DEATN 28a. DATE OF IN	JURY 28b. 1	IME OF 28c. I	me 5 Residence	28d. DESCRIBE NOW II	NJURY OCCURED	,			
	Natural 5 Pending (Month, Day,	Ybar)		YORK? YES 2 NO						
D 8Y	A DACONON	NJURY — At home, farm	n, street, factory, of	lica	281. LOCATION (Street	and Number or Rui	ral Route Number,			
COMPLETED	4 Homicide determined	- (opocny)			City or Town, State)					
PLE	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of m	knowledge, death occ	arred at the Ilma, de	te and place, and due	to the cause(a) and mar	iner as stated.				
NO.	one) 2 MEDICAL EXAMINER: On the beets of exer						se(a) and manner as stated.			
ш	296. SIGNATURE AND TITLE OF CERTIFIED		41 -	29c. LICENSE NUN		29d. DATE SIGN	NED (Month, Day, Year)			
TO B	Jaye K. Doyle M		Md.	P D36	238	13-1	7-93			
F	30. NAME AND ADDRESS OF PERSON WHO DAMPLETED CAUSE	OF DEATN (ITEM 27) (7)	rpe, Print)	10-0	9					
	133 LUCUST 31 0	AFORD	YA	1936	5					
j	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S	SIGNATURE AND AND AND AND AND AND AND AND AND AND								
	MAR 19 43 State David	(001)								
	•						DHMH-18 Rev 1/89			

YN 2 WELDER STEERING WE DELIES IN THE WELLEN

BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending phy	ely filled in by the funeral director, page 5 should be detached for use as the bur nation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours wher death. Page 5 may be retained by the hospital or attending physical physical properties of the properties of th	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, pages 5 should be detached by use as the burial be filed within 72 hours after death with the State Dept. of Meatith and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	OINIE OI	CE		ICATE C			MICH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. D	ATE OF DEATH	-		3. TIME OF DEATN
	Martha L. Deshields March 12, 1993						2040 M					
	4. SOCIAL SECURITY NUMBER									IPLACE (State or Foreign		
								Count Mai	ryland			
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF DI											
DIRECTOR												
គ្គ	RESIDENCE OF DECEDENT								Constitution of the Consti			
E	Maryland Ceci				kton	CATION						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			111	.x.com	404 710 000				Total Car		1 YES 2 NO
FUNERAL	109. STREET AND NUMBER 247 George Kirk Road 21921 U.S.A.							VHAT COUNTRY?				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No. — 14. RACE —							E — American Indian,				
BY F	The state of the s							c, White, etc.				
10000	15. DECEDENT'S EDI		16a, DE	CEDENT'S	USUAL OCCUP	ATION		T	16b. KIND OF BU	CINECC/IN	DUSTRY	Diuch
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5	(Gi	ive kind of	work done during se retired.)	most of worldi	ng		IOD. KIND OF BU	SINESS/IN	DUSTRI	
4	7		H	Iomen	aker	_						
8	17. FATHER'S NAME (First, Middle, Last)					18. MOT	NER'S NA	ME (Fi	st, Middle, Maiden	Sumame)		
BE (	Cecil Nat	chaniel B	rown				Jose	phi	ne Eliz	abet	h Ri	chardson
10 8	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (Stre	et and Number	r or Rural F	Route A	lumber, City or Tov	rn, State, Zi	p Code)	
F	Charles C. Reado	ling		247	George	Kirk	Road	1 -	Elkton	, MD	219	21
	20e, METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Removal from State  20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, cremetory or other place)  3-18											
li	1 A Burial 2   Cremation 3   Removal from State   Commettery, cremetory or other place   Griffith A.U.M.P. Cemetery   1993   Elkton, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HICKS HOME for Funerals, P.A.											
	103 West Stockton Street Eikton, MD 21921-5521											
	23. PART I. Enter the diseases, or	complications the	it coused the de	eth. Do	not enter the	mode of dy	ing, aucl	h es c	erdiac or resp	iretory ar	rest,	Approximate
	shock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Couga			for	040						Interval Batween Onset and Death
		-			•							
ō	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):											
PA	If any, leading to immediate cause. Enter UNDERLYING  Dialuta Melliuta ALCVD											
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	f):							
CERTIFICATION	thany, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  d. My scen of Tu feeth Coled											
	PART II. Other significent condition	ne contributing to	death but not a	- eldin -	in the contest		-11	De et l	T			
SICAL	THE STATE OF THE CONTINUE	- contributing to	death but not h	esuiting	in the under	ring ceuse (	given in	Pent I	PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
									1 TYES	Xho		OF DEATH?
ME												1 YES 2 NO
A	OF WAS CASE DESCRIPTION TO ASSOCIA	_										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF D	EATH (Che	eck onl	y one)			
ΙΥS	1 YES 2 NO		ER/Outpatient 3		4 Nursing I		eldence	_				
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIN	JURY	INJURY AT WORK?	_	28d.	DESCRIBE HOW	NJURY OC	CURED	
BY	2 Accident Investigation	28. 81 405.0	AF the Harry			YES 2	NO					
TED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							loute Number,				
7	29a. CERTIFIER	ICIAN: To the best of	mu knowladca da	oth annua	ed at the time		1					
COMPLET	(Check only one) 2 MEDICAL EXAMIN											and menner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIE				, ., ., .,				and place, of			
BE	298. SIGNATURE AND TITLE OF CERTIFIE	n .	0			29c. LICI	ENSE NUM			29d. DA1	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALL	SE OF DEATH ATT	4 27) (5::	Christi	DO	462	13			5/17	193
	Jui-Chih Hsu, M					Elktor	n, MI	D	21921		•	
	31. DATE FILEO (Month, Day, Year)		AR'S SIGNATURE	. מל	1.00							
- 1		a I a	IMA . J KINAAM	~~~!/\U	The Contract of the Contract o							



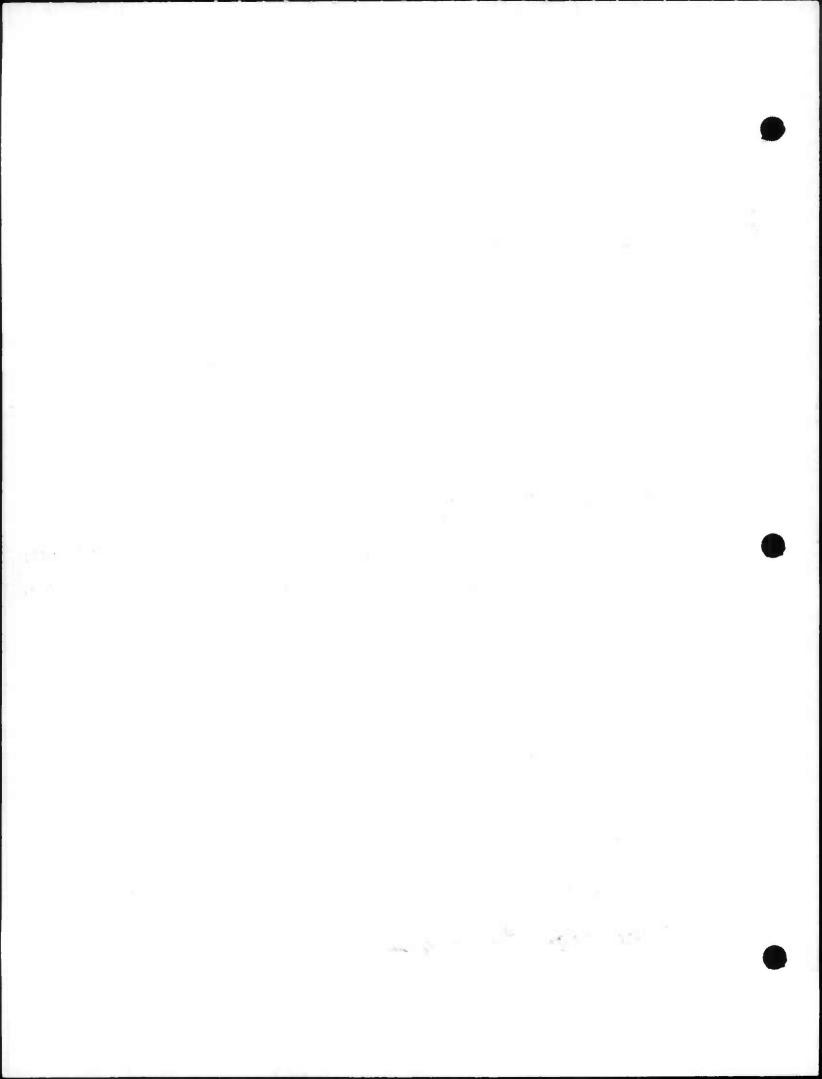
23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arreat, shock, or heart feliure. List only one cause on each line.    MMEDIATE CAUSE (Final disease or condition reaulting in death)
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18. PRICELTY NAME (IF not institution, pive sinuse and number)  Memorifal Dr Dospital & Medical Center  Cumberland  Scounty Of Detail  Maryland  Allegany  19. CTY, TOWN OR LOCATION  Cumberland  Scounty Of Detail  Maryland  Allegany  19. CTY, TOWN OR LOCATION  Cumberland  Scounty Of Detail  Maryland  Allegany  19. CTY, TOWN OR LOCATION  Cumberland  Scounty Of Detail  Scotly Of Detail  Scounty Of Detail  Scoun
THE STORM OF DECEDENT  MARY I AND STATE  MARY I AND STATE  AND STA
Maryland Allegany Cumberland 10.2 proces 10.2 proces 10.2 proces 10.2 proces 10.2 proces 10.2 proces 10.2 process 10.2 pr
Name   Name
11. MARTHAL STATUS   12. WAS DECEDENT EVER IN U.S. ARMED   13. WAS DECEDENT OF HERPANC ORGANY, Genetity Yes or No-   16. MARTHAL STATUS   10. WES QUEEN ORGANY
Security   Security
Second point highest production   Second point highest production   Second point highest production   Second point highest production   Second point highest production   Second point highest production   Second point highest production   Second point   Second point highest production   Second point   Se
College (14 or 5 +)   College (14 or 5 +)   College (14 or 5 +)   College (14 or 5 +)   Cafeteria manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode of manager food   Security mode   Security mo
17. FATHER'S NAME (First, Micota, Last)  James Knox Jr.  18. INFORMAT'S NAME (First, Micota, Mark (First, Micota,
James Knox Jr.   Bessie Hodge
196. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Rown, State, Zip Code)  Mark Dicken  Rt. 2 Box 79 Ridgeley, WV 26753  206. METHOD OF DISPOSITION 120. Burlat 2   Cremetion 3   Removal from State 120. Durlat 2   Cremetion 3   Removal from State 120. Durlat 2   Cremetion 3   Removal from State 120. Durlat 2   Cremetion 3   Removal from State 120. Durlat 2   Cremetion 3   Removal from State 120. Durlat 2   Cremetion 3   Removal from State 120. Durlat 2   Cremetion 3   Removal from State 120. Durlat 2   Cremetion 3   Removal from State 120. Durlat 4   Removal from State 120. Durlat 5   Removal from State 120. Durlat 6   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7   Removal from State 120. Durlat 7
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1XD Burtiel 2   Cremetion 3   Removel from State   Company of the piece   Company of the
22. MANE AND ADDRESS OF FACILITY Hafer Chapel of the Hills Mortuary 1302 National Highway, LaVale, MD2150  23. PART I. Enter the diseases, or complications that caused he death. Do not enter the mode of dying, such as cardiec or reapiratory arreat, interval Batween Onset and peath Onse
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart feliure. List only one cause on each line.    IMMEDIATE CAUSE (Final diseases or condition reaulting in death)
23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arreat, shock, or heart feliure. List only one cause on each line.    MMEDIATE CAUSE (Final disease or condition reaulting in death)
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  1. YES 2   NO  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  24b. WERE AUTOPSY FINDINGS AAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1. YES 2   NO  DITHER:  1. YES 2   NO  OTHER:  1.   YES 2   NO  OTHER:  1.   YES 2   NO  OTHER:  1.   YES 2   NO  OTHER:  1.   YES 2   NO  OTHER:  1.   YES 2   OTHER:  2.   YES 2   OTHER:  2.   YES 2   OTHER:  2.   YES 2   OTHER:  2.   YES 2   OTHER:  2.   YES 2   OTHER:  3.   YES 2   OTHER:  4.   YES 2   OTHER:  4.   YES 2   OTHER:  4.   YES 2   OTHER:  4.   YES 2   OTHER:  4.   YES 2   OTHER:  4.   YES 2   OTHER:  4.   YES 2   OTHER:  4.   YES 2   OTHER:  4.   YES 2   OTHER:  4.   YES 2   OTHER:  4.   YES 2   OTHER:  4.   YES 2   OTH
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Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  24a. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  DUE TO (OR AS A CONSEQUENCE OF):  26. DUE TO (OR AS A CONSEQUENCE OF):  27. DUE TO (OR AS A CONSEQUENCE OF):  28. DUE TO (OR AS A CONSEQUENCE OF):  29. DUE TO (OR AS A CONSEQUENCE OF):  20. DUE TO (OR AS A CONSEQUENCE OF):  21. DUE TO (OR AS A CONSEQUENCE OF):  22. DUE TO (OR AS A CONSEQUENCE OF):  23. DUE TO (OR AS A CONSEQUENCE OF):  24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  1 YES 2 NO  DUE TO (OR AS A CONSEQUENCE OF):  4. DUE TO (OR AS A CONSEQ
## AND CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  ## AND CAUSE OF DEATH (Check only one)  1 YES 2 NO  ## AND CAUSE OF DEATH (Check only one)  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  ## AND CAUSE OF DEATH (Check only one)  27. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)
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PART II. Other aignificant conditione contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PRIDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. OTHER:  1 Normaling Home 5 Residence 8 Other (Specify)
PERFORMED?    PERFORMED?   YES 2 NO   NO   NO   NO   NO   NO   NO   NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO    26. PLACE OF DEATH (Check only one)  27. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   OTHER:  1   YES 2   NO   4   Nursing Home 5   Residence 8   Other (Specify)
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO
EXAMINER?  1   YES 2   NO   No   No   No   No   No   No   No
1 YES 2V NO 1/2 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
27. MANNER OF DEATH  28e. DATE OF INJURY  (Morith, Day, Year)  28b. TIME OF  INJURY  28d. DE\$CRIBE HOW INJURY OCCURED  28d. INJURY AT  WORK?  1  YES 2 NO
3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, lactory, office 2st. CCATION (Street and Number or Rural Route Number, City or Town, State)
29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner es stated.  MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.
PRIN SIGNATURE AND TITLE OF GEREFUED
29c. LICENSE NUMBER 29d. DATE SIGNED (Mongh, Day, Year) 29d. DATE SIGNED (Mongh, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27, (Spec. Frint)

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR



6		OR BIZ	j
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit	oval.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s flours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	·				2. DATE OF DEATH		3. TIME OF DEATH		
	MADISON TAYLOR DOERK March 14, 1993									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLA									
		ı □ MXXX F	YRS.				1.			
œ	9e. FACILITY NAME (If not institution, give street	et end number)			OR LOCATION OF DE	ATN	9c. COUNTY			
DIRECTOR	Memorial Hospital									
H.	10e. STATE 10b. COUNTY	104.								
		egany	Ci	umberlar	nd			1 YES 2 X NO		
RAL	10e. STREET AND NUMBER	IO. ZIF CODE								
FUNERAL	Route 3 Box 57-E				21502					
	1 Never Married 2 Merried	or Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)								
B	3 Widowed 4 Divorced	IF YES, GIVE WAN ON L	MIES	1 U YES	2 NO Specify	r:		white		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION Impleted)	16a. DECEDENT'S	USUAL OCCUPATION done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUST	RY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIa. Do NOT use	retired.)	or or morning	1 ,				
MP	17. FATHER'S NAME (First, Middle, Last)		none			n/a				
						ME (First, Middle, Meiden ther L. Car				
H	Karl D. Doerk  190. INFORMANT'S NAME (Type/Print)		19b, MAILING	AOORESS (Street a		Route Number, City or Tow				
2	Mr. K. David Doe	erk						d, MD 21502		
	20a. METNOO OF DISPOSITION	20	b. PLACE AND DATE O	F DISPOSITION (Na			CATION — City			
	1 © Burlet 2 Cremetion 3 Removal from State 1 Donation 5 Other (Specify)  Davis Memorial Cemetery 3-17 Cumberland, MD									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Company 2.1.5 There are 2.1.1									
	James 7	XICanx		Cuml	perland.	MD 21502				
	23. PART   Enter the diseases, or cor shock, or heart failure. Lie	mplications that cause	d the death. Do n	ot anter tha mo	de of dying, suci	h ss cardiac or respi	ratory screst,	Approximats Interval Between		
	IMMEDIATE CAUSE (Final							Onset and Death		
	disease or condition resulting in death)  a. Cardio respiratory insuficienty  DUE TO (OR AS A CONSEQUENCE OF):									
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  b. CKNEW Promanery  DUE TO (OR AS A CONSEQUENCE OF):  C. 24 WK) facus  DUE TO (OR AS A CONSEQUENCE OF):  d.										
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	24 DUE TO (OR AS	curci.	for Tees						
	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	):						
EB	d.									
	PART II. Other algnificant conditions	contributing to death i	but not resulting li	the underlying	ceuse given in	Part I. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
PHYSICIAN: MEDICAL						1 YES 2		COMPLETION DF CAUSE DF DEATN?		
¥						_		1 NES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
Sign	EXAMINER?	IOSPITAL:		OTHER:	ACE OF DEATH (Che					
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIME		e 5 ☐ Residence		AJURY OCCURE	0		
2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 28 PLACE OF IN HIGH ALPHA Investigation							1EO			
							ural Route Number,			
	4 Nomicide determined					City or Town, State)				
COMPLETED	290. CERTIFIER 1 TO CERTIFYING PHYSICIA	N: To the best of my know	riedge, death occurre	d at the time, date	end place, end due	to the ceuse(e) end man	ner ee stated.			
Š	one) 2 MEDICAL EXAMINER:	On the basis of examination	on end/or investigation	, In my opinion, d	eath occured at the	lime, date end place, en	d due to the cau	use(e) end menner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1100100	. 100		29c. LICENSE NUM	BER	29d. DATE SIG	NEO (Month, Day, Year)		
2	Kehollah	1	i M		D 28193	<u> </u>	7	118193		
	Dr. R. Moainie,				berland.	MD 21502	2	2011		
		32. REMSTRAR'S SIGN	ATURE							
	31. DATE FILED (MONTO, Day, Year) 3// MARY 18 1993	fiel their	and free	•						

YEAR

9c. COUNTY OF DEATH

ALLEGANY

2. DATE OF DEATH DAY 3-17-93

7. DATE OF BIRTH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

214-12-3988

9a. FACILITY NAME (If not institution, give street and number)

SACRED HEART HOSPITAL

4. SOCIAL SECURITY NUMBER

RUSSELL BARNOD DURBIN

5. SEX

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E S	DIRECT	WEST VA	MIN	ERAL	RAL RIDGELEY								LIMITS?  YES 2 NO
NEW YEAR		10s. STREET AND NUMBER		LIVAL		NID		r. ZIP CODE			10g. CITIZ		T COUNTRY?
usit .	FUNERAL	20 PERRY	STREE	Т				26753			US	۸.	
020 physician. burial-transit	S	11. MARITAL STATUS		12. WAS DECEDENT EVER I		ED O		CENDENT OF HISPA				14. RACE -	American Indian,
5-0020 nding physic is the burial-	BY F	1 Never Married 2 X 3 Widowed 4 Div		FORCES? 1 X YES				secify Cuben, Mexico S 2 1 NO Speci		Rican, etc.)		Black, W Specify:	WHITE
215-0( attending				W.W.I	T			^					WHITE
5	ETED	(Specify on	CEDENT'S EDU		16a. DECE	DENT'S USL	IAL OCCUPATE done during me lired.)	ON ost of working	16b	KIND OF BU	SINESS/INDU	STRY	
		Elementary/Secondary (	0-12)	College (1-4 or 5+)			ORKER		RE	THLE	HEM 9	TEFI	$\cap$
AND the hospital detached to	once.	17. FATHER'S NAME (First, A	Aiddle, Last)					18. MOTHER'S NA				71666	
5 8	E U	HERBERT B		RIN				NELLI			Somethe)		
E 8 30	0 0	19a. INFORMANT'S NAME (		DIN	196, 1	AAILING AD	ORESS (Street	and Number or Rural			n. State. Zip (	Code)	
		BETTY DUR	BIN					05 - RI				6753	ł
ALTIMORE, leath. Page 6 may be funeral director, page	90	20a. METHOD OF DISPOSIT		201			ISPOSITION (N		DAT	- Y	CATION — C		
e 6 m	must	1 Burial 2 Cremati 4 Donation 5 Donati		oval from State cen	metery, crema	AROR	CFMF	TFRY 3-	1 0 _ 0	3 0	DTOL	IN N	10
ALTIM death. Page funeral dire	ner.	21. SIGNATURE OF FUNERA	AL SERVICE LIC			ATTUR.	22. NAME A	ND ADDRESS OF F	CILITY				
	examiner	* Mande	6	lookuse	37		GEOR	GE-UPCH	INECH	FUN	ERAL	HOME	, P.A.
- de you		23. PART I. Enter the	diseases, or o	mplications that cause	d the deat	h. Do not	enter the mo	GREENE	SI.,	LUMB	EKLAN	ID, ML	Approximate
hours of in t	medicei	shock, or h	neart failure.	List only one cause on e	each line.			out of dying, sur	on ee care	nac or resp	natory arro	ut,	Interval Between
fille ion.		iMMEDIATE CAUSE (Fi	nai:	6 DD Mil	MISS	VAL	a p.	100	6.1	alusa	5		Onset and Dea
ceecuted within 24 and completely filled buildly cremation.	event, the	resulting in death)		DUE TO GOR AS A CHRONIC	A CONSEQU	ENCE OF):	- /	armoney	amy	- Pro-			
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X 6	CATION	Sequentially list condition if any, leading to imme	tribito,	DUE TO (OR AS	A CONSEOU	ENCE OF):	9/0/			100	1/2		
BOX ate be e	S E	cause. Enter UNDERLY CAUSE (Disease or inju	ING	c									
ortifica	other traumatic	that initiated events		DUE TO (OR AS	A CONSEQU	ENCE OF):	·						
U. 5 5 E	5 E	resulting in death) LAS	" L	d									
DS, I the deat the atte		PART II. Other signific	ent condition	s contributing to death t	but not res	ulting in ti	ne underlyin	g cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDING
3 G 5 D	MEDICAL	COM	ON AR	y ARTEM			FE			PERFO			MILABLE PRIOR TO
RECO requires the	shows o	my	carde	orelander	511					1 TYES 2	NO	1	DEATH?
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AL he law	SICIAN:	25. WAS CASE REFERRED	TO MEDICAL	277.04			28. P	LACE OF DEATH (C)	heck only on	e)			
VITA AN: The Ufficate I	SICI/	EXAMINER?		HOSPITAL:  1 1 Inpetient 2 ER/Out	patient 3 🗆		THER: Nursing Hor	ne 5 🗆 Residence	6 Othe	r (Specify)			
DIVISION OF VITO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNEFAL DIRECTOR: After this certificate fleed within 72 hours after death with the Ste	PHY:	27. MANNER OF DEATH		26s. DATE OF INJURY (Month, Day, Year)	:	86. TIME OF	28c. IN.	JURY AT		CRIBE HOW	NJURY OCCI	URED	
ON CON CONG PH After this death wi	marke BY F	1 Netural 5 🗌	Pending Investigation	(main, buy, rou)		WOOM		YES 2 NO					
NDIN R: Aft	1 D	3 Suicide 6	Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home	, farm, stree	t, lactory, offic	ce		ATION (Street or Town, State)		or Rural Route	Number,
DIVISION OR ATTEN DIRECTOR: Hours after	1 28 TE	4 Homicide	determined										
D BB Pour	ANT: If Item 28 COMPLETE	290. CERTIFIER 1 CER	TIFYING PHYSI	CIAN: To the best of my know	viedge, deati	occurred e	The time, date	and place, and du-	e to the cau	ree(s) and ma	nner as state	d.	
SPITAL IERAL Iin 72	E W			R: On the basis of examination									d manner ee stated.
5 5 F	E C	29b, SIGNATURE AND TITL	E OF CERTIFIER	R	N.		_	29c. LICENSE NU	MBER		29d. DATE	SIGNED (Mo	orith, Day, Year)
도도를	MPO BB			Herde	n			1269	127		h 0	1818	?
F F &	일			O COMPLETED CAUSE OF DE			,				(	1011	
5		HARJIT	SIDHU	J, M.D. 925 I	BISHOI	WAL	SH ROA	D CUMBER	LAND,	MD.	21502		
		31. DATE FILED (Month, Day,	Year)	32. PEGISTRAR'S SIGN	NATURE								
		MAR I	9 1993	of silve Stanies	- Rue	46							
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

**CUMBERLAND** 

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

6. AGE (In yrs. last birthday)

70 YRS.

93 09347

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

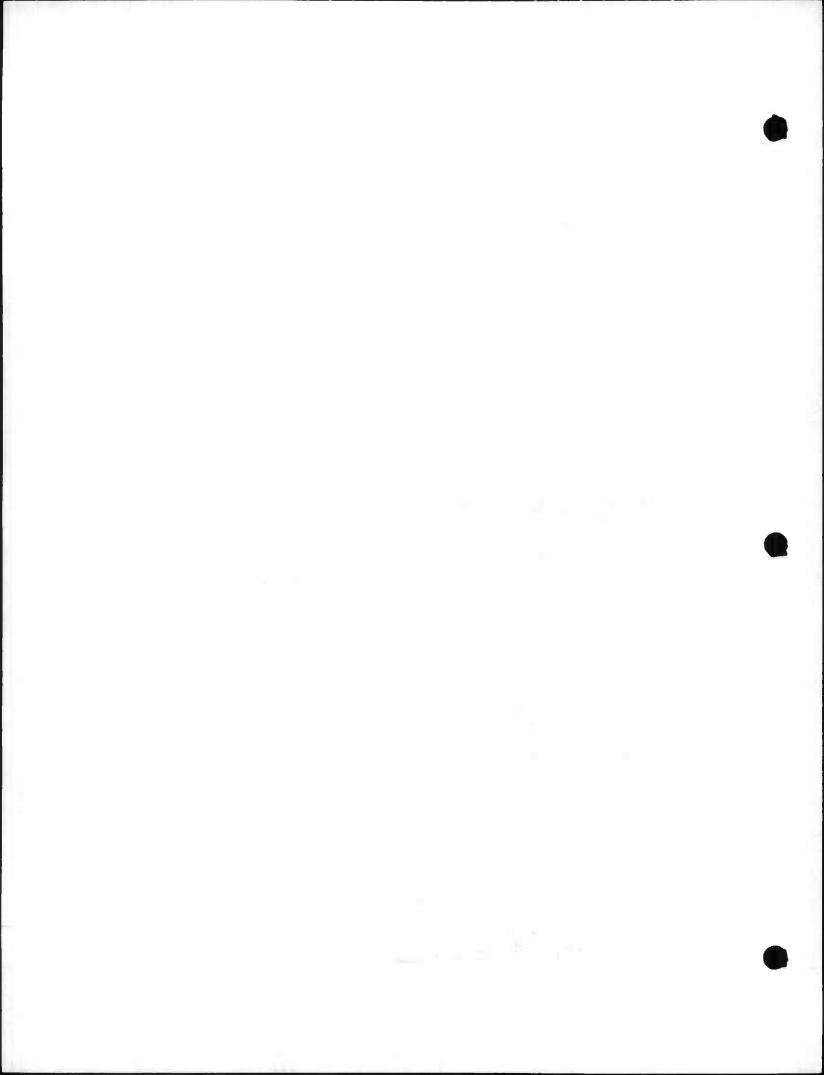
Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

DHMH-16 Rev 1/89

MARYLAND

12:49 PMm



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VISION OF VITAL RECORDS, P.O. BOX 68760	ATTCAINING DAINGIGNAN, The four mensions that the death configures he monarched within of
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MAR 23 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH ELSIE Luellen YEAR DICKEN 1993 March 19, 8:52 рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign HOURS DAYS 214-76-5616 75 1 M 2 X F Sept, Md 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Cumberland Allegany RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Allegany Cumberland 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 842 Columbia Ave. 21502 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician, the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXX NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried BY 1 TYES 2 XNQ Specify Specify 3XXWidowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade comple page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) --------Housewife-17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Knox Nathan notified at Minnie Belle Knox BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert Adams 404 Decatur St. Cumberland, Md. 21502 Pe 20s, METHOD OF DISPOSITION

1X Burlal 2 Cremation 3 Ramoval from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State director, must ethel Cemetery March22/93 Bedford , Pa. 22. NAME AND ADDRESS OF FACILITY
Merritt-Adams Funeral Home examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the funeral Collect 404 Decatur St. Cumberland, 21502 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haert failure. List only one cause on each line. filled in by Approximata Interval Between 0 **IMMEDIATE CAUSE (Finei** Onset and Death completely filled rial, cremation, o the - probable disease or condition\_ AS A CONSEQUENCE OF): ta event. resulting in death) DUE TO (QR and com lan CA a traumatic CERTIFICATION Sequentially list conditions, prior to I DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING physician Roma CAUSE (Disease or Injury that initieted events other 1 DUE TO (OR AS A CONSEQUENCE OF) the attending p resulting in death) LAST 6 Injury, PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? signed by the any 1 TYES 2 NO OF DEATH? Shows 1 YES 2 NO has been Dept. of t PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) Hell HOSPITAL: certificate h OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA the ne 5 🗆 Raeldence 6 🗆 Other (Specily) 6 26s. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. this ( 1 X Natural INJURY 1 YES 2 NO After t BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 84 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: hours after 28 4 Homicide Item Tem R 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL
TO THE FUNERAL (
DE filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basic of ax mination and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(a) end manner as stated. 29b. SIGNATURE AND JITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED Month, Day, BE D 28910 93 2 30. NAME AND AODRESS OF PERSON WHO COM PLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. H.C. Merrick-Memorial Hospital Medical Building-Cumberland, MD 21502 32. SIGNATURE 31. DATE FILED (Month, Day, Year)

DHMH-18 Ray 1/89

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
1. DECEDENT'S NAME (First, Middle, Leet) PATRICK	E. EVANS 2. DATE OF DEATH MONTH TAS 1 359						3. TIME OF DEATH 2:16 P		
4. SOCIAL SECURITY NUMBER 8034 002 20 <del>983</del> 2	1 □XM 2 □ F 6.	1 YRS. MON	UNDER 1 YEAR THIS DAYS	HOURS MIN. Mar	onth, Day Year)	932 M3	erthplace (State or Foreign unity) inchester, NH		
9a. FACILITY NAME (If not institution, give s 207 EAST PRE				MORE CITY		9c. COUNTY O			
10a. STATE 10b. COUNTY Maryland n/a	b. COUNTY 10c. CITY, TOWN OR LOCATION								
100. STREET AND NUMBER 207 E. Preston S	t.			21202			1X YES 2 ND F WNAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 X YES 2 IF YES, GIVE WAR DR DATE	2 NO	If yes, spi	ENDENT OF HISPANIC DRIV ocity Cuban, Mexican, Puart 2 XNO Specify:		В	ACE — American Indian, lack, Whita, atc. pocity: White		
15. DECEDENT'S EDU- (Specify only highest grade	completed)	(Give kind of work life. Do NOT use ret	done during mo:	N st of working	66. KIND OF BUSIN				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Real Est		gent	Real E	state			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (Firs	t, Middle, Malden Su	irname)			
Richard Evans		Top MAILING ADD	2520 (0)	Katherine					
	other)	4		nd Number or Aurel Route No.		03104			
20e. METHDD OF DISPOSITION 1 🔀 Burlel 2 Cremetton 3 C Rem. 4 Donation 5 Other (Specify)	ovet from State 20b.PL	ACE AND DATEDED IN TY, Cremetory or other p	SPDSITION (Na	me ol D.	ATE 20c. LOCA	TION - City of	Town, Stata		
21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	ol Funeral S					
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
resulting in death) LAST  d.									
CHRONIC OBS	TRUOTIVUS PU	LMONAR	y DISE	BASE	24a. WAS AN AL PERFORMI YES 2	ED?	14b. WERE AUTOPSY FINDINGS AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO	HOSPITAL:	ОТ	HED.	ACE OF DEATH (Check only					
27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1   Inpatient 2   ER/Outpatie	26b. TIME OF INJURY	28c. INJI WOI 1 Y	PRESIDENCE 6 ON ON ON ON ON ON ON ON ON ON ON ON ON	her (Specify) ESCRIBE HOW INJ	URY OCCURED			
3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY — building, etc. (Specify)	At homa, farm, straat	, factory, office	28f. LC	DCATION (Street and ity or Town, State)	l Number or Run	al Route Number,		
	CIAN: To the best of my knowledg R: On the beals of examination an						e(a) and manner as stated.		
29) SIGNAPURE AND TITLE OF CERTIFIER	Jally A	M		29c. LICENSE NUMBER  OCME	2	Pad. DATE SIGN	ED (Month, Oay, Year) 19 1993		
30. NAME AND ADDRESS OF PERSON WHI	32 BEGISTON S. MIGHATU	11 Penn		et, Baltin	nore, M	aryla	nd 21201		



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

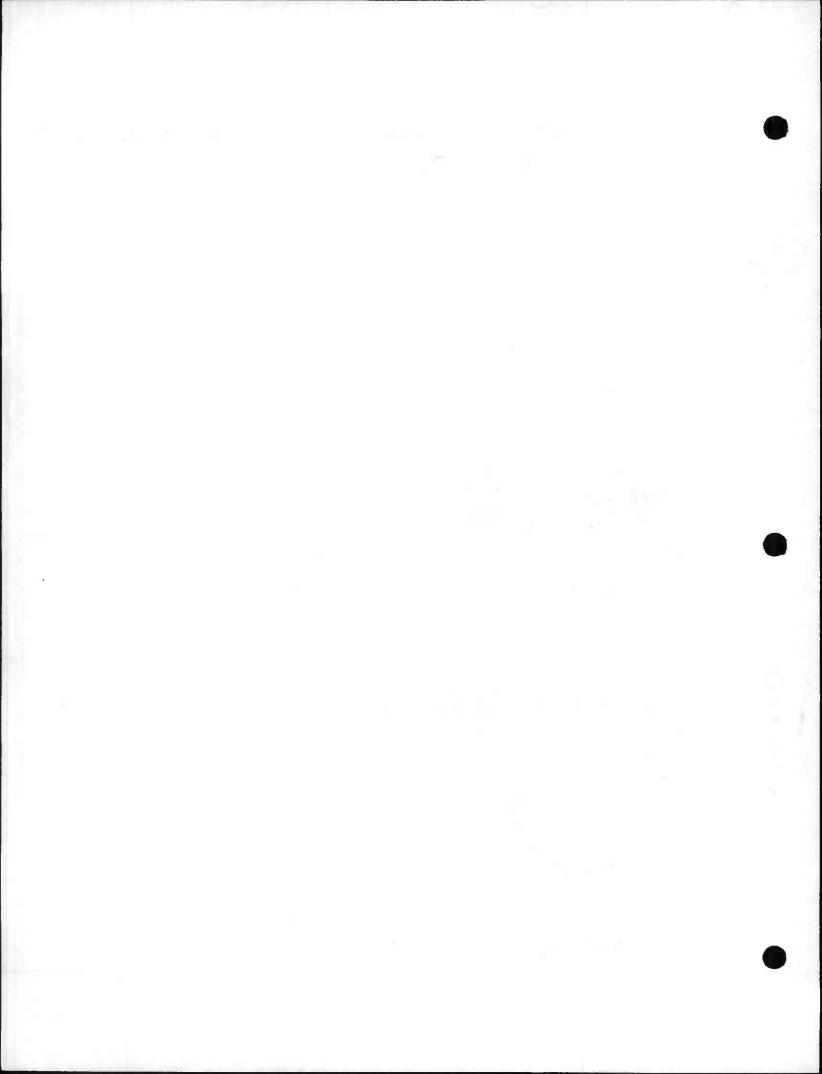
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	RDS, P.O. BOA 66760, BALLIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainer enter 2, 3 should
CORD INTIVIOUS MOISING	DIVISION OF VITAL RECORDS, P.O. BOA 88760,	L OR ATTENDING PHYSICIAN: The law requires th	L DIRECTOR: After this certificate has been signed

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	REGISTRAR	CERTIFI	CATE OF DE	EATH	REG. NO	).			
1	1. DECEDENT'S NAME (First, Middle, Last)	CIACII			DATE OF DEATH	MY /	VEAR. 3. 1	TIME OF DEATH	
	WILLIAM L.	EWELL	-		3 16 9			1:50 P H	
	4. SOCIAL SECURITY NUMBER  5. SEX  1 2 F	(In yrs. last birthday) 78 yrs.						CE (State or Foreign	
	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OR LO				Y OF DEATH		
стон	Anne Arundel Medical Center Arnapolis Anne Arundel								
H	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION				10d	I. INSIDE CITY LIMITS?	
ā	Maryland Anne Arundel		Severna	Park			1 [	YES 2 X NO	
BY FUNERAL DIRECTOR	134 Round Bay Road		101. ZIP	21146		11/21	S.A.	COUNTRY?	
5	11. MARITAL STATUS  12. WAS DECEOENT EVER FORCES? 1 YES	IN U.S. ABMEO	13. WAS DECENDE	NT OF HISPANIC C Cuban, Mexican, Pr	RIGIN? (Specify V	s or No- 1	4. RACE —	American Indian, hite, etc.	
	1 Never Married 2 Married FORCES 1 YES IF YES, GIVE WAR OR C		1 TES 2X	NO Specify:	serio ricen, etc.)		Specify:		
邑	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S U	ISUAL OCCUPATION ork done during most of v retired.)	vorkina	166. KIND OF BU	SINESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		ile Dealer		Automo	tim			
WC	17. FATHER'S NAME (First, Middle, Last)	Aucomod			First, Middle, Meidel				
BE C	Charles Ewell				e Cullum				
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Nu	mber or Rural Route	Number, City or To	vn, State, Zip C	Code)		
196. INFORMANT'S NAME (Type/Print) Mrs. Sadie Lee Ewell  196. MAILING ADDRESS (Street and Number of Flural Route Number, City or Town, State, Zip Code) 134 Round Bay Road Severna Park, MD 2								1146	
	ALA Burial 2 Cremation 3 Removal from State Cel	metery, cremetory or oth		I.		OCATION CI			
	4 Doneston 5 Dother (Specify)	In the Ga	rden 22. NAME AND AD	3+		ltimor	ce, Ma	aryland	
	James & Hogus	mo	Barranco 495 Rito	& Sons	Severna	Park,	, MD		
	23. PART I. Enter the diseases, or complications that cause shock, or heart fellure. List only one cause on	d the death. Do no	t enter the mode of	dying, such as	cardiac or resp	iratory arres	et,	Approximate	
	MMEDIATE CAUSE (Final			0	4		į	Interval Between Onset and Death	
			MAIAL	NA	remo	30		AUTE	
_	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	it any, leading to immediate	A CONSEQUENCE OF)							
-ICA	CAUSE (Disease or injury	A CONSEQUENCE OF							
RTIE	that initiated events resulting in death) LAST	A CONSEQUENCE OF)					Ï		
S	d								
DICAL	PART II. Other significant conditions contributing to death i	but not resulting in	the underlying cau	se given in Pari	1 24a. WAS AI PERFO			RE AUTOPSY FINDINGS	
DIC	CHPHESCH4	w/ 11 = 5015			1 🗆 YES	2 🗀 NO		WPLETION OF CAUSE DEATH?	
ME	PUCHONAXY FO	BROSS	)				10	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		26 PLACE	OF DEATH (Check o	untu non)				
SIC	EXAMINER?  1 YES 2 NQ  HOSPITAL:  1 Inpetient 2 FEVOUR		OTHER:						
PHYSICIAN:	27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Ver)	28b. TIME	OF 28c. INJURY		1. DESCRIBE HOW	INJURY OCCU	PRED		
BY	2 Accident S Pending Investigation		M 1 TES						
COMPLETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, st ecify)	reet, factory, office	266	City or Town, State	end Number or )	Rural Route	Number,	
PLE	29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my know	wledge, death occurred	at the time, data and p	elace, and due to the	he cause(s) and me	nner as stated	ı.		
NO.	one) 2 MEDICAL EXAMINER: On the basis of examination	on end/or investigation	, in my opinion, death o	occured at the time	, date and place, s	nd due to the	cavae(s) and	I menner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	del	290	LICENSE NUMBER		29d. DATE :	SIGNEO (Mor	nth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, I	· 25 5	HAWS	T. A0	DA.	MA	2/40	
	31. DATE FILED (Month, Day, Year) MAR 2 3 1993 Julia David	NATURE PANCES				)			
- 1									



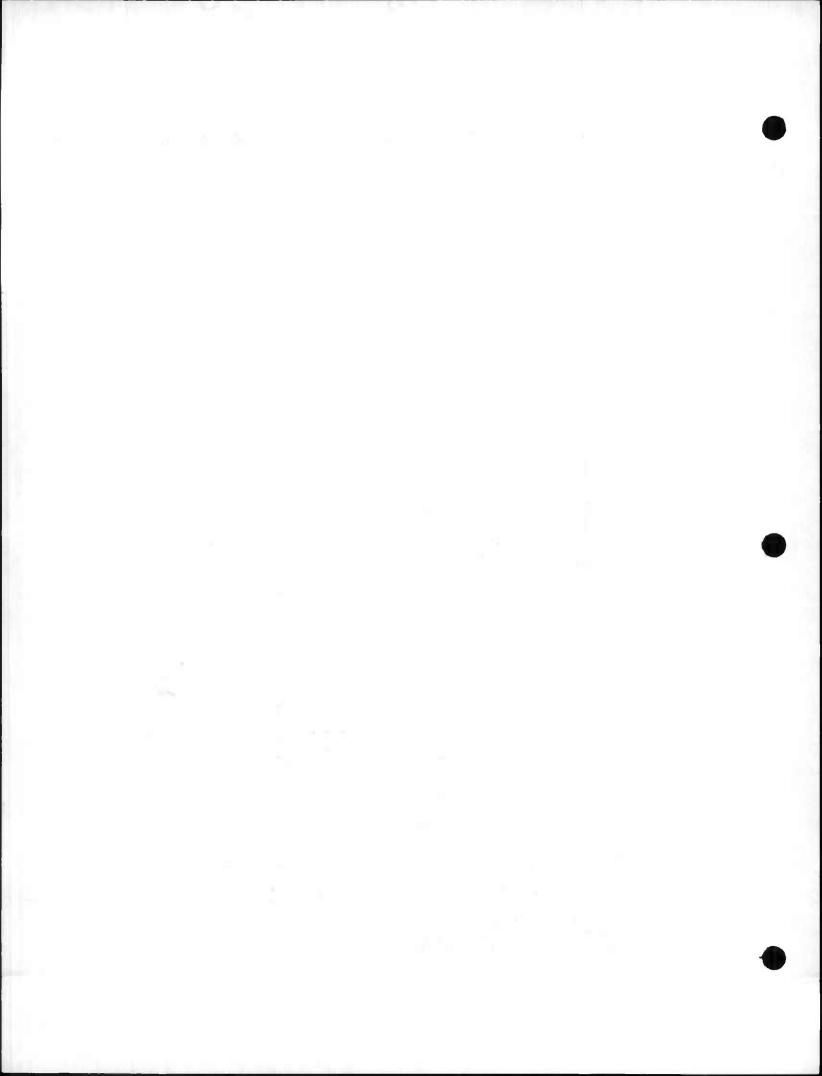
i	-	STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		CE		ICATE OF	DEATH		G. NO.	-		
50	1. DECEDENT'S NAME (First, Middle, Last)  Swdip	MAE	Edwi				2. DATE OF DE		4 92	YEAR	3. TIME OF DEATH
),8	4. SOCIAL SECURITY NUMBER		8. AGE (in yrs. lesi		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	Year)	13	Countr	IPLACE (State or Foreign 7) TH CAROLINA
OR	96. FACILITY NAME (If not institution, give street and number)  PRINCE GEORGE'S GENERAL HOSPITAL  CHEVERLY								9c. COU	NTY OF D	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND PRINCE	'S		Y, TOWN OR LOCA HYATTSVI						10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
FUNERAL	100. STREET AND NUMBER 3320 TOLEDO PL	2			ZIP CODE 20782			10g. CITI	ZEN OF V	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	EVER IN U.S. ARI YES 2 N R OR DATES	MED	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specif	n, Puerto Rican,		or No-	14. BACE	American Indian, k, White, etc.	
TO BE COMPLETED	9th	mpleted) College (1-4 or 5+)	(GI	CEDENT'S we kind of a Do NOT us	· ·	ON st of working	16b. KIND	of Bus		DUSTRY	Diakit
	17. FATHER'S NAME (FIRST, MICHIG. LAST) WILLIE BEAM	ON		1101		18. MOTHER'S NA	ME (First, Middle, ZIE JONI		Sumame)		
	19a. INFORMANT'S NAME (Type/Print)  DARLENE CARR					L. #F HY	Route Number, City	y or Town		,	2
	20a METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Remove 4 Donation 8 Other (Specify)	al from State	20b. PLACE A	ND DATE	OF DISPOSITION (No		DATE	20c. LOC	ATION -	City or To	orn. State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE L	Bia	NAS	J.B.	D ADORESS OF FA JENKINS LANDOVE	FUNERA	LK	OME		
CERTIFICATION	ahock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
DICAL	PART if, Other significant conditions	contributing to d	eath but not re	esuiting	in the undarlyin	g ceuse given in		WAS AN A PERFORI YES 2	10	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEI		OSPITAL:			OTHER:	ACE OF DEATH (Ch					
	27. MANNER OF DEATH  1 Neturel 5 Pending	28e. DATE OF IN (Month, Day	JURY	28b. TIM	E OF 28c. INJ	e 5 Residence URY AT RK7 /ES 2 NO	28d. DESCRIBE	-	JURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF building, at	INJURY — At hor	RY — At home, farm, street, factory, office			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	296. CERTIFIER (Check only one) 1 CERTIFIED PHYSICIA 2 MEDICAL EXAMINER:										) and manner se stated.
H	SIGNATURE AND TITLE OF CERTIFIER	2 defres	M	1		A2/3	MBER 30		29d. DAT	E SIGNED	(Month, Day, Year)
2	MAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE	OF DEATH (ITEM	127) (Type,	9 Rays	undt.	C/2 Spl	1	m:	207	48
1	MAR 1 5 1993 Su	32. BEGISTRAR	S SIGNATURE	-	7		1			7	

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



White

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Onset and Death

Approximate intervai Between

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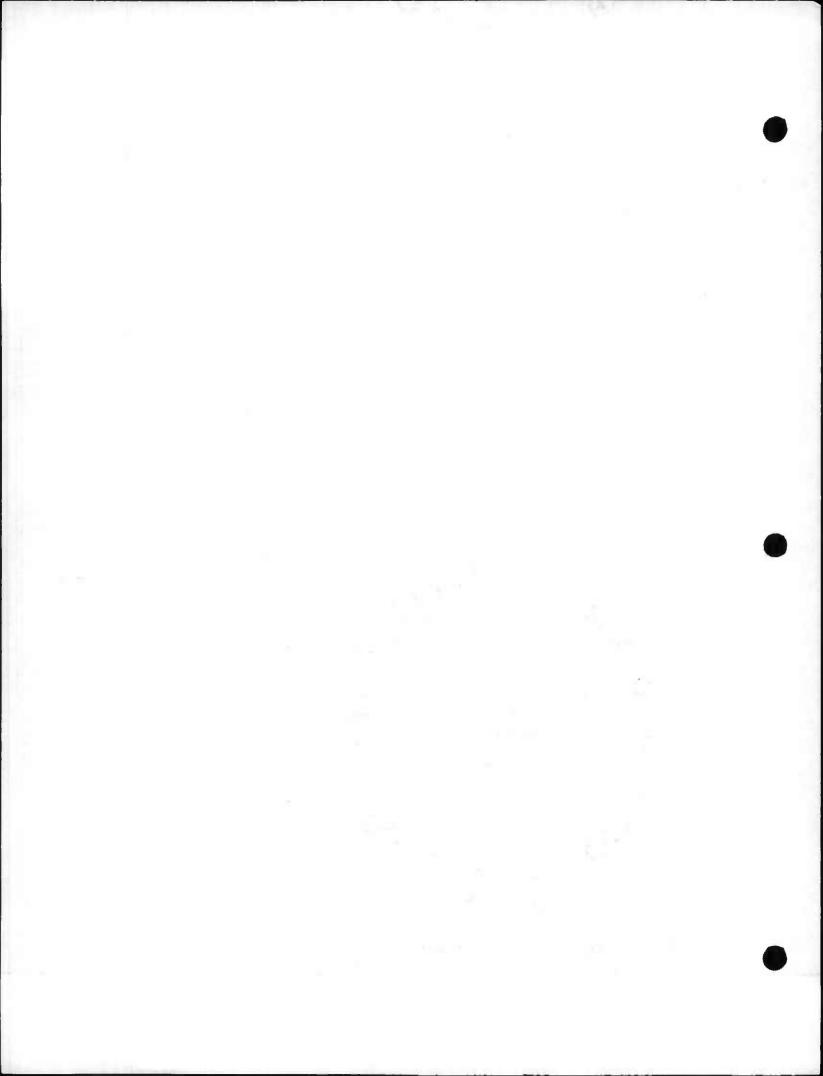
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO 2. DATE OF DEATH MONTH March 17, 2000 YEAR 1993 4. SOCIAL SECURITY HUMBER 7. DATE OF BIRTH (Moph) Day Year) 5 SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Penna. 216 14 5689 1 M 2 F Sa. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Washington Hagers town RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington Maryland Hagerstown 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21740 7 E. Washington St. USA page 5 should be detached for use as the burial-transit after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, alc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 X NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) First National Bank of Md. 6 custodian 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) George Eshelman Rebecca Warren May notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21788 22 Carroll St. Walter L. Eshelman Thurmont, Md. pe 20a. METHOD OF DISPOSITION

1 X Burlal 2 Cremation 3 R

4 Donation 5 Other (Specify) 20c. LOCATION - City or Town, State
Hagerstown, Md. 21740 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must by the funeral director, removal. 3/19 Cedar Lawn Mem. Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Gerald N. Minnich 305 N. Potomac St. Funeral Home Hagerstown, medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo IMMEDIATE CAUSE (Final the disease or condition resulting in death) OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within event, traumatic MEDICAL CERTIFICATION Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other that initiated events resulting in death) LAST 10 PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? any 1 YES 2 NO OF DEATH? shows : 1 TYES 2 NO has been of h PHYSICIAN: 23 **DIVISION OF VITAL** 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate has with the State D **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28h TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending Investigation 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28 ls COMPLETED 8 Could not be DIRECTOR: / 4 Homicide If Item 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, data and place, and due to like cause(s) and manner as stated. FUNERAL C HOSPITAL TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: 11 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause/a) and manner as stated. NUMBER OU BE 9 LETED CAUSE OF DEATH (ITEM 27) (Type, Pp 32. REGISTRAR'S SIGNATURE

Sinten Rodal

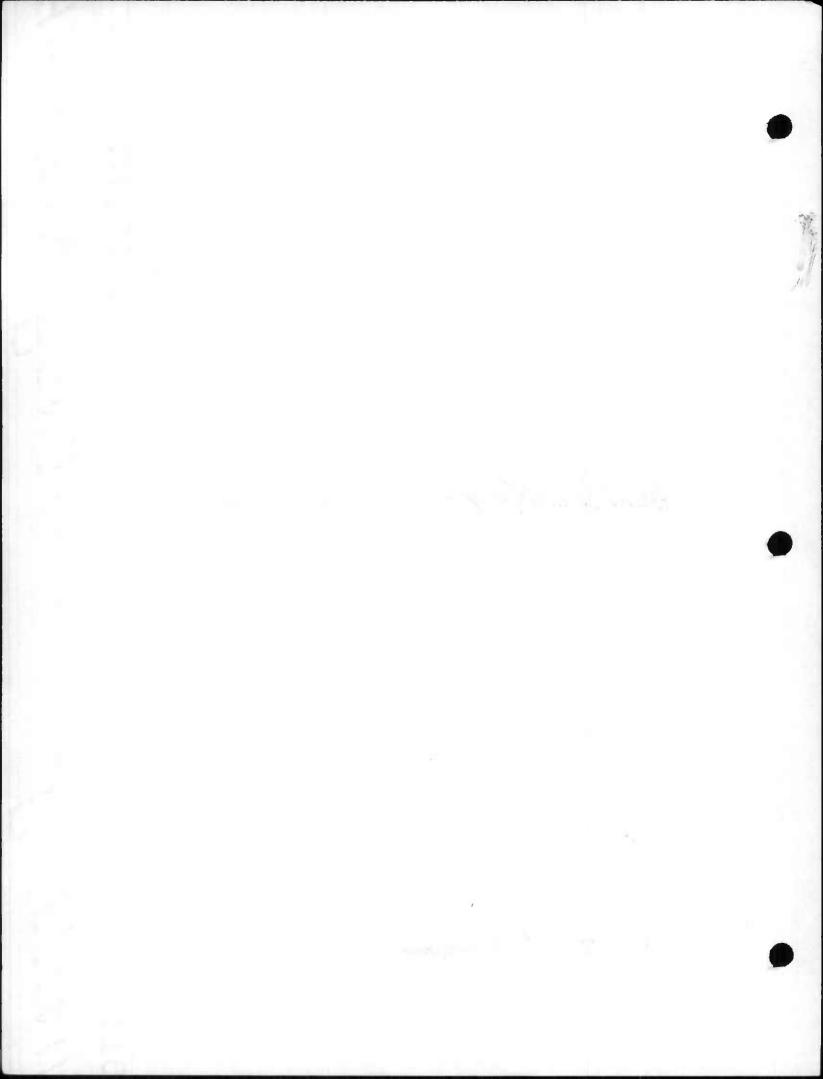


ter death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached oval.	al examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Flours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he find within 72 hours after death with the State Best, of Health and Mental Hoolene orlor to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

TE.	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
ISTRAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE	OF MARYLA	ND / DEPART		HEALTH AND		GIENE			
1. DECEDENT'S NAME (First, Mic	idle, Last)					2. DATE OF DE	EATH		3. TIME OF OEATH	
Harry Will:	iam Evans					March	12, 19	YEAR	4:50 A	
4. SOCIAL SECURITY NUMBER	5. SEX	1000000		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BII (Month, Day,	RTH		HPLACE (State or Foreign	
217-05-0383	1 X M 2		2 YRS.	NTHS DAYS	OR LOCATION OF O	Feb. 1	4,1911		st Virginia	
Moran Manor				Wester				.egan		
	b. COUNTY		10c. CITY,	OWN OR LOCA	NTION				10d. INSIDE CITY	
Maryland	Maryland Allegany			sternpo					1 X YES 2 NO	
100. STREET AND NUMBER 446 Spruce S	troot			,	01. ZIP CODE 21.562			IS.A	WHAT COUNTRY?	
11. MARITAL STATUS		CEOENT EVER IN	U.S. ARMEO	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Soc			• CE — American Indian.	
1 Never Married 2 Ne 3 Widowed 4 Divorce	rried FORCE	S? 1 YES GIVE WAR OR DAT	2 X NO	If yes, s	pecify Cuben, Mexico S 2 X NO Specif	in, Puerto Rican,		Ble	ok, white, etc.	
(Specify only his	ENT'S EDUCATION (hest grade completed)		16e. OECEDENT'S US (Give kind of wor life. Do NOT use I	UAL OCCUPAT k done during n	TON nost of working	16b, KINO	OF BUSINESS/I	NDUSTRY	00	
Elementary/Secondary (0-12)	College (1	4 or 5+)	Sheet M			Pape	er Com	oanv		
17. FATHER'S NAME (First, Middl	e, Lest)				16. MOTHER'S NA			- 4	54	
Luther Evans					Mati	1da Mat	thews			
19a. INFORMANT'S NAME (Type					and Number or Rural	Route Number, Cit	ly or Town, State,			
Lydia A. Evar					treet, We					
20e, METHOD OF DISPOSITION 1 N Burlal 2 □ Cremation 4 □ Donation 5 □ Other (Sp		inte Ph	PLACE OF DISPOSIT other place) LLOS CEME		emetery, crematory or	20c. LOCATION — City or Town, State  Westernport, Maryland				
21. SIGNATURE OF FUNERAL S	A	Lewige	J	Mark	AND AODRESS OF FA WOOD MCKE S. Minera	enzie F			WV 26726	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  B. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significent	conditiona contribu		t not reaulting in	the underlyi	ng ceuse given in		WAS AN AUTOPS PERFORMED? YES 2 X NO	3Y 24	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO N	REDICAL			26.	PLACE OF DEATH (C/	heck only one)				
EXAMINER?  1 YES 2 NO	HOSPIT 1 Inpati	AL: ent 2 - ER/Outpa	tient 3 DOA	THER:	ome 5 🗆 Residence		edfy)			
27. MANNER OF DEATH	28e. 1	DATE OF INJURY Month, Day, Year)	28b. TIME		NJURY AT YORK?	v-	E HOW INJURY	OCCURED		
Natural 5 Per	nding estigation	world, Day, rear)	INJO		YES 2 NO					
3 Suicide 8 Co		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			28f. LOCATION (Street and Number or Flural Route Number, City or Town, Stete)					
anal	ING PHYSICIAN: To the								(e) end manner as stated.	
					29c, LICENSE NU				The State of the S	
29b. SIGNATURE AND TITLE OF	CERTIFIER								D (Month, Day, Year)	
	CERTIFIER				700	244			10 (Month, Day, Year)	
30. NAME AND ADDRESS OF P	ERSON WHO COMPLET			•	D213	244	<b>&gt;</b>	March	12, 1993	
- Lu	ERSON WHO COMPLET		Frostbur	•	D213		<b>&gt;</b>	March		

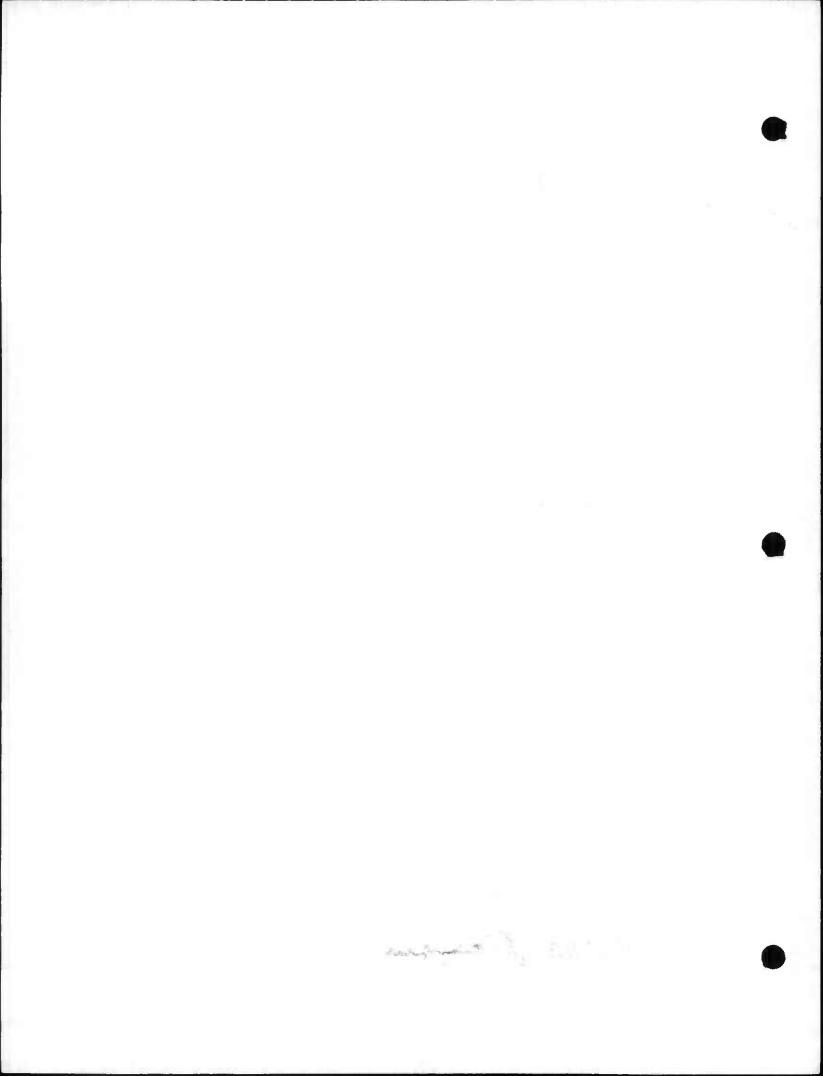




-		1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF	F HEALTH AND OF DEATH	MENTAL HYGIEN		0 09354
		1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH	DAY	3. TIME OF DEATH
				LELLAN	EN	MERICK		1993	7:41 p
9		4. SOCIAL SECURITY NUMBER 220-16-7160	1X M 2 □ F 70	n yrs. lest birthday) YRS.	MONTHS DA		7. DATE OF BIRTN (Month, Day, Year) 11/26/		BIRTHPLACE (State or Foreign Country)
should	~	90. FACILITY NAME (If not institution, give				WN OR LOCATION OF D		9c. COUNT	Y OF DEATH
1000	Ď.	Memorial Hosp	ital		Cur	nberland		AJ	llegany
1	BY FUNERAL DIRECTOR	10e. STATE 10b. COUN	TY	10c, CIT	Y, TOWN OR LO	OCATION			10d, INSIDE CITY
		PA E	EDFORD	H	YNDMA			1	1 YES 2 NO
an. ransit pe		SCHELLSBURG		53	15545		10g. CITIZEN OF WHAT COUNTRY?		
5-0020 nding physician. is the burial-transit		11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	U.S. ARMED 2 NO TES	If yes	DECENDENT OF NISPA s, specify Cuben, Mexic YES 2 XNO Speci		ie or No— 14	6. RACE — American Indian, Black, White, etc. Specify: WHITE	
21 se affe	딢	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S (Give kind of v	vork done during	PATION 7 most of working	16b. KIND OF BL	JSINESS/INDUS	STRY
NºD	IPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.) ARD		TURN	PIKE '	TUNNEL
YLA by the be det	E COMPL	17. FATNER'S NAME (First, Middle, Last)  BENJAMIN EAR	L EMERICK				AME (First, Middle, Melder L M. POO]		H
MAR e retained 5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print) MARY ALICE EM	ERICK	P O	BOX 2	eet and Number or Rural 53, HYND	Route Number, City or Tov	1554	5-0253
6 may ctor, pa		20a METHOD OF DISPOSITION  20 METHOD OF DISPOSITION  20 METHOD OF DISPOSITION  3  Ret  4  Donation 5 Other (Specify)		PLACE AND DATE of the ry, crematory or of YNDHAN	her place)			OCATION — CIF	ly or Town, State N, PA 15545
		21. DIGHATURE OF FUNERAL SERVICE L		INDHAN	22, NAM	E AND ADDRESS OF F	ACILITY		
BALTIN Er death. Pag the funeral di wal.		· /sauguste	2009		HYN	DMAN, PA	EIGLER FI 15545-	0636	
ed within 24 hours after ompletely filled in by the lift, cremation, or removal event, the medical		23. PART I. Enter he seems of shock, by heart fellule immediate cause (Finel disease or condition resulting in death)	a. End Mark	to ca	rdier	mode of dying, sur	21	iratory arres	t, Approximate interval Between Onset and Death
ath certificate be execute tending physician and c all Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A O	Bes .	molt	lhs.			
v requires that the death been signed by the atter. of Health and Mertal shows any Injury, or	MEDICAL	PART II. Other significant condition	ns contributing to deeth bu	t not resulting I	n tha under	ying cause given in	N AUTOPSY PRMED? 2 (XNO	RMED? AVAILABLE PRIOR TO	
AL he law he law be Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	T			W 405 05 0			1
AN: The	SICI	EXAMINER?	HOSPITAL:	tlent 3 DOA	OTHER:	PLACE OF DEATH (CI			
HYSICIA vith the vith the	PHY	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIMI	OF 28c.	Nome 5 Residence	28d. DESCRIBE NOW	INJURY OCCU	RED
NG PHYS fter this ceath with	ВУР	1. Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	WORK?			
CTOR: A after d after d 28 Is	- 10	3 Suicide 8 Could not be 4 Nomicide datermined	28s. PLACE OF INJURY - building, etc. (Specif	At home, farm, s	treet, factory, o	office	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
427 4	COMPLETED		ICIAN: To the best of my knowle ER: On the basis of examination						
HE HC HE FU ed wil	шШ	206. SIGNATURE AND TITLE OF CENTIFIE	H //			29c. LICENSE NU	MBER	29d. DATE S	HGNED (Month, Day, Year)
TO THE HOSPIT TO THE FUNERA De filed within ? IMPORTANT: I	0 0	1am	/	131	* 1	D 289	910	13//	2/93
(0)		30. NAME AND ADDRESS OF PERSON W	/			uilding-Cu	ımberlnad,	MD 2	1502
\$		31. DATE FILED (Morith, Day, Year) MAR 1 7 1993	REGISTRAR'S SIGNAL						

THE CH	TO BE COMPLETED BY BUXBLOOM. MEDICAL OFFICE ATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
r death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos
DALLIMORE, MARTLANI	DISION OF VITAL MECONDS, T.O. BOX 88160,

	REGISTRAR		CERTII	FICATE OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEA	TH
	RUTH FORD EMERICK					03 12 93			0415	А м	
			AGE (In yrs. last birthday	IF UNDER 1 YEAR	7. DATE OF BIRTH				0.140		
		1 □ M XIXDF	83 YRS.	MONTHS DAYS	HOURS MIN.	(Moni	th, Day, Year)	09	Countr	IPLACE (State or Fi y) IARYLAN	
1 /	9a. FACRLITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										
DIRECTOR	SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEMENT										
E C	10a. STATE 10b. COUNTY		10c. C	TY, TOWN OR LOCA	TION					10d. INSIDE CITY	Y
		GANY		CORRIGA	NVILLE					LIMITS?	NO
FUNERAL	P O BOX 184 101. ZIP CODE 10g. CITIZEN OF WHAT USA									VHAT COUNTRY?	
B	11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced	IZ. WAS DECEDENT EN FORCES? 1   IF YES, GIVE WAR	YES 2 NO	If yes, s	cendent of HisPai pecify Cuben, Mexics 8 2 NO Specifi	en, Puerto	N? (Specify Yes Rican, etc.)	or No—	14. RACE Black Speci	— American Indi	
0	15. DECEDENT'S EDUCA (Specify only highest grade co	TIDN		S USUAL OCCUPAT		160	. KIND OF BU	SINESS/INI	DUSTRY		
		College (1-4 or 5+)	IIIa. Do NOT	l work done during m use retired.)  EMAKER	ost of working						
COMPL	17. FATHER'S NAME (First, Middle, Last)		11011	BUILLER	I				_		
l m l	HENRY W. FORD	)			FRANCE			Sumame)			
TO B	19e. INFORMANT'S NAME (Type/Print)  MELVIN O. EMER	ICK	196. MAILIN P O	G ADDRESS (Street BOX 184	and Number or Rural CORRI	GAN	Noor, City or Tow	n, Statu, Zie	Code)	1524	
9	20a, METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remove	el from State	20b. PLACE AND DATE cemetery, crematory or	other place)		OAT		CATION —			
1	4 Donation 5 Other (Specify)	Nine /	FORD FA				5/ 93	CORR	IGA	NAITTE	, M
	21. SIGNATURE OF FUNERAL SERVICE VICES	2000	1	HARV	EY H. Z	EIG				HOME	
$\vdash$	Jamey	a con		HYNI	MAN, PA	1	5545-	0636			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List erry one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a.   Approximate interval Between Onset and Death  I (a day)										
		OUE 70 (06	AS A CONSEDUENCE	OF):						11.1	, ,
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  b. Thurnour  DUE TO (OR AS A CONSEDUENCE OF):										
S	cause. Enter UNDERLYING CAUSE (Disease or Injury										
ᄪ	that initiated events	DUE TO (DR	AS A CONSEDUENCE	OF):							
ᇤ	resulting in death) LAST										
2	PART II. Other significent conditions	contribution to do	ath had not acculate.								
DICAL	^	A	ath but not resulting	in the underlying	ig cause given in	Part 1.	24a. WAS AN PERFOR		24b.	. WERE AUTOPSY F AMAILABLE PRIOR	TO
ă	_ unum	lessi					1 TYES 2	NO NO		COMPLETION OF OF DEATH?	CAUSE
W	Cordine	Jarlieri								1 - YES 2 -	NO
	Strohn	0									
<b>₹</b>	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Ch	neck only o	ne)				
PHYSICIAN		HOSPITAL:	VOutpatient 3 DOA	OTHER:	ne 5 🗆 Residence	4 - Oth	ne (Panniku)				
=	27. MANNER OF DEATH	28a. DATE OF INJ			JURY AT		SCRIBE HOW I	N HIEW OO	OUBED		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y		IJURY W	YES 2 NO	200. DE	SCHIBE HOW I	NJUHT OC	CUHED		
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At home, farm (Specify)	street, factory, offi	CO.		CATION (Street or Town, State)		r or Rural F	Route Number,	
<del> </del>	29e. CERTIFIER			7.00 EO		1		_			
COMPLET	(Check only one)  1 CERTIFYING PHYSICIA  2 MEDICAL EXAMINER:		knowledge, death occur Instion and/or investigat							) and manner as s	stated.
8	29b. SIGNATURE AND TITLE DF CERTIFIER				-						
BE	The state of the s	Zrus 1	10		29c. LICENSE NUI	MBER 72		29d, DAT	S - 1	(Month, Day, Year)	
욘	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF	OF OEATH (ITEM 27) (Typ	ie, Print)	2 0	3 ) -	7		1	1 /	10.
	31. DATE FILEO (MORITH, Day, Mar)	SYZQ 132 POSTRAR'S	SIGNATURE	D. B	Wo Y	12	Usto	inh	1	Cumb.	Mg
	MAR 17 1993	The state	- COLOR								



BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
	hours	lled in
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	t: After this certificate has been signed by the attending physician and completely f
SIVIC	DR ATTE	DIRECTO

or other traumatic event, the medical examiner must be notified at once. or removal cremation, Hygiene prior to burial, e Dept. of Health and Mental Hy m 23 shows any injury, or HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the EUNEPAL DIRECTOR: After this certificate has been signed by the within 72 hours after death with the State Dept. of Health and M 0 is marked, 28 Hem FUNERAL ( within 72 h Ξ TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 KENNETH E. ELLSWORTH. 03 14 1:06 рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Maryland 214-32-3796 56 YRS. 1 X M 2 F 05/13/1936 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Cumberland Allegany Sacred Heart Hospital DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Allegany Maryland LaVA1e 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 330 National Highway 21502 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify: В 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) 12 splicer technician C& P Phone Co. 17. FATHER'S NAME (First, Micidle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lawrence Ellsworth Mary Shroyer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 330 National Shirley Ellsworth Highway, LaVale, MD21502 295 3 OCATION — City or Town, State 20a. METHOD OF DISPOSITION
1 M Burial 2 □ Cromation 3 □ Re 20b. PLACE AND DATE OF DISPOSITION (Name of 3%F7 4 Donation 6 Other (Specify) Restlawn Memorial Garden LaVale, MD21502 21. SIGNATURE OF FUNERAL SERVICE AICENSEE 22. NAME AND ADDRESS OF FACILITY Hafer Chapel of the Hills Mortuary 1302 National Highway, LaVAle, MD21502 23. PART I. Enter the diseases, or comp that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF ORONARI CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE DE) CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II) Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TES 2 NO OF DEATH? XPRETIC 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 - NO me 5 - Residence 6 - Other (Specify) 27, MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c, INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide CERTIFIER (Check only one)

2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner ea stated. 2 MEDICAL EXAMINER: OF THE BY ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) end menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER B 29d. DATE SIGNED (Month, Day, D31875 10000 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 902 Seton Dr., Cumberland, MD 21502 Robert Welik MD 32. RESTRAR'S SIGNATURE

market by the same

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR			ICATE OF		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
.16	MARY V. EVA	NS				3 1		3 0745 a. m
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
Ŋ	218-16-3974	1 □ M 2   XF 7	1 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year). 4 17 2	1 N	laryland
!!	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN O	R LOCATION OF D	EATH	9c. COUNTY	· ·
OR	MEMORIAL HOSP	ITAL & MED	ICAL CE	NTER,	INC CL	MBERLAND	ALL	EGANY
5	RESIDENCE OF DECEDENT  104. STATE 106. COUNT	rv	1 400 017	Y. TOWN DR LOCAT	2041			
JIRE		legany		umberla	17.15			10d. INSIDE CITY V. LIMITS?
1	10e. STREET AND NUMBER	reguity			ZIP CODE		100 CITIZEN	1 YES 2 NO
FUNERAL DIRECTOR	15 Ridgeway Te	rrace			2150	2		S . A .
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			NIC ORIGIN? (Specify Ye	s or No- 14.	. RACE — American Indian,
IE VEG ONE WHO OF PAYER								Specify: White, etc.
	15. DECEDENT'S EDI	I CATION	Ter Decembration	1		1	- 1	
TE	(Specify only highest grad	e completed)	(Give kind of a	USUAL OCCUPATION Work done during move retired.)	St of working	18b. KINO OF BU	SINESS/INDUS	TRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homem			Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	
BE C	Leo Rice				Jessi	e Speis		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e		Route Number, City or Tow	m, State, Zip Co	de)
Ĕ	Mary Ann Knigh	t	15 R	idgeway	/ Terra	ce, Cumbe	erland	d, MD 21502
	20e, METHOD OF DISPOSITION 1   Burlel 2   Cremation 3   Ren	novel from State	b. PLACE AND DATE	OF DISPOSITION (Na		1	CATION - City	or Town, State
- 3	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE U		S.Peter				umber	land, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	( /			D ADDRESS OF F		ral F	Home, P.A.
	Hendy 81	Uschwer		202	reene	St Cumbe	erland	. MD 21502
	23. PART I. Enter the diseases, or shock, or heert failure.	complications that cause List only one cause on	ed tha death. Do r	not enter the mo	de of dying, suc	ch as cardiac or resp	iratory arrest	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1	0	4.	11 -1	L 0.		Opport and Double
	resulting in death)	DUE TO (OR AS	selen	m'C	provi	- Que	seau	/
_		בא אטן טו שטע	A CONSEQUENCE OF	-):				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):				
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c						
티	that initiated events	DUE TO (DR AS	A CONSEQUENCE OF	F):				
ER	readiting in death) CAST	d						
	PART II. Other significant conditio	na contributing to death	but not resulting	n tha underlying	ceuse given in	Part I. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	Consistivi	Hent	Faul	lune a	Miew.	PERFOI		AMAILABLE PRIOR TO COMPLETION OF CAUSE
	8			1			Kilo	OF DEATH? 1 □ YES 2 □ NO
ä								10.00
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF GEATH (C	neck only one)		
NS!	1 TYES 2 THO	1 Inpetient 2 ER/Ou	ipatient 3 🗆 DOA	OTHER:	e 5 🗆 Residence	8 Other (Specify)		
PH	27. MANNER OF DÉATH  1 Cletural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, TIM		URY AT RK?	28d. DESCRIBE HOW	NJURY OCCUR	ED
B	2 Accident Investigation				/ES 2 ND			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp.	Y — At home, farm, secify)	street, factory, offic		28f. LOCATION (Street City or Town, State)	and Number or i	Rural Route Number,
ᄪ	29a. CERTIFIER							
COMPLETED	(Check only	SICIAN: To the best of my kno						
8			on end/or investigation	n, in my opinion, d	eath occured at the	time, date end place, ar	id due to the c	suse(e) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	110. h			29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year)
٥	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF S	CATH STEPS OF ST	Philad	D 14	865	5	-13-73
	7				A MENIO	E CHMDE	DI AND	MD 01F00
- 1	DR. ROBUSTIA	NA DAKKEKA	200 M	EMUKIAL	AVENU	E CUMBE	KLAND	, MD 21502
	31. DATE MAR 1 7 1993	REGISTRAR'S SIG	NATURE					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

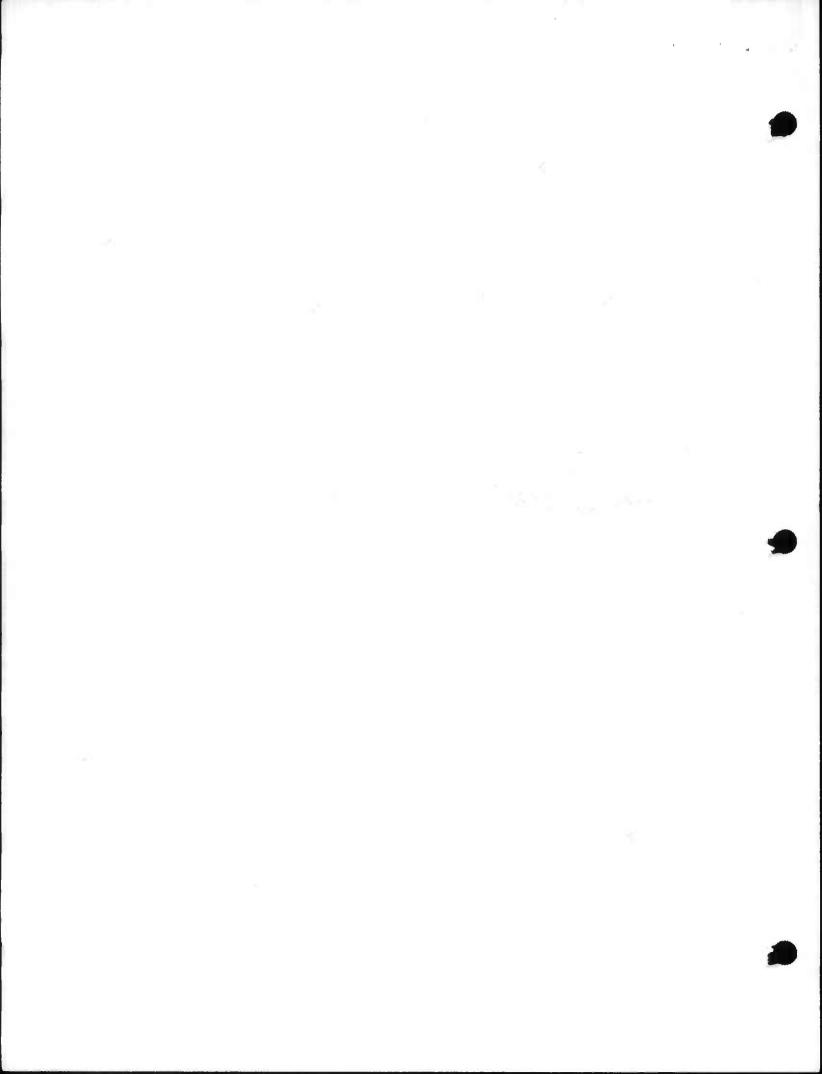
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	FOR STATE REGISTRAR	STATE OF MA	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEMENT'S NAME (First, Mic	ard N	AGE (In yrs, le	1-0U	11e	R	DATE OF BIRTH	× - 9	3. TIME OF DEATH  O 830  BIRTHPLACE (State or Foreign	
	313-28-6 9a. FAGILITY NAME (If not institu	Hon, give street and numbers	60	NRS. MON		HOURS MIN.	12/20	30	Country)	
DIRECTOR	RESIDENCE OF DECED		al C	exter	Armap			Anne	e Arundel	
	Maryland A	Anne Arundel		10c. CITY, TO	Arno	1d			10d, INSIDE CITY LIMITS? 1 YES 2 X NO	
PLETED BY FUNERAL	100. STREET AND NUMBER 1242 Maple Ro				101	21012			J.S.A.	
	11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 12 YES 2 N  IF YES, GIVE WAR OR DATES			RMED NO	If yes, spe	ENDENT OF HISPANIC acity Cuban, Mexican, 2 NO Specify:		7 (Specify Yes or No—  14. RACE — American Indian, Black, White, etc.  Specify:  Caucasian		
	15. DECEDE (Specify only hig Elementary/Secondary (0-12) 1 2+	ENT'S EDUCATION phest grade completed)  College (1-4 or 5+)	IM.	ECEDENT'S USUA Give kind of work of Do NOT use reti CMMCTC1	fone during mo: red.)	erwriter	Insurar		TRY	
COMPL	17. FATHER'S NAME (First, Middle Walter W. Wel						(First, Middle, Meiden	Surname)		
TO BE	Mrs. Elfi Fow	(Print)	19		Rose Norwood  **ILINO ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  242 Maple Road Arnold, MD 21012					
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 4 Donation Donation 21. SIGNATURE OF FUNERAL SE	3 Removal from State	cemetery, cri	and date of dis emetory or other p MONT ME	MOrial 22. NAME AN	Gardens	3-22 Da	avidsor	or Town, State	
	James 22/BART I Enter the disease	& Yours	anos	495	arranco & Sons Funeral Home 95 Ritchie Hwy. Severna Park, MD 21146					
	MMEDIATE CAUSE (Finel disease or condition resulting in death)	a. QAST	on each line	· Can		de of dying, such	is cardiac or resp	watory arrea	t, Approximate interval Between Onset and Deat	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other significant of	resulting in the underlying ceuse given in Part			Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES VA NO	HOSPITAL:	R/Outpatient :		HER:	ACE OF DEATH (Check				
Y PHY	27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day, 1)		28b. TIME OF	28c. INJI	URY AT 2	8d. DESCRIBE HOW	INJURY OCCUP	RED	
ETED BY	3 Suicide 6 Cou	28e PLACE OF IN	JURY — At he (Specify)	home, farm, street, factory, office			261. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
COMPLE		INO PHYSICIAN: To the best of my EXAMINER: On the basis of exam							ause(e) and menner se stated.	
BE	SIGNATURE AND TITLE OF	11 Easter 1	MD			29c. LICENSE NUMBER	ER 6	29d. DATE S  ▶ \ 2	IGNED (Month, Day, Year)	
0	30. NAME AND ADDRESS OF PE	S. EPST	OF DEATH (ITE	EM 27) (Type, Print)	21 R	OBELY /	tre Ste	201		
ļ	31. DATE FILED (Month, Day, Year)			and a SQL	·	7,10,3	7710			

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Par be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	y the funeral director, page 5 should be detached for use as the burial-transit permit. 🕶 novai.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	cal examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)  MAURICE B. FISHER  2. DATE OF DEATH MONTH DAY YEAR 3-11-93  3. TIME OF DEATH										
			n yrs. last birthday) IF	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	н	B. BIRTHPLACE (State or Foreign Country)			
OR	9a. FACILITY NAME (If not institution, give street and number)  Holiday Inn - 67th Street  9b. CITY, TOWN OR LOCATION OF DEATH  Ocean City  Worcester										
DIRECTOR	10a. STATE 10b. COUNTY N. J. Bur	lington		own on Locati emberto			10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO				
FUNERAL	100. STREET AND NUMBER 333 N. Pemberton	Rd.	•	10f.	OSO68	10g. CITIZ	TIZEN OF WHAT COUNTRY? USA				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO TES WW II	13. WAS DECI	14. RACE — American Indian, Black, White, atc. Specify: White						
COMPLETED	15. DECEDENT'S EDUC: (Specify only highest grade of Elementery/Secondery (0-12)		16a. DECEDENT'S USI (Give kind of work kite. Do NOT use re Salesma	UAL OCCUPATIO done during mostired.)	N SI of working		Food Service				
CON	17. FATHER'S NAME (First, Middle, Last)  Carl Fisher					ME (First, Middle, M					
TO BE	Carl Fisher Irene Marple  19a. INFORMANT'S NAME (Type/Print) Norma Fisher 333 N. Pemberton Rd. Pemberton, NJ 08068										
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Hamo	val from Stata	PLACE OF DISPOSITION Of their place) Harleigh		III.	20	20c. LOCATION — City or Town, State  Camden, N.J.				
	21. SIGNATURE OF FUNEBAL SERVICE LICE	Ill L		11/2	22. NAME AND ADDRESS OF FACILITY Ullrich Funeral Home Berlin, Md.						
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. ###################################										
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
ERTIF	that initiated events resulting in deeth) LAST	. Due to ton As A	CONSEGUENCE OF):								
MEDICAL (	PART II. Other eignificent conditions contributing to death but not recuiting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 M. NO  24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO OF DEATH? 1 YES 2 M. NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Ch	eck only one)					
YSIC	1 X YES 2 □ NO	HOSPITAL: 1   Inpetient 2   ER/Outp	Other:  Outpatient 3 DOA 4 Nursing Home 5 Res			ence 6 % Other (Specify) SIMORT STRY MOTEL					
ву РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)				28d. DEŞCRIBE HOW INJURY OCCURED					
	3 Suicida 6 Could not be 4 Homicide determined					261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29a. CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated.  (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, date and place, and due to the cause(a) and manner as											
H	29b. SIGNATURE AND TITLE OF CERTIFIER	hwatt.	$n, \lambda$		29c. LICENSE NUI			SIGNED (Month, Day, Year)			
5	30. NAME AND DORESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)							
12	DOZOTNY C. HO	COMPLETED CAUSE OF DE  LZ WOR TH  32. BEGISTRAR'S SIGN  Julius Davids	203	Sibil .	SF. S	wood Ale	4 Mb.	21863			



			* Christ	ine Fu	an Kh	ous	01	3 1	6 9	3 913 AM		
1		4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lesi b		DER 1 YEAR		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
(1) The Co	1	579-28-5831	1 🗆 M 2 💢 F	73	YRS. MONTH	B DAYS	HOURS MIN.	(Morith, Day, Year) 7/24/1919	9	Virginia		
(EIB)	-3	Sa. FACILITY NAME (If not institution,	give street and number)		9b. C	TY, TOWN	OR LOCATION OF DE			Y OF DEATH		
9	CTOR	Greater Laure	Hospital			Lau	urel		Pr. G	eorge County		
Pages	REC	10e. STATE 10b. Co	YTNUC		10c. CITY, TOW	N OR LOCA	ATION			10d. INSIDE CITY LIMITS?		
₹.	□	Md.	Howard		Lai	urel				1 YES 2 NO		
permit	AL	10e. STREET AND NUMBER					OI. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
ansit	빌	9501 Baltimor	e Avenue			20723			USA			
Sicia	FUNER	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. WAS DE	ECENOENT OF HISPAN	IC ORIGIN? (Specify Ye		4. RACE — American Indian, Black, White, etc.		
000 pg and and and and and and and and and and	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA				specify Cuban, Mexican S 2 NO Specify			Specify: White		
21215-0020 If or attending physician, for use as the burial-transit	ED B											
3	ETE	15. DECEDENT'S (Specify only highest	grade completed)	(G/ve	DENT'S USUAL kind of work do NOT use retired	ne durina m	TION nost of working	16b. KIND OF BU	SINESS/INDU	STRY		
Stal of the stal o	ا چ ا	Elementary/Secondary (0-12)	College (1-4 or 5+)									
ANE.	COMPL	10 17. FATHER'S NAME (First, Middle, Les		H	omema	ker		Own				
YLA by the be der								ME (First, Middle, Maiden				
RAY Ded by Daile	8	Robert Lee Ca  19a. INFORMANT'S NAME (Typo/Print)		40. 4		F00 (0)		Florence				
MARYLAND 2: e retained by the hospital of 5 should be detached for notified at once.	일							loute Number, City or Tox				
E Sage		Wayne H. Funk	nouser					Laurel, N				
FOR BENEATOR. PROCESS.	- 1	1 St Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	cemetery, creme	tory or other place	Ce)	netery 3/1	DATE 20c. LO		ty or Town, State		
ALTIMORE, death. Page 6 may be tuneral director, page		21. SIGNATURE OF FUNERAL SERVICE	CE/LICENSEE	FORL L			AND ADDRESS OF FAC		rentwo	od, Md.		
ALTIN death. Pag e funeral di J.		V71	11 17	1		Gasc	h's Funer	al Home,	4739	Baltimore Ave		
		Hyattsville, Md. 20722										
E 3 5 8		23. PART I. Enter the diseases shock, or heart fell	or complications that ure. List only one cause	caused the deet	h. Do not en	ter the m	node of dying, such	as cardiac or resp	iratory arres			
2 0 0 E	1 1	MIEDIATE CAUSE (Final	are. Electriny one cade	a Dil cacil ilile.						Interval Between Onset and Dea		
SO, within 24 spletely filler cremation, the		disease or condition resulting in death)	a. Acute	Rese	irator	40	Failure	,				
s760, find within completely ial. cremati.			DUE TO (C	OR AS A CONSEQUE	ENCE OF):	0	7					
C 68760 executed with and comple to burial, cre-	Z	Sequentially list conditions a. Prieumonia										
	CERTIFICATION	If any, leading to immediate										
EOX ficate be su physician a ne prior to	2	cause. Enter UNDERLYING CAUSE (Disease or injury	a Flu	Synde	ome							
OS, P.O. B( be death certificate the attending physi Mental Hygiene pri	E	that initiated events DUE TO (OR A9'A CONSEQUENCE OF):										
_ ta 2 a	5	d. Bronchogenic Carcinom with Carelin rotastasa										
DS, the de d Men		PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 124b. WERE AUTOPSY FINI										
0 = 65 -	MEDICAL							PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
RECOI requires that een signed of Health a	요							1 YES 2	2   140	OF DEATH?		
Poen Speen	IN: M							- 1		1 TES 2 NO		
23 ge 88 ge C		25. WAS CASE REFERRED TO MEDIC	AL			26. F	PLACE OF DEATH (Che	rck only one)				
N: The ficate h State [	PHYSIC!	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆	OTH	ER:						
VISION OF VITA ATTENDING PHYSICIAN: The ECTOR: After this certificate h s after death with the State of 1.28 is marked, or item	Ħ	27. MANNER OF DEATH	28a. DATE OF IN	NJURY 2	8b. TIME OF	_	me 5 ☐ Residence	28d. DESCRIBE HOW	NJURY OCCU	RED		
ON OF NG PHYSIC fter this ce eath with t		Natural 5 Pending	(Month, Day,	(Year)	INJURY M	W	ORK?					
NDING P NDING P T death	ВУ	2 Accident Investigat 3 Suicide & Could be	28e. PLACE OF	INJURY — Al home	, farm, street, f	actory, offi	Ica	28f. LOCATION (Street	and Number or	Rural Route Number		
ISI TTEN TTEN TOR: after	ETED	4 Homicide determin	t be building, et	te. (Specify)				City or Town, State,				
DIVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate in hours after death with the State item 28 is marked, or item	W	29a. CERTIFIER	NIVERSIAN, T			37						
로 공간 목	COMPL	CERTIFVING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
THE HUSPITAL THE FLINERAL Shed within 72 PORTANT: II					очувания, як я	y opinion,						
五 五 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	BE	296. SIGNATURE AND TITLE OF CER	1				29c. LICENSE NUM			HOMED (Moven, Day, Year)		
2 2 3 X	0	Xore	Venly				012015	)	3-	16-93		

CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Midden, Last)

MAR 1 8 1993

31. DATE FILED (Month, Day, Year)

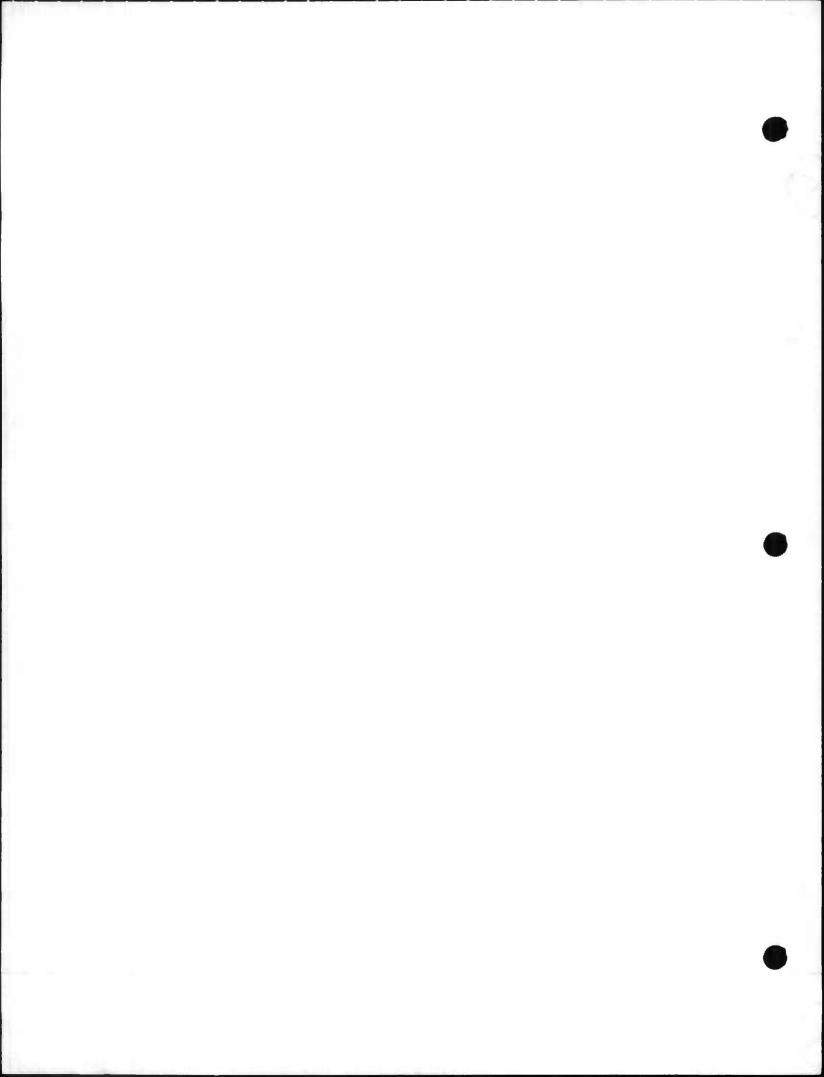
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 BEGISTHAN'S SIGNATURE PANGLER

2

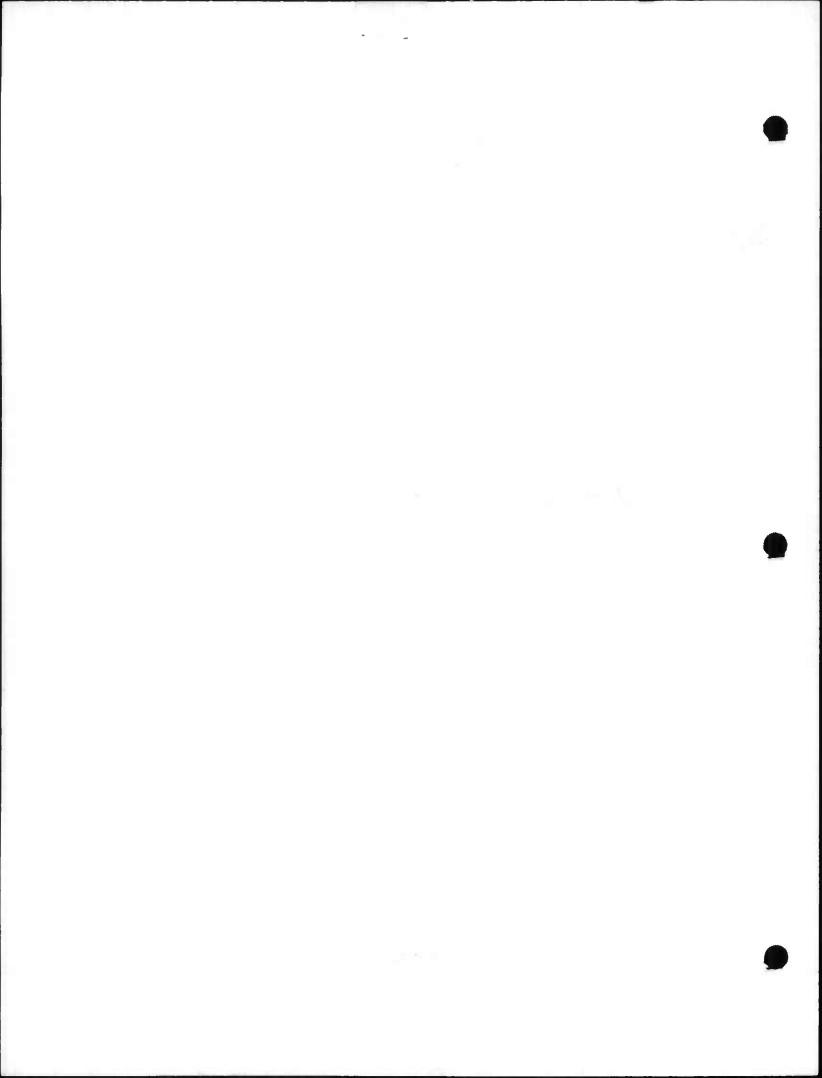
93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. CHRISTINE ELIZABETH FUNKHOUS TO DEATH 915 AM " 93 6. BIRTHPLACE (State or Foreign Country)
Virginia 919 9c. COUNTY OF DEATH Pr. George County 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: White OF BUSINESS/INDUSTRY n Home Maiden Sumame) <u>ce Williams</u> or Town, State, Zip Code) Md. 20708 ROC. LOCATION — City or Town, State Brentwood, Md. e, 4739 Baltimore Ave. 722 Approximate interval Between respiratory arrest, Onset and Death In notastasa 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MAS AN AUTOPSY PERFORMED? YES 2 NO 1 TYES 2 NO HOW INJURY OCCURED

DHMH-16 Rev 1/89



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	1 - STATE REGISTRAR	STATE OF MA			RTMENT				MENT	AL HYGIENE REG. NO.	E			
411111111111111111111111111111111111111	1. DECEDENT'S NAME (First, Middle, Last) ERIKA	JOHANNA				FIE			MAI	TE OF DEATH	1993		3. TIME OF DEATH 3:38 P M	
	4. SOCIAL SECURITY NUMBER 066-22-4984	1 🗆 M 2 💢 F	6. AGE (In yrs. lest	st birthday) YRS.	IF UNDER	DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DAT (Mo 06-	re of BIRTH -20-1903 -20-1903	3	Country)	NACE (State or Foreign	
TOR	98. FACILITY NAME (If not institution, give str PHYSICIANS MEMORI		CAL		96. CITY, TOWN OR LOCATION OF DEATH LA PLATA CHARLES							ATH		
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Ty, TOWN C						10d, INSIDE CITY			
	Maryland Charle	es		<u></u>	Waı	dorf	ZIP CODE	É			10g. CITIZ	YES 2 NO		
The street and number 101. ZIP CODE 101. STREET AND NUMBER 20603  102. STREET AND NUMBER 101. ZIP CODE 20603  103. WAS DECEMBERT OF 11. WAS DECEMBERT OF 11. WAS DECEMBERT OF 11. WAS DECEMBERT OF 11. WAS DECEMBERT OF 11. WAS DECEMBERT OF 11. WAS DECEMBERT OF 11. WAS DECEMBERT OF 11. WAS DECEMBERT OF 11. WAS DECEMBERT OF 11. WAS DECEMBERT OF 11. WAS DECEMBERT OF 11. WAS DECEMBERT OF 12. WAS DECEMBERT OF 11. WAS DECEMBERT OF 12. WAS DECEMBERT OF 13.									1	U.S.A				
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	EVER IN U.S. ARI YES 2 X N R OR DATES	MED	1 1	WAS DECI If yes, spe 1 TES	eçify Çubar	n, Mexicar	n, Puerte	GIN? (Specify Yes to Rican, atc.)	or No—	14. RACE - Black, Specify:	American Indian, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 years													
ш	17. FATHER'S NAME (First, Middle, Last) Gottlob Schmid			Auc II.	anei		16. MOTH	heri	ME (First	t, Middle, Meiden S Schops				
TO B	190. INFORMANT'S NAME (Type/Print) Raymond H. Fiebig		196	1720	Humm	i (Street ar	nd Number Bird	or Aural A	ive	mber, City or Town, Waldor	. State, Zip	Code) D 206	503	
	20a. METHOD OF DISPOSITION 1		20b. PLACE A cemetery, cren Lee	matory or or	of Dispos other place) Nator		me of	3-2	27-9		nton – c		n, State 20735	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	M0017	13			Eber		-				, MD 20646	
	23. PAST I. Enter the diseases, or conshock, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Meto	stat	). 	Me		de of dyla		l as ce	rdiec or respin	atory arre	ist,	Approximete Interval Between Onset and Death	
NO	Sequentially list conditions,	b	OR AS A CONSEQ											
FICAT	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	G	OR AS A CONSEQ											
CERTIFICATION	resulting in deeth) LAST	1,											<u> </u>	
IEDICAL	PART II. Other significent conditions	contributing to de	eth but not re	esulting i	n the un	derlying	ceuse g	lven in i	Part I.	24s. WAS AN A PERFORM 1 YES 2	MED?	C	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDI									_	_		,	YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:			OTHER	R:	ACE OF OE							
NHY.	27. MANNER OF OEATH	28e. DATE OF IN.	JURY I	28b. TIM		28c. INJU WOF	URY AT	sidenca (		her (Specify) ESCRIBE HOW IN	JURY OCCI	UREO		
8	1 Netural 5 Pending 2 Accident Investigation				М	1 🗌 Y	rES 2 _	] NO						
ETED	3 Suicide 6 Could not be 4 Homicide determined  28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)  28b. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State)  28c. Could not be determined								ite Number,					
COMPLETED	29a. CERTIFIER  (Check only one)  2   MEDICAL EXAMINER: On the bast of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as attated.    MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as steted.									and manner as steted.				
O BE (	296. SIGNATURE AND TITLE OF CERTIFIER	D-27348 ▶ 3-25-93												
	30. NAME AND ADDRESS OF PERSON WHO Howard M. Haft, MI					rive	Wal	dorf	, Ma	aryland	2060	)4		
	MAR 26 93	32 REGISTRAR'S	S SIGNATURE											



	1 - STATE REGISTRAR	SIAIE UF N	С	ERTIF	ICATE	E OF	DEAT	TH		REG. NO.	_			
1	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF OEATH	
ì	Nevins Alber	rt	Foske	ey .					03	/ 16/	93	YEAR		М
		S. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTI Count	HPLACE (State or Foreig	gn
		15-14-3501   180 M 2   F								ryland				
	9e. FACILITY NAME (If not institution, give street							ON OF DEA	тн		9c. COU	NTY OF D		
2	6220 Disharoon Ro			Sr	now l	Hill				Wo	rce	ster		
EC	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY	
DIRECTOR	Maryland Word	cester			Snow	Hil:	1						LIMITS?	,
	10e. STREET AND NUMBER					101	. ZIP CODE			-	10g. CITI	ZEN OF V	WHAT COUNTRY?	
ER.	6220 Disharoon Ro	ad					218	63			USA			
S	106. STREET AND NUMBER 6220' Disharoon Road 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA 11. MARITAL STATUS 11. MARITAL STATUS 11. Married 2 X Married 2 X Married 109. CITIZEN OF WHAT COUNTRY? 109. STREET AND NUMBER 1109. STREET AND NUMBER 1109. STREET AND NUMBER 1109. STREET AND NUMBER 1109. CITIZEN OF WHAT COUNTRY? 1109. STREET AND NUMBER 1109. CITIZEN OF WHAT COUNTRY? 1109. STREET AND NUMBER 1109. CITIZEN OF WHAT COUNTRY? 1109. STREET AND NUMBER 1109. CITIZEN OF WHAT COUNTRY? 1109. STREET AND NUMBER							E — American Indian,						
Υ.	I Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.)  Black, White, etc.  Specify:  Specify:													
ET.	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	(0	ECEDENT'S Give kind of a B. Do NOT us	work done	CCUPATIO during mo:	N st of workin	g	16	b. KIND OF BUS	INESS/IND	USTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 d	-)	sales					١.	automot	1170			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			Saics	man		10 MOTE	ED'C NAM		Middle, Maiden				
	Navan Thomas Benj	amin Fo	skev							e Bell	sumame)			
BE (	19a. INFORMANT'S NAME (Type/Print)	Cinizii = 0		b. MAILING	ADDRESS	(Street a				iber, City or Town	State Zin	Code		
5	Angela C. Foskey									w Hill,			363	
- 0	20a. METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Remove	= 50%	20b. PLACE	AND DATE	OF DISPOS	ITION /Na	me of		OAT	E 20c. LO	CATION -			
	4 Donation 5 Other (Specify)		W1CC	ematory or o	Memo	oria	1 Par	ck	3/	19 Sa	lisbu	ıry,	Md. 2180	1
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE/	1					S OF FACIL		7.7				
	W 60 . 1/2	1001	20,01	1						Home	ichu	e v z 1	MA 21801	
501 Snow Hill Rd., Salisbury, Md. 2180								110. 21001						
								ng, such	aa car	diac or reapi	retory arr	est,	Approximata	
	shock, or heart failure. Lis IMMEDIATE CAUSE (Final	nplications that it only one cau	t caused the de ise on each line	eath. Do r	ot antar	tha mod	da of dyl	ng, such	aa car	diac or reapi	retory arr	est,	Approximata Interval Betw Onset and De	тееп
	IMMEDIATE CAUSE (Final disease or condition	t only one cau	ise on eagh line			tha mod	da of dyl	ng, such	aa car	diac or reapi	retory arr	est,	Intarval Betw	тееп
	IMMEDIATE CAUSE (Final	d only one cau	COURSE ON A CONSE	atic	Ca	tha mod	da of dyl	ng, such	aa car	diac or reapi	retory arr	est,	Intarval Betw	тееп
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)	OUE TO	An CU (OR AS A CONSE	atic OUENCE OF	CO	tha mod	da of dyl	ng, such	aa car	diac or reapi	retory arr	est,	Intarval Betw	тееп
ATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	OUE TO	ancu	atic OUENCE OF	CO	tha mod	da of dyl	ng, such	aa car	diac or reapi	retory arr	est,	Intarval Betw	тееп
FICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO	An CU (OR AS A CONSE	OUENCE OF	C ()	tha mod	da of dyl	ng, such	aa car	diac or reapi	retory arr	est,	Intarval Betw	тееп
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COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of th	OUE TO  OUE TO  DUE TO  DUE TO  CONTributing to  CONTributing to  28a. OATE OF (Month, Deling).  N: To the best of experience of	(OR AS A CONSE  (OR AS A CONSE	OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OUEN	OTHER OF URY M Intreet, factor of at the tinn, in my o	28. PL. 2: sling Home 28c. INJU YOOry, office Ime, data pinion, de	ACE OF DI  ACE OF DI  S S Rei  RRY AT  RRY  and place, seth occure  29c. LICE	Iven In Parameter In Parameter In Parameter In Parameter In Parameter In Inc. In Inc. Inc. Inc. Inc. Inc. Inc	art i.	24a. WAS AN. PERFOR  1 YES 2  TOWN, State)	AUTOPSY MED? NO  NO  NO  NO  AUTOPSY MED? NO  AUTOPSY MED. NO  AUTOPSY MED	24b  CURED  or Rural F	Interval Betw Onset and Do  WERE AUTOPSY FINDH AWALABLE PRIOR TO COMPLETION OF CAUS DF DEATH?  1 YES 2 NO	eath NGS

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

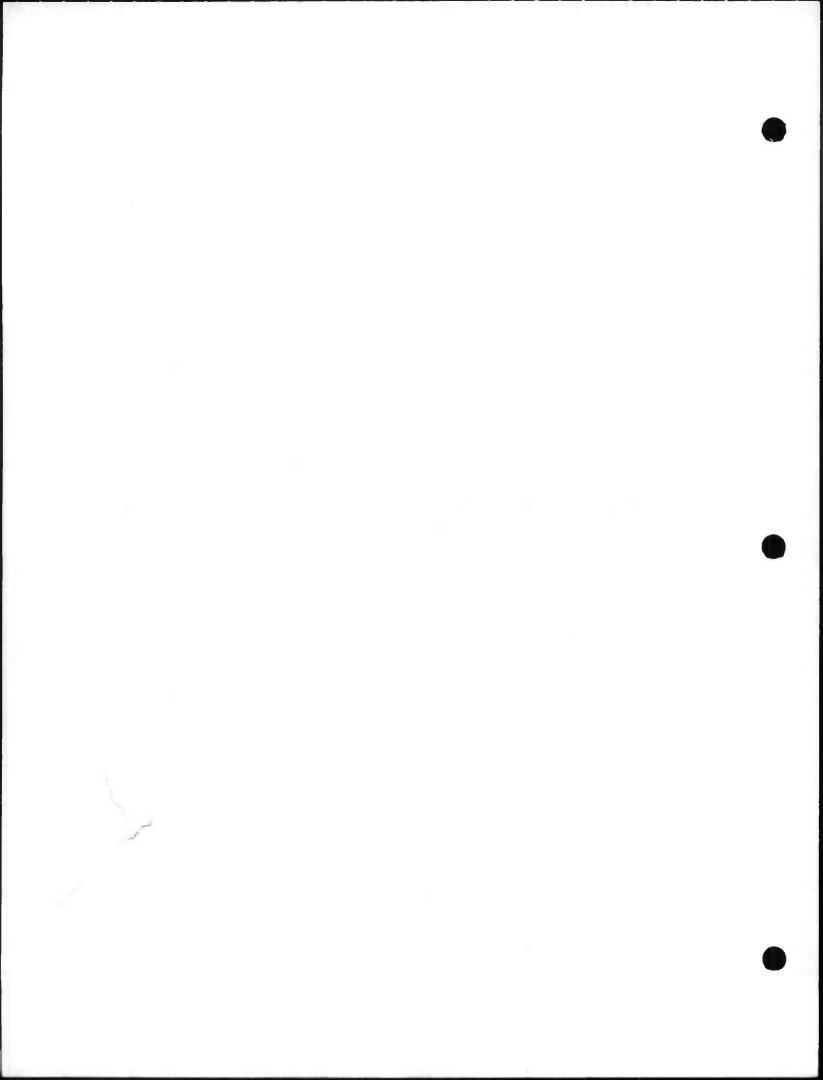
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAR 2 2 1993

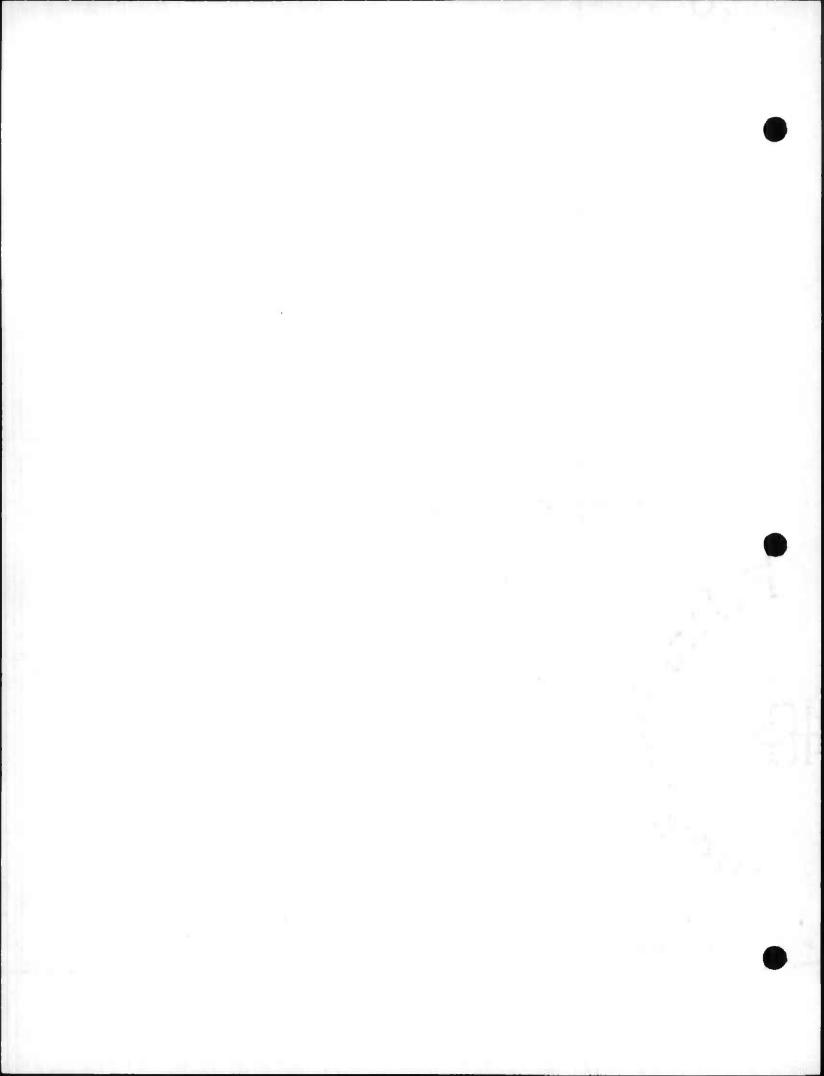
Julia Davidson-Randell



	1 - STATE REGISTRAR	STATE UF I	MAKTLAND / CE		ICATE				WENTA	REG. NO.	Ŀ		
	1. DECEDENT'S NAME (First, Middle, Lest)					_	/			OF DEATH	·		3. TIME OF DEATH
	George Marvel				1	00	45	Jr	MONT	rch 7	IV /	943	7:45 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	/	6. BIRTH	PLACE (State or Foreign
	214-15-9803	1 □ M 2 📡 F	19	YRS.	MONTHS	DAYS	HOURS	MIN.	03/	24 7 7:	3	Country	ryland
	9a. FACILITY NAME (If not institution, give a	treet end number)		9b. CITY, TOWN			OR LOCATION	ON OF DE	ATH		9c. COL	INTY OF DE	ATH
OH	PENINSULA REGION.	AL MEDIC	AL CENTER	?		SALT	SBUR	Y			WICOMICO		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY											1.00111	
E		comico			y, town o		ION						10d. INSIDE CITY LIMITS?
L D	10e. STREET AND NUMBER			. 0			710 0000	_					1 YES 2 X NO
ERA	Rt. 4, Box 652,	Johnson	Rd.			101	2 180 1					USA	HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARM YES 2 MIN	MED D	- 0	I yes, spe		n, Mexicar	n, Puerto I	I? (Specify Yes Rican, etc.)	or No	Specif	
	15. DECEDENT'S EDU	CATION	44. 054						1			whi	te
COMPLETED	(Specify only highest grade	completed)	(GA	e kind of	Work done :	during mo	on st of workin	g	166	. KIND OF BUS	SINESS/IN	DUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ıden									
MO	17. FATHER'S NAME (First, Middle, Last)		1 500	den			18. MOTI	IER'S NAI	ME (First )	Middle, Maiden	Sumamal		
	George M. Fooks	Sr.								c) Adai			
BE	19a. INFORMANT'S NAME (Type/Print)	71.	19b.	MAILING	ADDRESS	(Street e				ber, City or Town		io Code)	
2	George M. Fooks	Sr.								oury, l			
	20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPOS	ITION (Na	me of		DAT	E 20c. LO	CATION	City or Tox	vn, State
	1 Donation 5 Other (Specify)	oval from State	cemetery_cren	on 1	other place) COM6	emor	ial I	Park	3/	11 S	alis	bury,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE)			22.	NAME AN	D ADDRES	S OF FAC	CILITY				
	· Won !	bellow	ras							Home	h	M	2 2 1 2 0 1
	23. PART I. Enter the diseases, or o	complications the	t caused the dea	ith. Do	not enter	the mo	de of dyi	ng, suct	h aa cerd	diec or respi	ratory a	reat,	d. 21801
	shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	6	pucture (OR AS A CONSEQ	)	riler	re.							Interval Between Onset and Death
- 1	Menter of Williams				F):								
N	Sequentially list conditions,		unon										
Ě	If any, leading to immediate cause. Enter UNDERLYING		(OR AS A CONSEQ			0	400						
2	CAUSE (Disease or injury	C. DUE TO	trictive	UENCE O	FI:								
CERTIFICATION	that initiated events resulting in death) LAST	CI	4F	nous-	, ,								
빙		d											1
AL	PART II. Other aignificent condition		death but not re	suiting	in the un	derlying	ceuse g	iven in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
음	Spina Bif		-						_	1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
M	Devere	Scolu							_				1 TYES 7 NO
ÿ	Obstruct	ive Cho	elithu	usu									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATN (Che	ock only on	10)			
PHYSICIAN: MEDICAL	1 TES 2 NO	1 Inpatient 2	ER/Outpatient 3		4 🗆 Nun	eing Hom	e 5 □ Re	sidence	6 🗆 Othe	r (Specify)			
표	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, D		28b. TIR	IE OF JURY		RK?		28d. DES	CRIBE HOW II	NJURY O	CORED	
BY	2 Accident Investigation	20.20.00.0					/ES 2	NO					
TED	3 Suicide 6 Could not be 4 Homicide datermined	building,	of INJURY Al hon etc. (Specify)	ne, tarm,	street, fact	ory, office				ATION (Street a or Town, State)	ind Numbe	er or Rumi R	oute Number,
COMPLETED	one)	ICIAN: To the best of											
00	2 MEDICAL EXAMINE	.H: On the basis of e	xemination and/or in	rvestigati	on, in my o	pinion, d	eath occur	ed at the	time, date	and place, an	d due to t	the cause(s)	and manner ss stated,
BE	296. SIGNATURE AND OTHER OF CERTIFIES	1					29c. LICE	NSE NUM	IBER		29d. DA	TE SIGNED	(Month, Day, Year)
2	Offfically	nano					De	29	105	)	2	5/11/	93
	Christian Huddle	STON MI			ord	6th	pt	Sali	śhi	in W	1	4801	
2	31. DATE FILED (Month, Day 100) 3		AR'S SIGNATURE		-1-4	- i.(		Juu	الایات	14.19	ري , ري	1 00	
2	MINK T % 1333	your karri	work-Maria	No.									

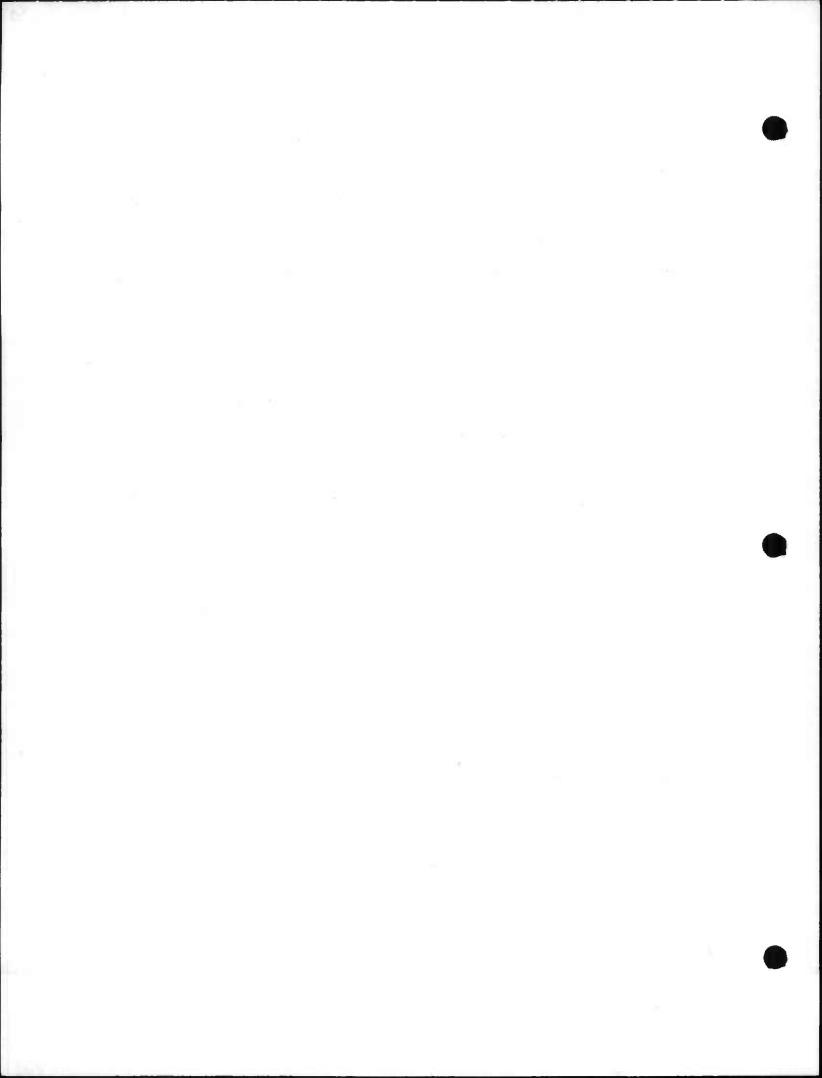
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,



	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL	HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last, Mary Id		ne	Fie	elds	2. DATE O MONTH	F DEATH	y 93	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 221–14–2658	1 🗆 M 2 🙀 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month) 2-2	F BIRTH Day, Year) 2-20	8. BI Cc MI	RTHPLACE (State or Foreign country)		
TOR	8a. FACILITY NAME (If not institution, give HOME RESIDENCE OF DECEDENT	street and number)		Salisbu	R LOCATION OF O	EATH		9c. COUNTY OF DEATH Wicomico			
DIRECTOR	10a. STATE 10b. COUN	romico		TOWN OR LOCAT	ION	LIMITS			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 720 Olivia Stre				. ZIP CODE 21801			10g. CITIZEN C	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	If yes, spe	ENDENT OF HISPAN Inclify Cuben, Maxica 2 NO Specifi	n, Puarto Ric	(Specify Yes	or No- 14. R	ACE — American Indian, Ilack, Whita, atc.		
COMPLETED									Y		
OMP	17. FATHER'S NAME (First, Middle, Last)		Reti	red	18. MOTHER'S NA				cate Hospital		
B	Gardner Kirk  19a. INFORMANT'S NAME (Type/Print)	wood	19b. MAILING AT	ODRESS (Street a	Jannie			State 7to Code			
9	Rev. Oris Percy		720 01:	ivia St	reet Sa	lisbu	ry, M	D 2180	)1		
	20a. METHOD OF DISPOSITION 15 Burlel 2 Cremation 3 Ref 4 Donation 5 Other (Specify)	novel from State Oak	PLACE AND DATE OF I tery, crametory or other VIIIE CEI		me of			ncess A	n Town, Stata Anne, MD		
	21. BIGHATURE OF FUNERAL SERVICE L	I Forks	-		Box 1574		W. Is	abella	St. Salis, MD		
	23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Finei disease or condition resulting in death)	a. FOR ET AST	ch line.					atory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C  DUE TO (OR AS A C  DUE TO (OR AS A C	CONSEQUENCE OF):								
A	PART II. Other algorificent condition  COPP  ASCVP	na contributing to death but	t not resulting in t	the underlying	couse given in		4a. WAS AN / PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	tient 3 DOA 4	THER:	ACE OF DEATH (Ch						
Y PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y 28c. INJU	JRY AT		-	JURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY — building, etc. (Specify	- At home, farm, stre				ION (Street ar Town, State)	nd Number or Rui	ral Route Number,		
COMPLETED		BICIAN: To the best of my knowled							se(s) and manner as stated.		
TO BE CO	296. SIGNATURE AND TITLE OF CENTIFIE	R			29c. LICENSE NUN	IBER			IED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WI	EN 560	RIVER		e- , s A	LISB	JAY,	MO	2/80/		
6	MAR 1 5 1993	122. BEGISTRAR'S SIGNAT	lee-								





DIRECTOR

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other

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CERTIFICATION

PHYSICIAN: Item 23

BY

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DIRECTOR: After this cert hours after death with the

TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 ho

A SOCIÁL SECURITY NUMBER

RESIDENCE OF DECEDENT

212-24-0563

Maryland

11. MARITAL STATUS

Lerov

10e. STREET AND NUMBER

641 Marion St.

1 Never Married 2 Married

3 Wildowed 4 Divorced

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Ren

21. SIGNATURE OF FUNERAL SERVICE LICENSE

4 Donation 5 Other (Specify)

11/0/07

Sequentially list conditions,

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury

PULMONARS

6 Could not be determined

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

Surkell

that initiated events resulting in death) LAST

resulting in death)

John E.Frost

herine

9a. FACILITY NAME (If not institution, give street and number)

Washington County Hospital

15. OECEDENT'S EDUCATION (Specify only highest grade complete

Washington

IF UNDER 1 YEAR

IF UNDER 24 HMS.

05

65

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 MHO IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

6. AGE (In yrs. last birthday)

Louise

1 - M 2 XF

5. SEX

Nov.2, 1927 9c. COUNTY OF DEATN

9b. CITY, TOWN OR LOCATION OF DEATH Hagerstown WASHINGTON

IDC. CITY TOWN OR LOCATION 10d, INSIDE CITY 1 X YES 2 NO

Hagerstown 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?

21740 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc.

If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY

Cashier Retail Food Store 18. MOTNER'S NAME (First, Middle, Maiden Surname)

Love Nellie Ort 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

245 E.Potomac St. Williamsport,MD 21795 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State GreenLawn Memorial PARK March

> 22. NAME AND ADDRESS OF FACILITY OSBORNE FUNERAL HOME P.O.Box # 348 Williamsport, MD 21795

	F.O.BOX # 340 WIIIIamsport, MD 21/	95
23. PART I. Enter the disease, or compilectione that caused the deeth. Do not a shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final	enter the mode of dying, such as cardlec or reapiratory arreet,	Approximata Interval Between Onset and Death
disease or condition	Lavid CUICTO and	C

OUE TO (DR AS A CONSEDUENCE DF):

ARTERIOSCE FROTT DISENSE HEART QUE TO (DR AS A CONSEQUENCE OF):

DUE TO (DR AS A CONSEDUENCE OF):

EMPHYSEMA

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

24n. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

23,1993 Williamsport.MD 21795

24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

DO3-22-93

	AU. F LM	OL OF	DEMINI (C)	roun brilly orre)	
HER: Numin	g Nome	5 🗆	Residence	6 Other (Specify)	

29c. LICENSE NUMBER

201040

HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 PDOA

28a. DATE DF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?

1 YES 2 NO 26s. PLACE DF INJURY — At home, farm, street, factory, building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29s. CERTIFIER

/Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, dete and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

no 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

M. COGEN, M.D. 18 18706 CASSTWOOD Day HAGERSPUR, 21742

31. DATE FILED (Month, Day, Year) MAR 23 1993 his Sindem Rankall

hours after death. Page 6 may be retained by the hospital or attending physician.

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detached

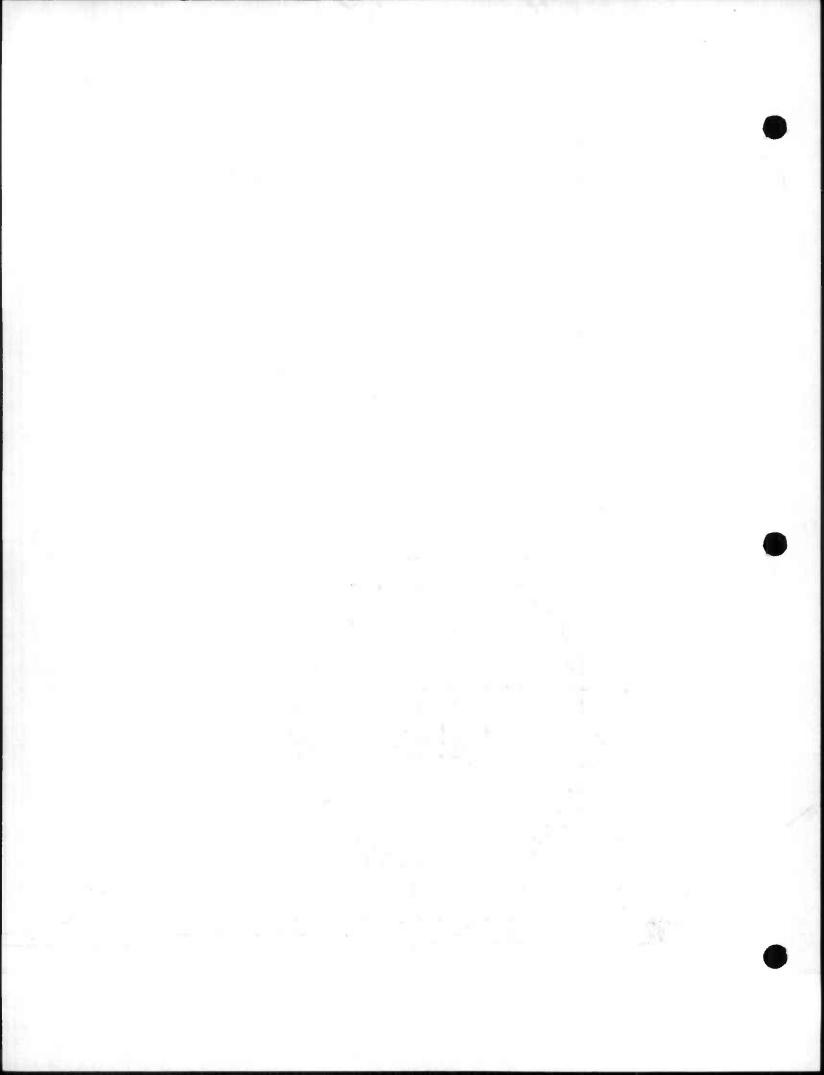
funeral director, page 5 should be

the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal.

signed by the a Health and Mem

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BALTIMORE, MARYLAND 21215-0020 HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within



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BALTIMORE, MARYLAND 21203-3146

ours after death. Page 6 may be

retained by the hospital or attending physician 5 should be detached for use as the burial-tra Ħ page 5 should notified 8 director, p examiner must completely filled in by the rial, cremation, or removal. the medical prior to burial, cremation, or traumatic event, physician and other signed by the attending phy Health and Mental Hygiene 6 any injury, shows 2 certificate has been the State Dept. 23 item OR ATTENDING PHYSICIAN: 0 marked, this c After death 28 is FUNERAL DIRECTOR: within 72 hours after Hem HOSPITAL IMPORTANT: 표표 2 2 3

requires that the death certificate be executed with

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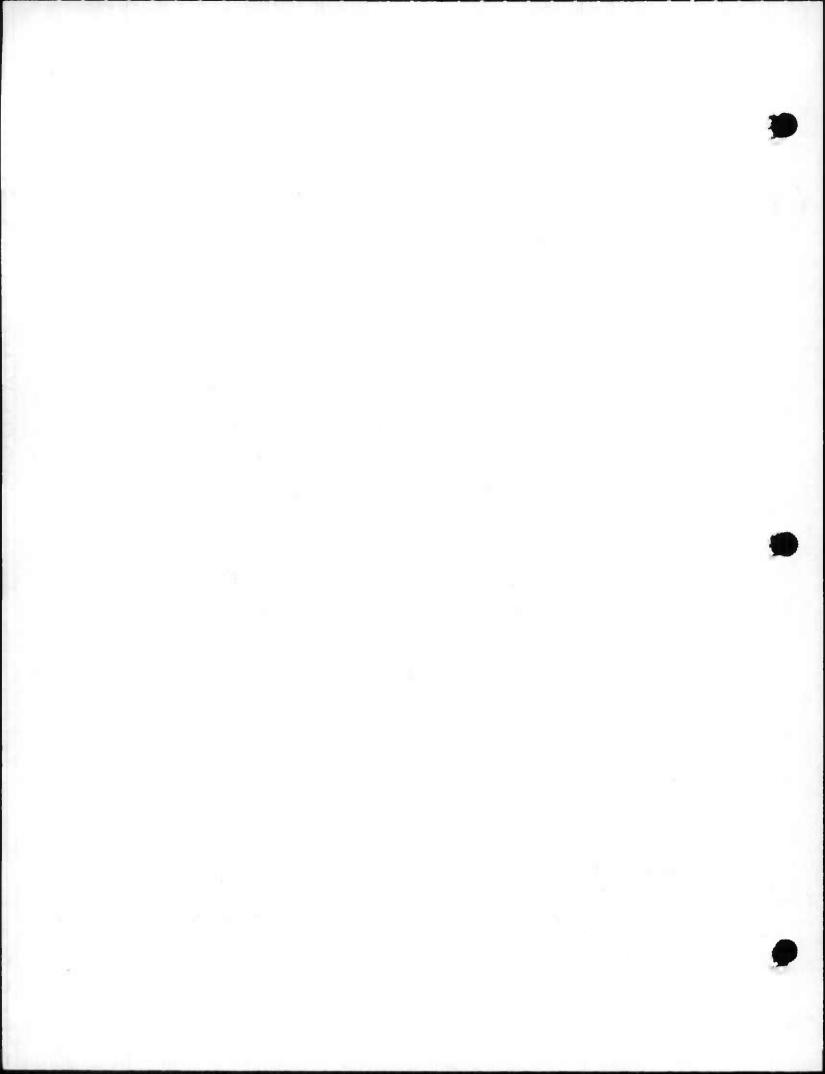
BOX 13146,

RECORDS, P.O.

OF

DIVISION

1 DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR March 1993 Mary Catharine Felt 7:05 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (in vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 🗌 M 2 💢 F 86 YRS Nov. Maryland 1906 144-10-4390 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 25 Moller Parkway Washington Hagerstown RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION 10a. STATE Washington Md. Hagerstown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 25 Moller Parkway U.S.A 21740 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. if yes, specify Cuban, Maxican, Puarto Ri 1 ☐ YES 2 💢 NO Specify: 1 Never Married 2 Married BY 3 X Widowed 4 Divorced White ETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5 +) Nurse Hospital COMPL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Siva L. Shuhh Jessie L. Lowman 19a. INFORMANT'S NAME (Type/Print) 2 25 Moller Parkway Hagerstown, Md. 21740 Jane L. Eigenbrode 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State other piace), Smithsburg Crematory 3-17-93 Smithsburg, Md. 21. SIGNATURE OF FURERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY Davis Funeral Home 12525 Bradbury Ave -PANO Smithsburg. Md 21783 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final disease or condition resulting in death) CERTIFICATION Sequentielly list conditions, TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING TIPLE CAUSE (Diseese or Injury TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED3-24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 25, WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 5 Residence 6 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing 26a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28c. INJURY AT WORK? 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a, CERTIFIER 1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated 29c. MCENSE NUMBER 29d. DATE SIGNED BE 0 DCTCM 2 h 220 30 32. REGISTRAN'S SIGNATURE 1993



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAI IN ATTENDING PHYSICIAN. The law remises that the death certificate he evented within 24 hours
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1 - FOR STATE REGISTRAR

	1 7	T. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DI	DAY	YEAR	3. TIME OF DEATH	
		Irene E		F #		nelli			20,1993		10:55 P	
Pin		087-38-3505	1 □ M 2 💢 F 9	E (In yrs. lesi	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 12–06–	1902	Countr	PPLACE (State or Foreign ry) York	
, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give s 62-D Havens Brook RESIDENCE OF DECEDENT		nce)		city, town Valdor	or location of di	EATH		arle:		
free to the same of the same o	DIRECTOR	10e. STATE 10b. COUNTY Maryland Charl			10c. CITY, TOY	MN OR LOCA	10.00		10d, INSIDE CITY LIMITS? 1 YES 2 NO			
制	FUNERAL	10a. STREET AND NUMBER 62-D Havens Broo	k Drive			10	11. ZIP CODE 20601	-	10g, CIT	10g, CITIZEN OF WHAT COUNTE		
-0020 ling physiden the bursiden	BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  1 Pes, GIVE WAR OR DATES  13. WAS DECEMBENT OF HISPANIC OI  If yes, specify Cuban, Maxican, Pu  1 YES, GIVE WAR OR DATES  13. WAS DECEMBENT OF HISPANIC OI  If yes, specify Cuban, Maxican, Pu  1 YES, GIVE WAR OR DATES  1 YES 2 NO Specify:							etc.)	14. RACE	E — American Indien, k, White, etc.	
21215-0020 al or attending prysion for use as the burns	ETED E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gh	CEDENT'S USUA	one during me	ON ost of working	16b. KIND	OF BUSINESS/IN	DUSTRY	White	
the hospital of detached for once.	집	9 years 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)		omemak				omestic		-	
Z 2 2 2		Louis Canapa						ne Bri	zzalaro			
ME, MARN may be retained to or, page 5 should ust be notified	10	Leonard L. Fanell		6	2-D Har	vens 1	Brook Dr	Waldor:	E, MD 20	0601		
BALTIMORE, er death. Page 6 may be the funeral director, page val. ii examiner must be		1 (A Burlel 2 Cremation 3 Rem	Signal from State	ob. PLACE A emetery, cren t Pet		urch (	3-2 Cemetery	4-93	Waldo			
		John H. El	(enewer)	M001	73	J.H.	Eberweir	Mortu	_		a, MD 20646	
within 24 hours pletely filled in the cremation, or referent, the median		23. PARO i. Enter the diseases, or canock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Emplications that cause List only one cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of the cause	each line.				h aa cerdiac D	r reapiratory ar	rest,	Approximate Interval Between Onset and Deat	
P.O. BOX 6876 th certificate be executed ending physician and com I Hygiene prior to burial, or other traumatic ev	RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS									
RDS, I at the deat by the atte and Mental y injury,	CAL CE	PART II. Other algnificant condition		but not re	suiting in the	underlyin	g ceuse given in	Part i. 24a.	MAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS	
T = 80 E	: MEC		ancer					1	YES 2 NO		OF DEATH?  1 YES 2 NO	
N: The law ficate has b State Dept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:			HER:	LACE OF DEATH (Ch					
PHYSICIA this certi with the	ву РНУ	27. MANNER OF DEATH Netural 5 Pending	1 Inpatient 2 ER/Our 28a. DATE OF INJURY (Month, Day, Year)	, T	28b. TIME OF INJURY	28c. INJ	NURY AT ORK?  YES 2 NO		HOW INJURY OC	CURED		
DI ATTENDING I DIR ATTENDING I DIRECTOR: After hours after death item 28 is mai	ED TED	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spi	RY — At honecify)	ne, term, street,	factory, offic	•	281. LOCATION City or Town	(Street and Number 1, State)	r or Rural R	toute Number,	
보기 기 등	COMPLE		CIAN: To the best of my known R: On the basis of examination								) end manner as stated.	
TO THE HOSPIT TO THE FUNERA De filed within 7	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	F W				29c. LICENSE NUN D-27348		•	E SIGNED	(Month, Day, Year)	
		30. NAME AND ADDRESS OF PERSON WHO Howard M. Haft,	M.D.	EATH (ITEM			dustrial rf, Maryl					
		31. DATE FILED (Month, Day, Year) WAR 2 3 '93	32. REGISTRAR'S SIG	NATURE		"GIGO.	rre Hary.	Land 200	004		· · · · · · · · · · · · · · · · · · ·	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 93

09367

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funetal director, page 5 should be detached for use at me burner be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF N					EALTH DEAT		MENTAL HYGIEN REG. NO.		3 3	00368
	1. DECEDENT'S NAME (First, Middle, Last)								A DATE OF BEATH			TIME OF DEATH
1	Edward Harry	terree							MONTH DA	2	93	1030 m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
1	178-12-0869 9a. FACILITY NAME (If not institution, give :	1 🔀 M 2 🗆 F	80	YRS.		190.4	1000		April 17,			sylvania
Œ	Union Hospital o		'ounty			lkto	R LOCATIO	ON OF DE	ATH	9c. COU	TY OF DEA	тн
음	RESIDENCE OF DECEDENT		Jounty		15.	INCO				Cec	) T T	
DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN (		ION				1	Od. INSIDE CITY LIMITS?
	Maryland Ceci	1		Rı	sing							YES 2 X NO
FUNERAL	991 Ridge Road						ZIP CODE 2191				S.A.	AT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDEN	FEVER IN U.S. ARK	AED	13.	WAS DEC	ENDENT O	F HISPANI	IC ORIGIN? (Specify Yea		14. RACE -	- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		0	11.0	If yes, spe	2 X NO	n, Maxican	, Puerto Rican, etc.)		Black, \ Specify:	White etc.
		World										wnite
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(GA	EDENT'S re kind of t Do NOT ut	USUAL Of work done	during mos	N st of workin	g	16b. KIND OF BUS	SINESS/IND	USTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +		ruck	Dri	ver			Transp	ortat	ion	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	NE (First, Middle, Malden	Sumame)		
BE	James Fer	ree							Louise Be	rry		
2	19a. INFORMANT'S NAME (Type/Print)		19b.						oute Number, City or Town		Code)	
	Ossie L. Ferree		-					- Ris	sing Sun,		21911	
	1 Donation 5 Other (Specify)	oval from Stata	cemetery, cren	netory or o	ther place)				13-171		Olty or Town	yland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	_ Koses	A				S OF FAC	1993 Cal			yland
	De Call	5	Dial	h,	/ :	103	West	Sto	ckton Stre			
	23. PART I. Entar the diseases, or	complications that	caused tha dea	ith. Do i	not entar	Elkt	da of dvi	4D 2	21921-5521	ratory am	est.	Approximate
	ahock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one cau	se on aach lina.	~								interval Between Onset and Death
	disease or condition resulting in death)	. AS	CV	1)								
1		/ DUE TO	OR AS A CONSEQ	UENCE O	F):							
S	Sequentially list conditions,	a Hyp	OR AS A CONSECU	SIU	اب							
¥	If any, leading to immediate cause. Enter UNDERLYING	7	ON AS A CONSEC	OENCE O	r);							
Ĕ	CAUSE (Disease or injury that initiated eventa	DUE TO	OR AS A CONSEQU	UENCE O	F):							
CERTIFICATION	resulting in desth) LAST	d										
	PART II. Other significant condition	na contributing to	death but not re	suiting	In the un	dariying	causa g	iven in F	Part i. 24s. WAS AN			ERE AUTOPSY FINDINGS
OICAL									PERFOR		C	MILABLE PRIOR TO OMPLETION OF CAUSE
MEDI												F DEATH?
ä									_			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)			
PHYSICIAN:	1 YES 2 NO	1 Inpatient 2 I		DOA 26b. TIM	4 🗆 Nun		_	-	Other (Specify)		11000	
	1 Natural 5 Pending	(Month, De	ry, Your)	INJ	URY M	WOI	RK?		28d. DEŞCRIBE HOW II	SURY OCC	UHED	
р Ву	2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE Of	INJURY — At honetc. (Specify)	ne, term,	street, fact				261. LOCATION (Street a	nd Number	or Rural Rou	te Number,
E	4 Homicide detarmined	building,	нс. (эреспу)						City or Town, State)			
COMPLETED		CIAN: To the best of	my knowledge, dea	th occum	ed at the ti	lme, deta	and place,	and due t	to the cause(a) and man	ner aa state	ıd.	
Ö	one) 2 MEDICAL EXAMINE	R: On the beals of an	amination and/or in	weatigatio	n, In my o	pinion, de	ath occur	d at the ti	lme, data and place, an	d due to the	cause(a) a	nd manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R	/	`			29c. LICE	NSE-NUM	PER 2 2	29d. DATE	SIGNED IM	antly Day 1999
10 E	When I gove	Sar	ML	)			N	フリ	1111	P 3	112	190
	30. NAME AND ADDRESS OF VERSON WH	5 Tree	E OF DEATH (ITEM	27) (Type.	Kint) A	24	2	10	1219	2/	/	, h
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE		- / 6		/-	10	- / -		-	
1 3	MAR 17 '93	Julia	Davidson-A	andel	2							



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	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d	TORK DUDGETON ALL AND
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	1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPART	MENT OF H	EALTH AND			3 09369		
	1. DECEDENT'S NAME (First, Middle, Lest)		OEIII II	AIL OF	DEATH	REG. NO		3. TIME OF DEATN		
	Joe Oliver	Gray, Jr.					1993 YEAR	12:15 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs	. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BURTH	0.00	THPLACE (State or Foreign		
	518-12-4574 9a. FACILITY NAME (If not institution, give st	1 KM 2 F 72	YRS.	ONTHS DAYS	R LOCATION OF DI	May 19, 1		äĥo		
TOR	2900 Shipmaster			Annap		EATN	Anne Arundel			
DIRECTOR	100. STATE 10b. COUNTY  MD Anne	Arundel	18c. CITY,	Annapol				10d. INSIDE CITY LIMITSPY V 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2900 Shipmaster	. Way		101.	21401			F WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 XX es 2 IF YES, GIVE WAR OR DATES WWT 7	ARMED NO	13. WAS DEC	city Cuban, Maxica	NIC ORIGIN? (Specify Yea in, Puarto Rican, etc.)	BI	NCE — American Indian, ack, White, alc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16a	Give kind of wor	k done durina mas	N at of working	16b. KIND OF BUS	SINESS/INDUSTRY			
鱼			luclear	Engine	r	Ener	au			
Į į	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden	7 /			
BE	Joe Oliver Gray	, Sr.			Leona	Griffith				
5	19a. INFORMANT'S NAME (Type/Print)  Dora Deen Gray		19b. MAILING AD	chipmasa	nd Number or Aural 1 ter Way	Poute Number, City or Town	n, State, Zip Code) MD 214	101		
	20a, METNOD OF DISPOSITION 1	val from State 20b, PLA	CE AND DATE OF	DISPOSITION (No.	no of	2075 200-10	0471041 011			
(	21. SIGNATURE OF FUNERAL MERVICE LICE	INSEE /	uncoun	22. NAME AN	D ADDRESS OF FA	CILITY Tolow	rentwood	d, Maryland		
	thunks A.	TH		1		loucester.	m. Taye. St. Anno	or Funeral Hom apolis. MD		
	23. PART I. Enter the diseases, or co	implications that caused the	deeth. Do not	enter the mod	le of dying, suci	h es cardiec or respi	ratory arreet,	Approximats		
	shock, or heart feliura. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reculting in death)  e									
Z	Commentative that are store . C b.	DUE TO (OR AS A CON		12011						
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST									
L C	PART II. Other significent conditions	contributing to death but no	ot resulting in t	ha underlying	ceuse given in	Pert I. 24a WAS AN	ALITOPSY 2	IN WERE AUTORSY SINDIAGO		
MEDICA	PART II. Other significent conditions contributing to death but not resulting in the underlying couse given in Pert I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
PHYSICIAN:		HOSPITAL:	0	26. PL/ THER:	ACE OF DEATH (Che	eck only one)				
₹	1 TYES 2 TNO  27. MANNER OF DEATN	1 Inpatient 2 ER/Outpatient 28a. DATE OF INJURY				6 Other (Specify)				
ВУ РІ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME O	M 1 V	IK?	26d. DESCRIBE NOW IN	JURY OCCURED			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, larm, atrac	nt, factory, offica		261. LOCATION (Street a City or Town, State)	nd Number or Rura	I Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CHECK ONLY ONE) 2 MEDICAL EXAMINER:	IAN: To the beat of my knowledge, On the beals of exemination and/	death occurred a	it the time, data a	and place, and due	to the cause(a) and man	ner sa stated.	(a) and manner as stated.		
8	29b. SIGNATURE AND TITLE OF CERTIFIER	Min			29c. LICENSE NUM	BER		ED (Month, Day, Year)		
٤	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Fig.	MCHARD	COLGAN,	MD	- //	117		
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNATURE	60 A AA A	OU MIDGE	LYAVEN	604				
	MAR 2 3 199	32. pegistrapis signatum 3 Julia Davidson	pandalle		- NUZI	791				

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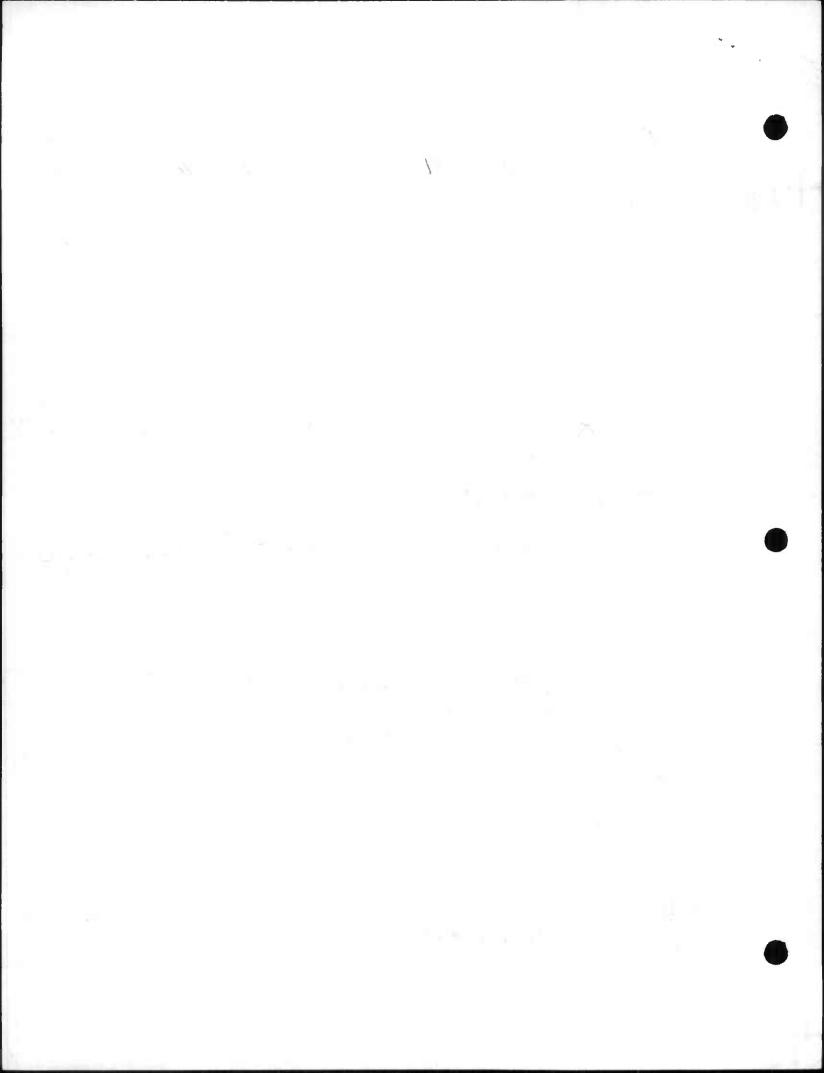
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  BY  3. TIME OF DEATH  S'20 0												
	4. SOCIAL SECURITY NUMBER Z SEX 6. AGE (//					03 /	9 19	13 200 P "					
	199-32-7037 10M2 XF	8 1 YRS.	IF UNDER 1 YE	-	MIN.	7. DATE OF BIRTH (Morth, Day, Year)	6. BIRTHPLACE (State or Foreign Country)						
~	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
DIRECTOR	RESIDENCE OF DECEDENS		Inn	WESTE	1	Carroll							
REC	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY					
	110 Carroll	N	lanche	- ·		1		1 TES 2 NO					
RA	10e. STREET AND NUMBER			101. ZIP CODE	w		10g. CITIZE	N OF WHAT COUNTRY?					
FUNERAL	3332 Main Street  11. Marital status / 12. Was Decedent EVER IN	U.S. ADMED	13. WAS	211 DECENDENT O		ORIGIN? (Specify Yes	or No.— 14	. RACE — American Indian,					
BY F	1 Never Married 2 Married   FORCES? 1 YES   IF YES, GIVE WAR OR DA	2 PINO		yes 2 NO		Puerto Rican, etc.)		Black, White, etc. Specify:					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	SINESS/INDUS	TRY					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT u	work done during se retired.)	g most of working	og .								
MP	12	Home	e mil	0,0			mesti	С					
	17. FATHER'S NAME (First, Middle, Last)				HER'S NAME	(First, Middle, Maiden	Surneme)	Neterbal					
BE	George H. Heller, Sr.	19b. MAILING	ADDRESS (St			ute Number, City or Rev	n. State, Zio Go						
5	Potlicia Rheat	18719	7 Upa	Buc	Klust	Olle Pd	HARL	Stad Md 2107					
	20a. METHOD OF DISPOSITION 1	PLACE AND DATE	OF DISPOSITIO	N (Name of	1			y or Town, State					
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	arroll		E AND ADDRES	SS OF FACIL		ampstead, MD						
	Sugar a Hahatil	1/101	Mve	ers Fu	nera	1 Home	estmi	nster, MD					
	23. PART I. Enter the diseases, or complications that canded the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate												
	IMMEDIATE CAUSE (Final	icii iiiie.	-	1/2	1	D		Interval Between Onset and Death					
	disease or condition a	oscle	roll	c He	mI	Du	ease	Lyn					
_	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate D. DUE TO (OR AS A CONSEQUENCE OF):												
2	CAUSE (Disease or Injury that injuryed out to (OR AS A	CONSEQUENCE	5.										
F	that initiated events resulting in death) LAST	CONSEQUENCE O	·).					j					
	PART II. Other significant conditions contributing to death be	.4 = 64 = 2 = 1/14 = 2	Late at 10 continue										
MEDICAL	Han in other significant conditions contributing to death but	It not resulting	In the under	lying cause (	given in Pa	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE					
Ē	Demente	0)		7	100	1 🗌 YES 2	<b>1</b> 40	OF DEATH?					
- 1						_		1 125 2 100					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	1	OTHER:	6. PLACE OF D	EATH (Check	k only one)							
IYSI	1 YES 2 AO 1 Inpetient 2 ER/Output		4 Ulfursing			Other (Specify)							
	1 Natural 5 Pending (Month, Day, Year)	26b. TIM	JURY	INJURY AT WORK?		864. OEŞCRIBE HOW I	NJURY OCCUP	RED					
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be hullifling str. (Special	— At home, farm,			_	eff. LOCATION (Street a		Rural Route Number,					
TED	4 Homicide determined building, etc. (Speci	my)				City or Town, State)							
PLE	29s. CERTIFIER (Check only 1 ERTIFYING PHYSICIAN: To the best of my knowledge)	edge, death occurr	ed at the time,	data and place	, and due to	the cause(s) and mar	ner as stated.						
COMPLET	one) 2 MEOICAL EXAMINER: On the basis of examination	and/or investigation	on, in my opink	on, death occur	ed at the tin	ma, data and place, an	d due to the c	ause(s) and manner as stated.					
BE	296. SIGNATURE AND TITLE OF CERTIFIER (MD)			29c, LICI	OJ3	86'	29d. DATE S	19/19/19 Q3					
10	30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	17 (ITEM 27) (Type	2 St	Ma	nck	86'	- NI	1/2/102					
	MAR 2 3 93 az. nedsyran's sig	THE DE		1.400	7107	4 - 7 5	- 1						



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	1 - FOR STATE REGISTRAR		STATE OF N		/ DEPAR					MENTA	L HYGIEN	IE	J	0 0 0 1	1
	1. DECEDENT'S NAME (First, Mic	ddle, Last)					-				OF DEATH			3. TIME OF DEA	ATH
1	SANTIAGO		OSORIO GUZMA			ZMA	AN			03	14	19	93	9:55	Ам
	4. SOCIAL SECURITY NUMBER	5	. SEX	8. AGE (In yrs.	last birthday)	IF UNDE	ER 1 YEAR	IF UNDER	1 24 HRS.	7. DATE	OF BIRTH			IPLACE (State or I	Foreign
- 0	None	1	<b>⊠ M</b> 2 □ F	19	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year) 25/197	12	Countr	Mexico	0.455.0
1	9e. FACILITY NAME (If not institu	ution, give stree	t and number)	17		9b. CIT	Y. TOWN	OR LOCATI	ON OF DE		23/13/	_	NTY OF D		
R	ANINE ADDINE	ד א ד							100						
티티	ANNE ARUNDE	позет	THL		AIIIIA	POLI	. 5			ANIN	IE A	RUNDEL	1		
DIRECTOR	10e. STATE 10	b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CIT	Y
	Maryland P	rince	George	¹s	Hya	ttsv	/ille	2						1 K YES 2	NO
FUNERAL	10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?	
ER	4809 48th Ave	enue						2078	1			7	Mexi	co	
5	11. MARITAL STATUS	13	2. WAS DECEDEN			13	. WAS DEC	ENDENT C	OF HISPAN	VIC ORIGI	N? (Specify Ye	or No-	14. RACE	E — American Inc	Han.
	1 Never Married 2 Mer		FORCES? 1	YES 2	МО		If yes, sp	ecify Cuba	n, Maxica	n, Puerto	Rican, atc.)		Black Speci	k, White, etc.	
ВУ	3 Widowed 4 Divorced	d						- 0,11	opcom,	,.			Open	"Mexica	an
COMPLETED	15. DECEDE (Specify only hig	ENT'S EDUCAT	TON moleted)	16a.	OECEDENT'S					16	. KIND OF BU	SINESS/INC	DUSTRY		
9	Elementary/Secondary (0-12)		College (1-4 or 5 :	+)	ille. Do NOT u	se retired.	)	oat OF WORK	'n						
MP	9th Grade			St	udent					5	chool				
Ö	17. FATHER'S NAME (First, Middle	e, Lest)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surneme)			
BE (	Otilio Os	orio						Ir	ais		Gı	ızman			
5	19e. INFORMANT'S NAME (Type/	(Print)			19b. MAILING	ADDRES	SS (Street a	and Number	or Rural I	Route Nun	iber, City or Tow	n, State, Zic	Code)		
F	Francisco R.	Osorio	o Guzman	n	4809	48th	a Ave	nue,	Hya	tts	ille,	Mary	land	20781	
	20e. METHOD OF DISPOSITION		11-60-60-01		E AND DATE			ame of		OAT	E 20c. LO	CATION —	City or To	wn, State	
1 M Burlet 2 Cremation 3 Removal from State    4   Donation 5   Other (Specify)   Mixquitepec Cemetery 3/22/93   Puebla, Mexic										ico					
	21. SIGNATURE OF FUNERAL SE	ERVICE LICEN	SEE	1		22	NAME A	ND ADDRES	SS OF FA	CILITY	_			e, P.A.	
	De Oliver Oo	I. A	B000			Fi	anci	s Ga	sch'	s Sc	ns Fur	neral	Hom	e, P.A.	
	23. PART i. Enter the disea	1 . 1/	-Hardless tha		4 5 .	4/	/39 E	alti	more	Ave	.,Hyat	tsvi	lle,	MD 207	
	shock, or hasri	t failure. Lia	t only one cau	se on aach ii	na.	iot anta	r the mo	da of dyl	ing, suci	h as car	diac or reap	iratory an	rest,	Approxin	
	iMMEDIATE CAUSE (Final disease or condition		0	0 - 4	_ 7			0.0						Onset sn	d Death
	resulting in death)	[a		res		درر	14	116	5_						
			00E 10	(OR AS A CON	SEQUENCE O	F):	•								
ERTIFICATION	Sequentially list conditions		DUE TO	(OR AS A CONS	EQUENCE O	F).									
A	If sny, lasding to immediat csuse. Entar UNDERLYING		302.0	(011 40 4 0011	DEGOLINCE O	.,.									
유	CAUSE (Disease or Injury that initiated events	c	DUE TO	(OR AS A CONS	SEQUENCE O	n.								-	
F	resulting in death) LAST			,		.,.									
E		d						_							
	PART ii. Other aignificant	conditiona c	ontributing to	death but no	t resulting	In the u	nderiyin	g cause g	jiven in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY	
PHYSICIAN: MEDICAL											1 XYES 2	IMED?		COMPLETION OF	
										(0.)	1/2/123	L NO	-	OF DEATH?	
-										_				Mies 2	NO
A	25. WAS CASE REFERRED TO ME	EOICAL					26. PL	ACE OF D	EATH /Chr	ack only o	ne)				
S	EXAMINER?  1 CYYES 2 NO		OSPITAL:	FB/Outpetlant	3 □ 004	OTHE	R:								
Ŧ	27. MANNER OF DEATH		28e. DATE OF		26b. TIM		28c. INJ	URY AT	erdence		SCRIBE HOW I	N II IBY OC	CLIBED		,eme
	1 Netural 5 Pen		(Month, Di	ay, Year)	INJ	URY		RK?	NO				II	MPACTE	D
BY	Sudalda	stigation		/ 1993 F INJURY — At	home, ferm.	1 601		. X		DRI		N VA	N/T	DATIFE	
딢		rmined	building,	arc. (Specify)						M Dony		#50		ST OF	
	29e. CERTIFIER				BLIC		DWA		1	1100	TE #4		-	IDSONV	TTTI
COMPLETED	(Check only 1 CERTIFY)		N: To the best of												
8	2X-XMEDICAL	EAAMINEH: C	In the peels of ex	ramination and/o	or investigation	n, In my	opinion, d	eath occur	ed at the	lime, date	and pleca, an	d due 10 th	e ceuse(e)	) end menner ea	stated.
BE (	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER											(Month, Day, Year)			
0	uaro	- 602	rel	W				0.	C.M	.E.		▶ 03/15/1993			
_ 11	30 NAME AND ADDRESS OF DE	DEON WHO O	OMBI ETED ONLE	C OF DEATH OF											

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 SEGISTRADIS SIGNATURE PANDON PANDON

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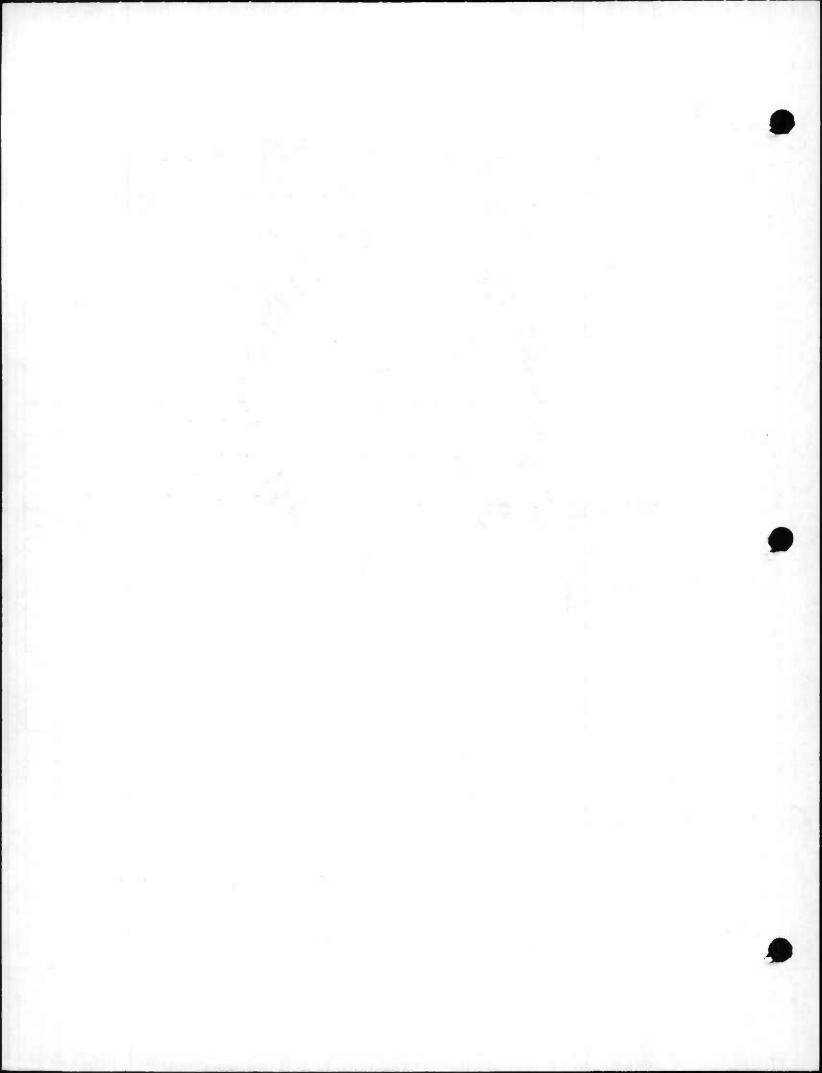
Penn Street, Baltimore, Maryland

DHMH-18 Rev 1/89

21201

88760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ite event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exc	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	RUTH Parran GRAHAM  2. DATE OF DEATH MONTH MARCH 14 1993										
	220-34-8219	1 M 2 🔀 F	AGE (In yrs. less		F UNDER 1 YEAR ONTHS DAYS		7. DATE OF BIR (Month, Day, July 0	Year)	Count	PLACE (State or Foreign	
10R	9a. FACILITY NAME (If not institution, give street 440 Fairground Ro			9		or Location of a		77111	inty of o		
DIRECTOR	10e. STATE 10b. COUNTY Maryland Calv		10c. CITY,	Princ	ation e Frederi	ck			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNEHAL	440 Fairground Roa	ad				20678			SA	VHAT COUNTRY?	
à	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1   IF YES, GIVE WAR	YES 2 XN	MED O	If yes,	ECENDENT OF HISPA specify Cuben, Maxic S 2 M NO Spec	en, Puerto Ricen, e	cify Yea or No-		- American Indian, t, White, etc.	
COMPLETED	15. DECEDENT'S EDUCA: (Specify only highest grade co	TION Impleted) College (1-4 or 5+)	(Gi	DO NOT use	SUAL OCCUPA k done during i retired.)	FION nest of working	16b. KIND	OF BUSINESS/IN	DUSTRY		
DE CON	77. FATHER'S NAME (First, Middle, Last)  Benjamin Parran				À,	Mary	AME (First, Middle, Frances	Gross			
2	Dolores Jones		196			and Number or Rura 083 Pri				0678	
	20a. METHOD OF DISPOSITION  1 Darial 2 Cremetion 3 Removi 4 Donetion 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN		cometery cres	natory or othe	moria.	Gardens	3/18/93		irk,	Md	
A.	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Sewell Funeral Ho  1451 Dares Beach Rd. Prince Freder										
	shock, or heert fallure. List only one couse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,										
	if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significent conditions	contributing to de	eth but not re	eulting in	the underly	ng ceuee given li	P	MAS AN AUTOPSY ERFORMED? YES 2 TO	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		10	28. OTHER;	PLACE OF DEATH (C	heck only one)				
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJ (Month, Day, 1)	IURY Year)	28b. TIME (INJUR	OF 28c. II	me 5 Residence  JURY AT  /ORK?  YES 2 NO	28d. DESCRIBE	HOW INJURY OC			
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At hor (Specify)	40 m &			28f. LOCATION ( City or Town	OCATION (Street and Number or Rural Route Number, 21th or Town, State) 1440 FAIRCROUDS ROAD PRINCE			
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA MEDICAL EXAMINER:									PRED ERIUC	
	29b. SIGNATURE AND TITLE OF CERTIFIER	•				29c. LICENSE NU	MBER 991		S/16/	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO OF MICHAEL DIRECT STREET (MORTH, Day, Year)  WARCH 16. 1993 M	COMPLETEO CAUSE C	OSP ITAL	27) (Type, Pr	int) PR w	JUE FREA	ERICIE N	10 100	าร		
100-	31. DATE FILED (Month, Day, Year)										



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the host TO THE FUNESAL ORECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hyghere price to build, certaindon, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTMEN CERTIFICAT		AND MENTAL HYGIENE 'H REG. NO.
DECEDENT'S NAME (First, Middle, Last)	Lottie	Estelle	GOOD	2. DATE OF DEATH

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND M	IENTAL HYGIEN REG. NO	-	3 09373		
	DECEDENT'S NAME (First, Middle, Lest)     SOCIAL SECURITY NUMBER	Lottie	Estelle (100)	GO	OD  IF UNDER 24 HRS.	2. DATE OF DEATH MONTH DO	3/2/92	3. TIME OF DEATH 03. 30 A M  BIFTHPLACE (State or Foreign		
	219-64-2804	1 🗆 M 2 🏋 F		THS DAYS	HOURS MIN.	(Month, Day, Year) Oct.31,19		Country) Maryland		
OR	90. FACILITY NAME (If not institution, give st Springbrook Adven: RESIDENCE OF DECEDENT	of DEATH tgomery								
DIRECTOR	10e. STATE 10b. COUNTY	ntgome <b>ry</b>	10c. CITY, TO	Sil	on ver Spri	ng		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 9219 Glenvil	le Rd.		101.	20901		10g. CITIZEN	USA		
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	2 K NO	If yes, spe	ENDENT OF HISPANI	C ORIGIN? (Specify Yea, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: White		
TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18e. DECEDENT'S USI (Give kind of work life. Do NOT use re	JAL OCCUPATIO done during most	N at of working	16b. KIND OF BU	SINESS/INDUST	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	House			Own	home			
	17. FATHER'S NAME (First, Middle, Lest) Harry J.	Kana				ME (First, Middle, Melden na Estelle		ne		
) BE	19e. INFORMANT'S NAME (Type/Print)	II.IR		,	nd Number or Rural R	oute Number, City or Tox	rn, State, Zip Co	de)		
٩	Wilma Harman	l a	31.56 Ac			ver Spring		20906		
	20a METHOD OF DISPOSITION  A Burtal 2 Cremation 3 Rem  4 Donetion 5 Other (Specify)	oval from State	netery, cremetory or			cove, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Molesma	th	Olin		worth, P		d. 20872		
	23. PART I. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	a. OUE TO (OR AS	ech line.	enter the mo	Ame 2	as cardiac or reap	Iratory arreat	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  b.									
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	s contributing to death	A	he underlying	g cause given in	Pert I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N.	- Page	1 (Expose	ouch )	res		_		1 TYES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 (A YES 2   NO	HOSPITAL:		JAER:	ACE OF DEATH (Che					
PHYS	27. MANNER OF GEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJ	e 5 Residence URY AT	28d. OESCRIBE HOW	INJURY OCCUP	9E0		
BY	1 Netural 5 Pending 2 Accident Investigation	28e, PLACE OF INJUR	Y — At home, farm, stre		YES 2 NO	28f. LOCATION (Street	and Number or	Pural Route Number		
TED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe			tice 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	(Crieck Orly)	ICIAN: To the best of my know						:ause(e) end manner ee stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	My 15.	K. Guf	TA)	D-32	ABER 332	29d. DATE S	GIGNED (Morith, Day, Yeer)		
-	30. NAME AND ADDRESS OF PERSON WIT	16 Ave #:	220 SI	VER	SPHINA	ud 2	0002	>		
	31. DATE FILED (Month, Par. Peer) 3	993 gulia Lu	NATURE Pande	×2.						

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	MONTH DAY YEAR										3. TIME OF DEATH		
	Flora Au									3 24	,	1993	2:30 p m
- 3	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. las	birthday)	IF UNDER	DAYS	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign
	212-16-6150		1 🗆 M 2 🔏 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Ybar) 11-30-19	15	Mar	land
	90. FACILITY NAME (If not in	stitution, give	street end number)			9b. CITY	, TOWN	R LOCATIO	ON OF DEAT	Н	9c. COU	NTY OF D	EATH
DIRECTOR	69 Fennin	gton	Circle			(	Owin,	gs Mi	ills		<u> </u>	Bal	Ltimore
Ä	10e. STATE	10b. COUN	ITY		10c. CITY	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
	Maryland	Balt	timore			Ow:	ings	Mill	s			_	LIMITS?
¥	10e. STREET AND NUMBER				10f. ZIP CODE					10g. CITIZEN OF			VHAT COUNTRY?
FUNERAL	69 Fennington Circle							2111	17		S.A.		
5	11. MARITAL STATUS  1 Never Married 2	Maintad		T EVER IN U.S. ARI		13.	WAS DEC	ENDENT O	F HISPANIC	ORIGIN? (Specify Yes Puerto Rican, etc.)	— American Indian, c, White, atc.		
B	3 K Widowed 4 Divo		IF YES, GIVE W	AR OR DATES			1 TYES	2 NO	Specify:	The state of the s		Speci	
	15. DEC	EDENT'S ED	UCATION	16a DE	CEDENT'S	USUAL O	CCUPATIO	MAI .		16b. KIND OF BUS	MIEGO //W	DUOTES	WILLIE
COMPLETED	(Specify only Elementary/Secondary (D	highest grad	College (1-4 or 5 +	(Gir	ve kind of w Do NOT us	vork done e retired.)	during mo	st of workin	g	166. KIND OF BUS	SINESS/INI	DUSTRY	
립	12	,	College (I-4 of 5 4		pute	r O	pera	tor		Hutlz	er B	ros.	Dept. Store
õ	17. FATHER'S NAME (First, Mi	ddle, Last)						18. MOTH	ER'S NAME	(First, Middle, Maiden			T. C.
BE C	Edward C.	Krol	1					Ch	arlot	tte J. Br	andt		
TO B	19a. INFORMANT'S NAME (7)			196	MAILING	ADDRES	S (Street e	nd Number	or Rural Rou	nte Number, City or Town	n, State, Zij	o Code)	
۴	Charlotte L			69	Fen	ning	gton	Circ	ele, (	Dwings Mi	lls,	Mary	rland 21117
	20a METHOD OF DISPOSITION 183 Burlel 2 Cremation 3 Removal from State 4 Donetion 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Medical Park 3/27/93 Baltimore, Md												
	4 Donetion 6 Other		ICENIOSE	Meadov	vriag							ore,	Md. 21227
ŀ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel												
	y de	voll.	Elken	12			1160	05 Re	eister	rstown Rd.	., O	vings	Mills, Md.
Ì	23. PART I. Enter the dis shock, or he	seases, or ert fellure	compilcatione the	t caused the dec	th. Do n	ot enter	the mo	de of dyl	ng, such a	a cerdiec or respi	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Fin												Interval Between Onset and Death
ļ	disease or condition resulting in death)	<b>+</b>	. (0	CON	CA	VC	EV						
			DUE TO	(OR AS A CONSEC	UENCE OF	):							
CERTIFICATION	Sequentielly list conditions,  Due TO (OR AS A CONSEQUENCE OF):												
₹ I	if any, leeding to immediate cause. Enter UNDERLYING									İ			
Ē	CAUSE (Disease or injusthat initiated events		DUE TO	(OR AS A CONSEO	UENCE OF	):							
E	resulting in death) LAST		d										
	PART ii, Other aignifican	nt conditio	ons contributing to	deeth but not re	suiting in	n the un	derivino	Cause o	iven in Pa	rt i. 24a, WAS AN	ALITOPSY	245	WERE AUTOPSY FINDINGS
MEDICAL										PERFOR		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1 Tes 2	KNO		OF DEATH?
13										-			1 YES 2 NO
₹ I	25. WAS CASE REFERRED TO	MEDICAL	T				26. PL	ACE OF OF	ATH (Check	anty one)			
Sic	1   YES 2 NO		HOSPITAL:	ER/Outpatient 3		OTHER 4 Num	₹:			Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. OATE OF	INJURY	28b. TIME	OF	28c. INJU	AY AT		d. DESCRIBE HOW IN	JURY OC	CURED	
BY F		Pending nvestigation	(Month, Da	ny, rear)	INJU	M	1 U Y	ES 2	NO				
	3 Suicide 6 C	Could not be	28e. PLACE Of building.	F INJURY — At hon	ne, farm, at	treet, fact	ory, office		26	B1. LOCATION (Street e	nd Number	or Rural R	oute Number,
COMPLETE	4 Homicide d	etermined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						City or rown, State)			
2	29e. CERTIFIER CHeck only	FYING PHYS	SICIAN: To the best of	my knowledge, dea	th occurred	d at the ti	me, date	end place,	end due to	the cause(e) end man	ner as atal	led.	
O													and menner ee stated.
BE C	296. SIGNATURE AND TITLE	OF CERTIFY	th X	-				29c. LICE	NSE NUMBE	я	29d. DAT	5.SIGNED	(Month, Day, Year)
10 B	1			n				O	3560	06	13	25	92
F	30. NAME AND AODRESS OF	PERSON W	HO COMPLETIO CAUS	E OF DEATH (ITEM	27) (Type,	Print)						100	
	4000 (	BIC	Jax-	+ Ko	ad	S	ite	30	وا	150,14	1.0	an	21208
	31. DATE FILED (Modith, Day, N	7		R'S SIGNATURE	chia Se		מל	4.00			,		
ı	DIXY	S MA	R 25'93	gi	ena de	MARCH AND	لمحكة						

r ... ries in an exim recommon ton a process of the second Granter and a series of the first seal of the first 

1 - STATE REGISTRAR	SIAIE OF MA		FICATE C	F HEALIN	ANU M	REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, La	nsl)					2. DATE OF DEATH		3. TIME OF DEATH		
Alice						03/ 17/ 9		YEAR M		
4. SOCIAL SECURITY NUMBER	and the last partition					7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
213-10-8171	87 yas.	MONTHS DA	YS HOURS	MIN.	11/ 19/ 0.	5	Maryland			
9a. FACILITY NAME (If not institution, gi			9b. CITY, TO	WN OR LOCATIO	ON OF DEA	тн	9c. COUN	TY OF DEATH		
Rt. 2, Box 214			Parsonsburg Wicomico							
10e. STATE 10b. COU		10c. CI	TY, TOWN OR LO	OCATION				10d. INSIDE CITY		
Maryland W	licomico	P	arsonsl	ourg				1 YES 2 X NO		
10e. STREET AND NUMBER				10f. ZIP CODE	E		10g. CITIZ	EN OF WHAT COUNTRY?		
Rt. 2, Box 214				218	849		US.	A		
11. MARITAL STATUS 1 Never Married 2 Amerried 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IT YES, GIVE WAR	YES 2 NO	If yes		n, Mexican,	C ORIGIN? (Specify Yea Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S E (Specify only highest gr		16e. DECEDENT'S	work done during		ng .	16b. KIND OF BUS	INESS/INDU	ISTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)		•					
8 17. FATHER'S NAME (First, Middle, Last)		nous	ewife			none				
Joshua (unk)				- 1	HER'S NAME OT a	(unk) Mey				
19a. INFORMANT'S NAME (Type/Print)	bicheii	19b, MAILIN	G ADDRESS (Str			ute Number, City or Town		Cordel		
John W. Gray	Jr.					onsburg, M				
20g, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 R	emoval from State	20b. PLACE AND DATE cemetery, crematory or	OF DISPOSITION			-		ity or Town, State		
4 🗆 Donation 5 🗆 Other (Specify) _	2004/02/03/2	_ Wicomico	Memor	ial Par	rk	3/22 S	alisb	ury, Md		
21. SIGNATURE OF FUNCHAL SERVICE	Hollo	reary	Но	-	Fune	ral Home	isbur	y, Md. 21801		
23. PART i. Enter the disesses, i	or complications that care. List only one cause	used in desth. Do	not enter the	mode of dyl	ng, such	ss cardlec or respin	ratory srre	st, Approximate		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Car	Viz 7	Am	MA	m	2		interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due To/OR	AS A CONSEQUENCE OF	OF):	che.	1100					
PART it. Other significant condit	ions contributing to dec	th but not resulting	in the underl	ying couse g	jiven in Pa	24a. WAS AN PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
						_		1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	S. PLACE OF DE	EATH (Check	k only one)				
1 YES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 ER		4 - Nursing I			Other (Specify)				
1. Netural 5 Pending	28e. DATE OF INJI (Month, Day, Y		JURY	INJURY AT WORK?	1	6d. DEŞCRIBE NOW IN	IJURY OCCU	JRED		
2 Accident Investigation 1 1 YES 2 NO										
4 Homicide 6 Could not determined	DURIGING, etc.	(Specify)	sireet, factory, t	mee	'	City or Town, State)	no Number o	r Hurai Houte Number,		
29s. CERTIFIER 1 CERTIFYING PM	VEICHANI THE THE AT A A									
	YSICIAN: To the pleat of one INER: On the pleats of pleams							cause(s) and manner on stated.		
296. SIGNATURE AND TITLE OF CERTIF	1				NSE NUMBI					
	1900				2044		DATE '	SIGNED (Month, Day, Year) $3 - 19 - 93$		
30. NAME AND ADDRESS OF PERSON	WHO/COMPLETED CAUSE O	F DEATH (ITEM 27) (%p)	n, Printj							
DR. RAFF		8.0.	BOX	49		SAlisbu	Ry 1	nd. 21803		
31. DATE FILED (Month, Day, Year)	A BEGISTAANS	SIGNATURE					,			



TO BE COMPLETED BY FUNERAL DIRECTOR

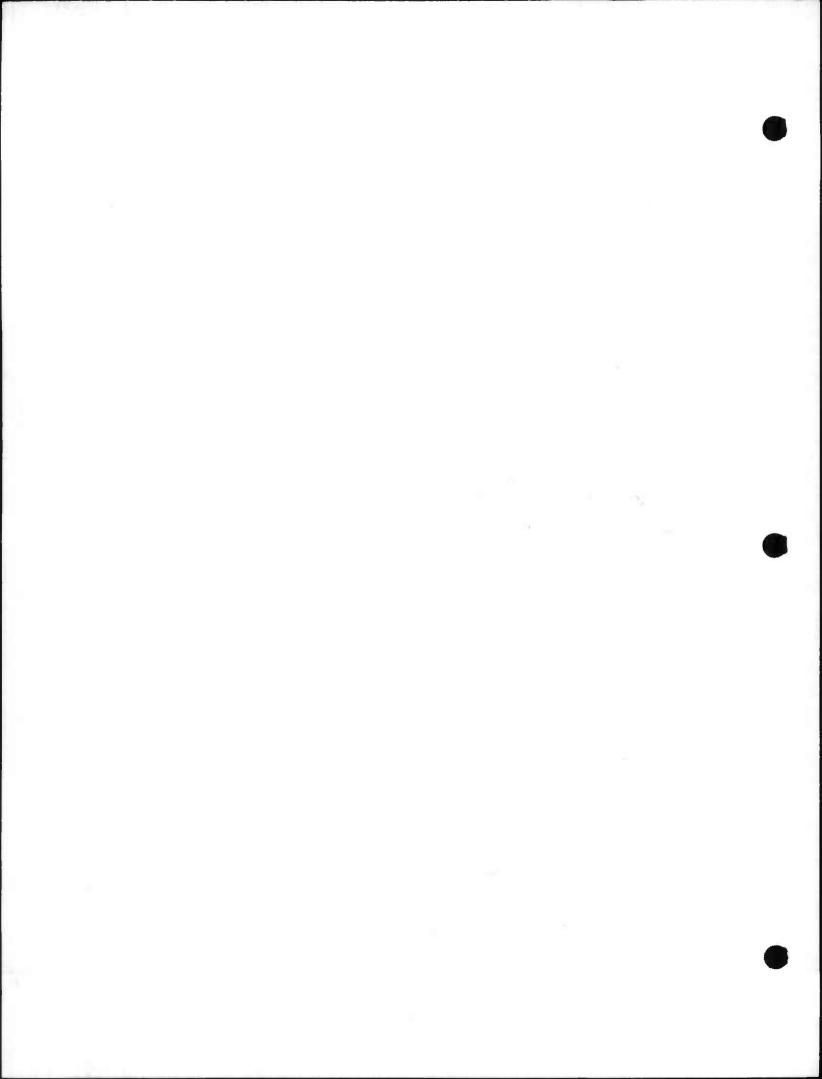


TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DATE FILED (Month, Day, Year)



**burial-transit** 

Injury, or other traumatic CERTIFICATION

MEDICAL

COMPLETED BY PHYSICIAN: is marked,

> BE 2

2

FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF					MENTAL HYGIEN	IE _	13	09376
1. DECEDENT'S NAME (First, Middle, Last)	<del></del>			-			2, DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
CHARLES GARDNER							03 0	-	93	7:25
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)			IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
217-36-0134A	1 M 2 F	66 YRS.	MONTHS	DAYS	HOURS	MIN.	12-21-26			comico
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY	r, TOWN	OR LOCAT	ON OF D	EATH	9c. COU	NTY OF D	EATH
Deer's Head Cent	er		Sa	lisb	ury			Wie	comi	co
RESIDENCE OF DECEDENT										
10s. STATE 10b. COUN	Y	10c. CI	TY, TOWN	OR LOCA	TION					10d, INSIDE CITY LIMITS?

DIRECTOR MD. WICOMICO SAKISBURX FRUITLAND 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e STREET AND NUMBER 101, ZIP CODE DIVISION STREET 21826 411 N. USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. It yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 Never Merried 2 Merrie
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify BY JAMAICAN COMPLETED 16b. KINO OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th SERVICE WORKER CHIEF SSU retired 18. MOTHER'S NAME (First, Middle, M HILDA BAILEY 17. FATHER'S NAME (First, Middle, Last) ASTON GARDNER B

19a. INFORMANT'S NAME (Type/Print) ROY BRADSHAW

200 METHOD OF DISPOSITION

If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse Dr Injury

that initiated events resulting in death) LAST

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
6564 10th LINE WEST., MISSISSAUGA, ONTARIA, CANADA

All Buriel 2 Cremation 3 Removal from State Donation 5 Other (Specify)	MT CALVARY UM CH	URCH	FR	UITLAN	ND,	MD.	21826
1. SIGNATURE OF FUNERAL SERVICE LICENSEE		EY MEMORIAL		RTE.	2,	BOX	920
> Pasella IX WAR	CALT	CDLIDY MD 1	21901				

DY 23. PART I. Enjer the disesses, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximata Onset and Deeth IMMEDIATE CAUSE (Final

28b. PLACE OF DISPOSITION (Name of cemetery, cremetory or

disease or condition resulting in death) Sequentially list conditions,

MALIGNANT LYMPHOMA DUE TO (OR AS A CONSEQUENCE OF)

MALIGNANT LYMPHOMA

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. NONE

24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO

20c. LOCATION - City or Town, State

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

BLACK

1 TYES 2 NO

5. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)										
EXAMINER?	HOSPITAL: 1 Vinpetient 2 ER/Outpatient 3	□ DOA 4 □ Nu	R: rsing Home 5 🗆 Rasidence	8 Other (Specify)							
1 Natural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUREO							
3 Suicide 8 Could not be	28e. PLACE OF INJURY — At her building, atc. (Specify)	me, farm, street, fac	tory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

29a, CERTIFIER (Check only	1 CERTIFYING PHYSICIAN:	To the best of my knowledge, death occurred at the time.	, deta and place, and due to the cause(s) and manner as s	stated.

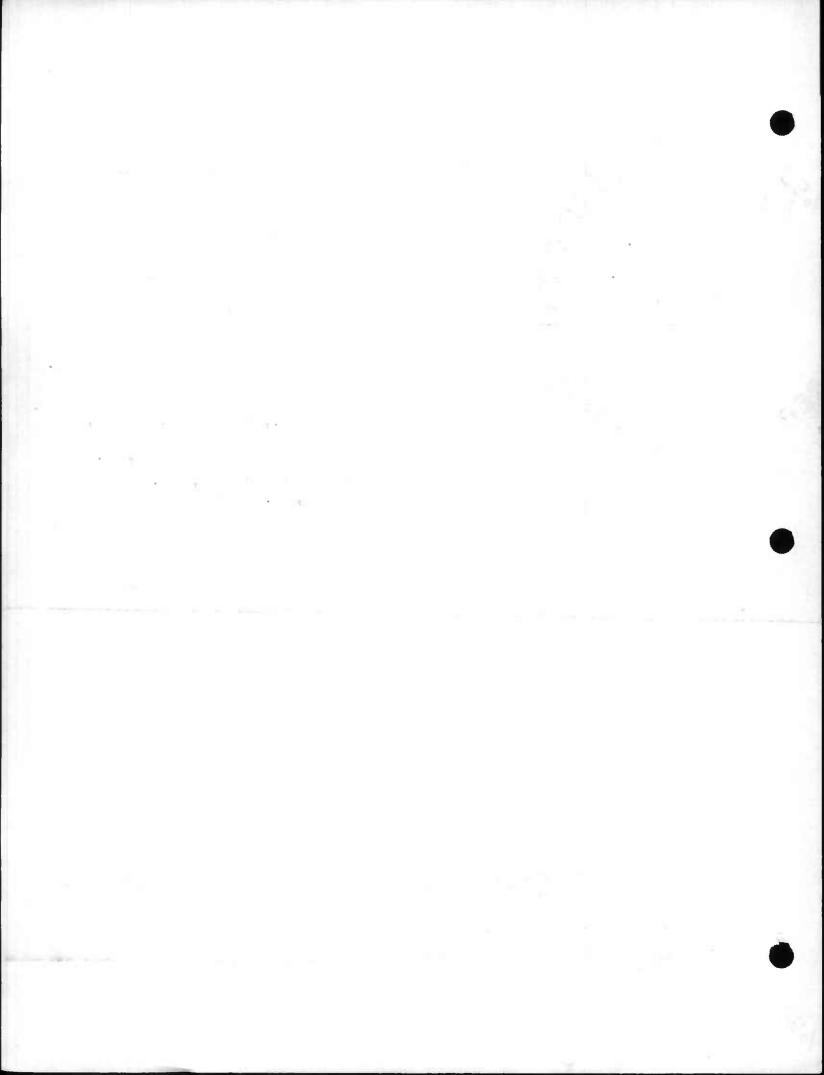
2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 9d. DATE SIGNEO (Month, Day.

29b. SIGNATURE AND TITLE OF CERTIFIER	1 10	29c. LICENSE NUMBER	21
296, SIGNATURE AND TITLE OF CHATTERER	MY	MD 16725	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR.	TAN	P.O. BOX	2018	SAL	ISBURY	MADVIAN	D_21902
31. DATE	FILED (Month	, Day, Year)	32.1	EGISTR.	AR'S SIGNATURE		O LIOUL



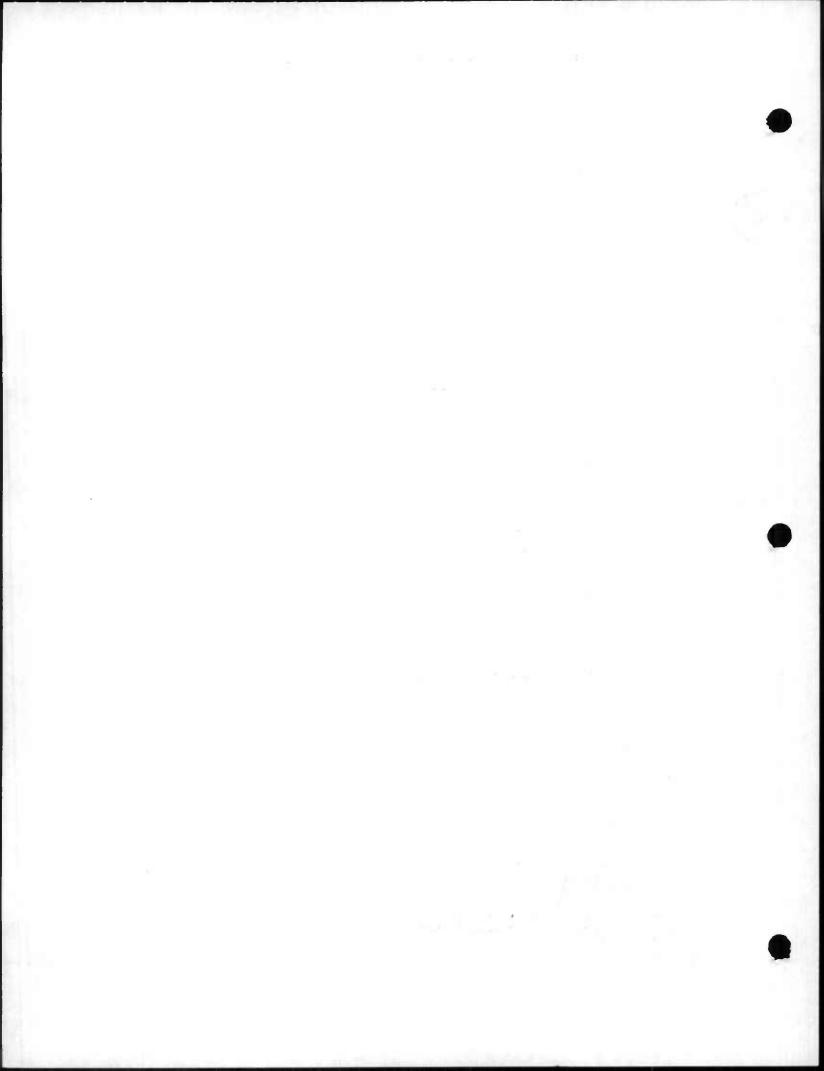


	NEGISTRAN		CE	HILL	CAIL	IF DEA	III	REG	. NO.				
	1. DECEDENT'S NAME (First, Middle, Linet)  Pauline Frances Griffith  2. Date of Death Month March 19, 1993  3. Time of Death March 19, 1993												
	4. SOCIAL SECURITY NUMBER	7											
	214-09-1581	5. SEX	3. AGE (In yrs. les		MONTHS DAY		R 24 HRS.	7. DATE OF BIRTH (Month, Day, X Sept. 3	'H	8. BIRTHI Country	PLACE (State or Foreig	מו	
	9a. FACILITY NAME (If not institution, give a		/3	YRS.	Zillien En			Sept. 3			yland		
ac		- 1	9b. CITY, TOV			EATN		UNTY OF DE					
6	116 N. Mont Valla		Ha_	gersto	own		was	shingt	on				
DIRECTOR	10a. STATE 10b. COUNT			10c. CITY	TOWN OR LO	CATION					10d. INSIDE CITY		
뜸	Maryland	n	Н	agerst	own					LIMITS?			
7	10e. STREET AND NUMBER	Washingto				10f. ZIP COD	DE		10a C		HAT COUNTRY?		
ER/	116 N. Mont Valla	a Avenue				2174	40			SA	THE COUNTY		
2	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS	DECENDENT	OF HISPA	NIC ORIGIN? (Spec	thy Year or No	T 14 BACE	American Indian	_	
BY FUNERAL	1 Never Married 2 Married	FORCES? 1 F	YES 2 XN	0	If yes	specify Cub rES 2 NO	an, Maxic	en, Puerto Ricen, at	c.)	Black,	- American Indian, White, stc.		
	3 Widowed 4 Divorced					LES ZX NO	Space	ıy.		Specify	white		
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G)	un kind of we	SUAL OCCUP	ATION	lna	16b. KIND C	F BUSINESS/II	NOUSTRY		_	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)		ing	II					
MP	9 years			HOU	sewife	3		Hom	ie				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	AME (First, Middle, M la Rebecc	leiden Symame)	0.74			
BE	Charles Worthi	ngton RA	NDALL										
10	194. INFORMANT'S NAME (Type/Print)  Judith L. Butts		196	MAILING	ADDRESS (Sme	et and Numbe	r or Rural	Hagersto	or Town, State, 2	Tip Code)	A .		
			2.2	J KOC	EKWITI	JW AVE	riue	nagersto	JWII, ME	aryran	ď		
	20e. METHOD OF DISPOSITION  1 D Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE A	ND DATEO	F DISPOSITION	(Name of			e. LOCATION -	- City or Tow	n, Stata		
	4 Donation 6 Other (Specify)		Hill	Ceme to				Hagerstown, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	- 1	1		ald N.			005 N	Dotom	ac Street	-	
	equila 0)	. 01 M	nuch	\								_	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest,  Approximate												
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final												
1	disease or condition												
	resulting in death)	OUE TO (O	R AS A CONSEC	UENCE OF)	:				100	X			
z													
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
2	cause. Enter UNDERLYING CAUSE (Disesse or injury												
쁜	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEO	UENCE OF)	:								
H	resoluting in death) EAST	d											
	PART II. Other algraficant condition	a contributing to de	eath butings	sultifier in	the underly	ing cause	given in	Part I 24a W	S AN AUTOPSY	1 245 1	VERE AUTOPSY FINDIN	100	
EDICAL	1)(0)	nles	1	ella	(U)	ing couse	Airon in		RFORMED?		WAILABLE PRIOR TO COMPLETION OF CAUS		
								1 D Y	ES 2 NO		OF DEATH?	E	
$\Sigma$								—			YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												
를 다	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF D							
₹ ¥	27. MANNER OF DEATN	1 Inpetient 2 I E					aldenca	6 Other (Specify					
	1 Natural 5 Pending	28s. OATE OF IN (Month, Day,		28b. TIME INJU	RY	INJURY AT WORK?		28d. OEŞCRIBE N	IOW INJURY O	CCURED			
B	2 Accident Investigation	20. 84 405 05 1	11414594			YES 2	NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, ato	Specify)	ie, farm, st	reet, factory, o	fica		28t, LOCATION (S City or Town,	treet and Numbe State)	er or Rural Ro	ute Number,		
	29a. CERTIFIER												
<u>4</u>	(Check only												
2 MEGICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause of the summary of the control of the cause of the control of the cause of the control of the cause of								the cause(a)	and manner as stated	I.			
								MBER	29d. DA	TE SHOWED	Mongh. Doy (year)	_	
20	<u> </u>									23/5			
0	1 cem	- 110				157	411	860		3/2	-3/2/	-	
TO BE	38. MARIE AND ARBRESS OF PERSON WHO	O COMPLETED CAUSE	OF OEATH (ITEM	27) (Type, F	Print)	10	411	86	•	3/2	-3/22		
0	12821 Oak /	o completed cause	OF OEATH (ITEM		_	10' 2174	411 2	86	•	3/2	-3/22		
0		O COMPLETED CAUSE	Hae		_	2174	2	86	•	3 2	-3/72	_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ª hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perrupe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020



	39		REGISTRAR		CE	RTIF	ICATE O	F DEATH		REG. NO.			
			1. DECEDENT'S NAME (First, Middle, Last)						2. DATE (	OF DEATH		3. Tr	IME OF DEATH
-			William Pres	cton CEADUAT	ידי ידי				MONTH	DA		YEAR	me or ounit
			4. SOCIAL SECURITY NUMBER						Marc		1993		M
					E (In yrs. lest		F UNDER 1 YEAR		7. DATE ( (Month)	Day, Year)		8. BIRTHPLACI Country)	E (State or Foreign
	Park		212-24-5179	1 🔀 M 2 🗆 F	64	YRS.			Dec.	27 1	928	Maryl	Land
- 7		4	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUN	TY OF DEATH	
- 1	Section 1	15	Washington Count	y Hospital			F	Hagerstown	า		Was	shingt	On
- 0		E 1	RESIDENCE OF DECEDENT								1 ""	JIIIII C	011
	Bonne	DIREC	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOC	ATION					INSIDE CITY
	2	ā	Maryland Wa	ashington			Hager	stown					LIMITS?
	permit	7	10s. STREET AND NUMBER	8				101, ZIP CODE			10a CITIZ	EN OF WHAT	
		3	13015 Little Ant	riotem Deed							ě.		300111117
	physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		400	1 40 400 0	21742				USA	
20	urial	5	1 Never Married 2 X Married	FORCES? 1 X YE	S 2 N	D D	13. WAS DI	ECENDENT OF HISPAN specify Cuban, Mexica	VIC ORIGIN? In, Puarto R	(Specify Yes Ican, etc.)	or No-	<ol> <li>RACE — Ar Black, White</li> </ol>	merican Indian, la, atc.
8	0 0	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR				ES 2 XNO Specifi				Specify:	
21215-0020	as th			Kore.	1							Whi	te
2	use use	里	15, DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gh	w kind of a	WORK done during it	TION most of working	16b.	KIND OF BUS	SINESS/INDU	ISTRY	
7	10 P	9	Elementery/Secondary (0-12)	College (1-4 or 5+)	IIIe.	Do NOT us	-						
2	ospil	P P				Gua	rd			Air	rcraft	Ė	
A	the hos detach once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, M	iddle, Maiden	Surname)		
7	# E		William Gea	rhart				Mary Wa	1100	h Caar	chart		_
ARYLAND	retained by the hospital or attending physician. 5 should be detached for use as the burial-tran retified at once.	B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Stree	t and Number or Rural I				Code)	
Ž	5 should	2	Margaret Gearhar	*+									017/0
щ	ay be	- 1	208 METHOD OF DISPOSITION					Antietan					. 21742
H	ector, p		1 X Burial 2 Cremation 3 Rem	oval from State C	emetery_cren	ND DATE (	OF DISPOSITION (	Neme of	OATE	15.54 11.1		aty or Town, St	
Š	ge of		4 Donation 5 Other (Specify)		Ros	se H	ill Cem	etery 3-2	0-93	Hag	ersto	wn, Ma	aryland
Ē	in Pa	- 1	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	dies.		22. NAME	AND ADDRESS OF FA	CILITY M	innich	ı Fune	eral Ho	ome
ALTIMORE,	24 hours after death. Page 6 may be filled in by the funeral director, page ion, or removal.		1 Jant	min	une	1	415	E. Wilson	Blve	d. Ha	gerst	own.	4d. 21740
m	rs after n by the removal		23. PART i. Enter the diseases, or	complications that saw	and the dea	th Do			_				
	ours after d in by th or remova medical		ehock, or heert fallure.	List only one ceuse on	eech ilne.	itin. DO F	or enter the It	node of dying, auc	n as cerdi	ac or respi	ratory arre	st,	Approximata Intervai Batween
	24 hours filled in on, or re		IMMEDIATE CAUSE (Final Onset and D										Onset and Death
			disease or condition resulting in death)	PNeui	MON	IA						1	2 days
9	crer Crer	ı	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  JOHE TO (OR AS A CONSEQUENCE OF):  CARONIC DESTRUCTIVE PULMONARY DISEASE  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										11 = 1
68760,	executed within and completely to burial, cremat matic event,	z											4-5 years
9 X	ertificate be executing physician and cigiene prior to burident traumatic	2											
	physician ne prior to	X I											20 reas
	phy phy	Ĕ	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS			F):						July 1
0	anding Hygie	Ē	resulting in desth) LAST									1	
σ,		핑		d									
	that the dealed by the att the and Menta any injury,		PART II. Other algnificant condition	is contributing to death	but not re	sulting i	in the underlyl	ng cause given in	Part i.	24a. WAS AN			AUTOPSY FINDINGS
ORD	that the ed by the th and Me	ICAL	CON GESTIN	LE HEART	FAIL	MR	E			PERFOR	-		ABLE PRIOR TO PLETION DF CAUSE
$\ddot{\circ}$	res signe lealth								_	1 YES 2	TNO	OF DI	EATH?
RE	law requires as been signi lept. of Healt 23 shows	M							- 1			1 🗆	YES 2 THO
ALI	Pept.	Z											
I	N: The icate h State C	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF OEATH (Ch	eck only one	)			
VIT.	ortifica he St.	YSI	1 🗆 YES 2 🗀 40	1 Impatient 2 I ER/O	utpatient 3	DOA	OTHER: 4  Nursing Ho	ome 5 - Residence	8 🗆 Other	(Specify)			
OF		I 1	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y	28b. TIM		NJURY AT	28d. DE\$0	RIBE HOW I	NJURY OCCL	JRED	
2	ng PHYSI fter this c eath with marked,	ΥP	1 Natural 5 Pending	(Morkit, Day, Hear	' I	INJ	1000	YORK?					
ō	After death s mar	0	a Deviate	26a. PLACE OF INJUI	RY — At horr	e, farm, s	street, factory, off	lice	28t LOCA	TION /Street a	and Number o	or Rural Route N	lumber
S	ATTENDING ECTOR: After s after death		4 Homicide 6 Could not be	building, etc. (Sp	pecify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City o	Town, State)	ng romoor o	r riorer rioute re	umos,
DIVISION	. OR ATTENDING DIRECTOR: After hours after death item 28 is ma	面											
	L DIRE	리	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best of my kno	owledge, dem	th occum	d at the time, de	ta and placa, and dua	to the caus	e(a) and man	mer as states	d.	
	ERA in 72	OMPL		R: On the beals of examinet									manner as stated,
	E SE SE	0 1	296. SIGNATURE AND TITLE OF CHUTIFUL										
	TO THE HOSPITAL OR A TO THE FUNERAL DIRECT TO THE WITHIN 72 hours IMPORTANT: If Item	8	00 8770	UBL M	N			29c, LICENSE NUN				SIGNED (MINI	1, Day, Year)
	263 ₹	0	0.100	1.1		-		Dys	)/1		<b>3</b>	1194	ン
			30. MAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF	OEATH (ITEM	27) (Type,	Print)				1	T.	
			JUHN P.	(CRIEN)									
_		ì	31. Days Fill ED (Month, Day, Year)	32 REGISTRAR'S SIG	GNATURE								

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70	RES	æ
BALTIMORE, MARYLAND 21215-0020	quires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	n signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
ECORDS, P.O. BOX 68760,	quires that the death certificate be executed within 2	n signed by the attending physician and completely

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial		
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HOSPI	FUNER	within	TANT
포	开	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL R

**CERTIFICATE OF DEATH** 2. DATE OF DEATH MONTH MARCH 13, 1993 YEAR DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH RUTH GRACE GIBBONS 07:00 A m A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 X F YRS. 185 34 0448 04/09/10 PA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL **CUMBERLAND** ALLEGANY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? PA BEDFORD 1 YES 2X NO **BUFFALO MILLS** FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? R. D. 1, BOX 222 A 15534 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14, RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Pr 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HARRY BRACKEN WILDA KUNKLE BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 9 CHARLES J. GIBBONS R. D. 1, BOX 222A, BUFFALO MILLS, PA 15534 204 METHOD OF DISPOSITION
12 Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) MILLIGANS COVE CEM. 3/17/93 RD, BUFFALO MILLS, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
HARVEY H. ZEIGLER FUNERAL HOME HYNDMAN, PA 15545-0636 ations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between IMMEDIATE CAUSE (Final **Onset and Death** resulting in death) TO UR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR IS A CONSEQUENCE OF): if any, leading to immediate CAUSE. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2X 10 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 X inpatient 2 - ER/Outpatient 3 - DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2X NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED XX Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29s. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as attend. 2 MEDICAL EXAMINER: On the be ejs of exemination and/or investigation, in my opinion, death occured at the time, deta and place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (MOTO) 29b. SIGNATURE AND TITLE OF CERTIFIER 3 Sodi Apari 29c. LICENSE NUMBER BE 25 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) CAPE, Print) M.D. 909-A SETON DRIVE CUMBERLAND, MD. 21502 WALLY HIJAB 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 18 1993 hi timber for

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

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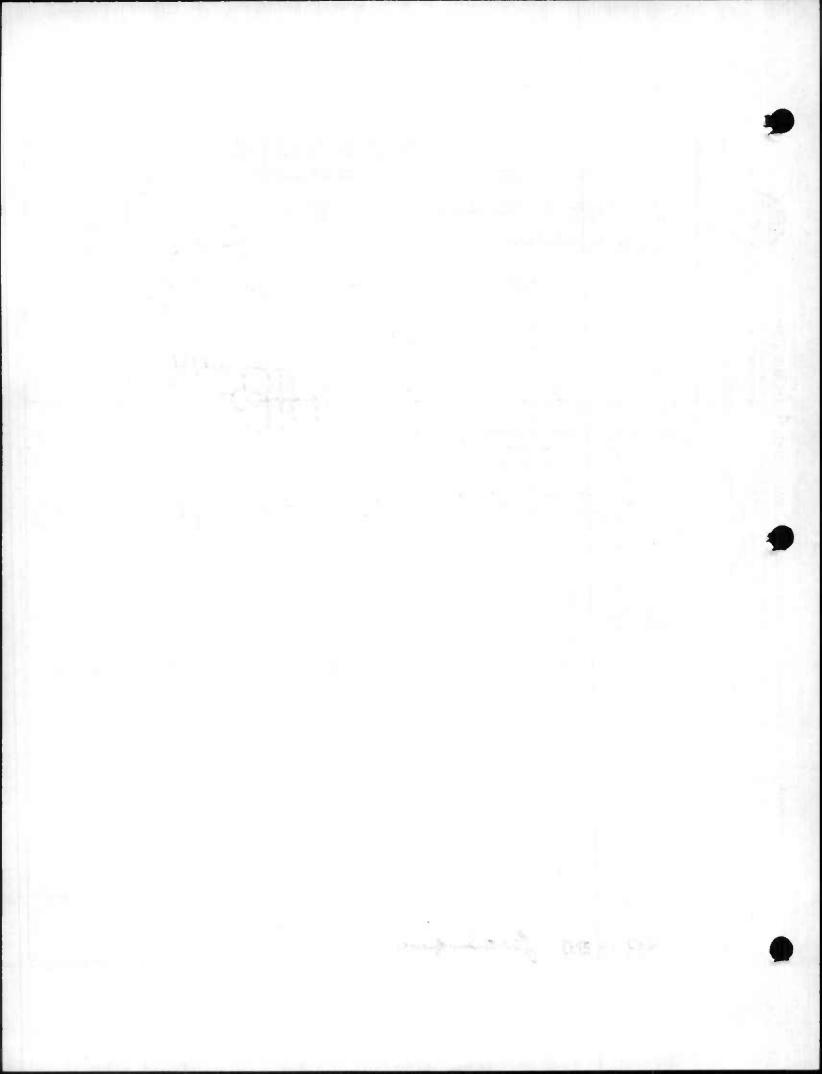
death After

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Ear1 Glass. Jr. 14 1993 3 6:00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 3 - 24 - 1926 8. BIRTHPLACE (State or Foreign Maryland DAYS 220-16-6682 1 X M 2 F 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Garrett Co. Memorial Hospital DIRECTOR 0akland Garrett RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Garrett 0akland 1 YES 2 X NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt. 4, Box 6660, Zeddock Miller Rd. 21550 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerio Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 W Married Specify: White BY 3 Widowed 4 Divorced WW2 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 th Carpenter-Woodworker Carpentry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Ernest Glass Ruth Kolbfleisch 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hazel M. Glass Rt. Box 6660, Oakland, MD 2 20a, METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Thaverville 4 Donation 8 Other (Specify) Cemetery 3-16 Oakland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newman Funeral Homes, P.A. 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest. 21536 Approximate shock, or heart feilure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Ventricular Arrhythmia, Acute Sudden DUE TO (OR AS A CONSEQUENCE OF): Sev. Year Ischemic Heart Disease CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING Arteriosclerotic Cardio-Vascular Disease Unknown CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 TES THE OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) YES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗆 Num ng Nome 5X Residence 6 C Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Westural м 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner es stated. TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho MEDICAL EXAMINER: On the basis of exa end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated. 296. SIGNAPORE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Her D 05658 March 15, 1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Herbert H. Leighton, M.D., 502 E. Oak Street, Oakland, Maryland 32, DEGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) MAR 19 1993



TO BE COMPLETED BY FUNERAL DIRECTOR

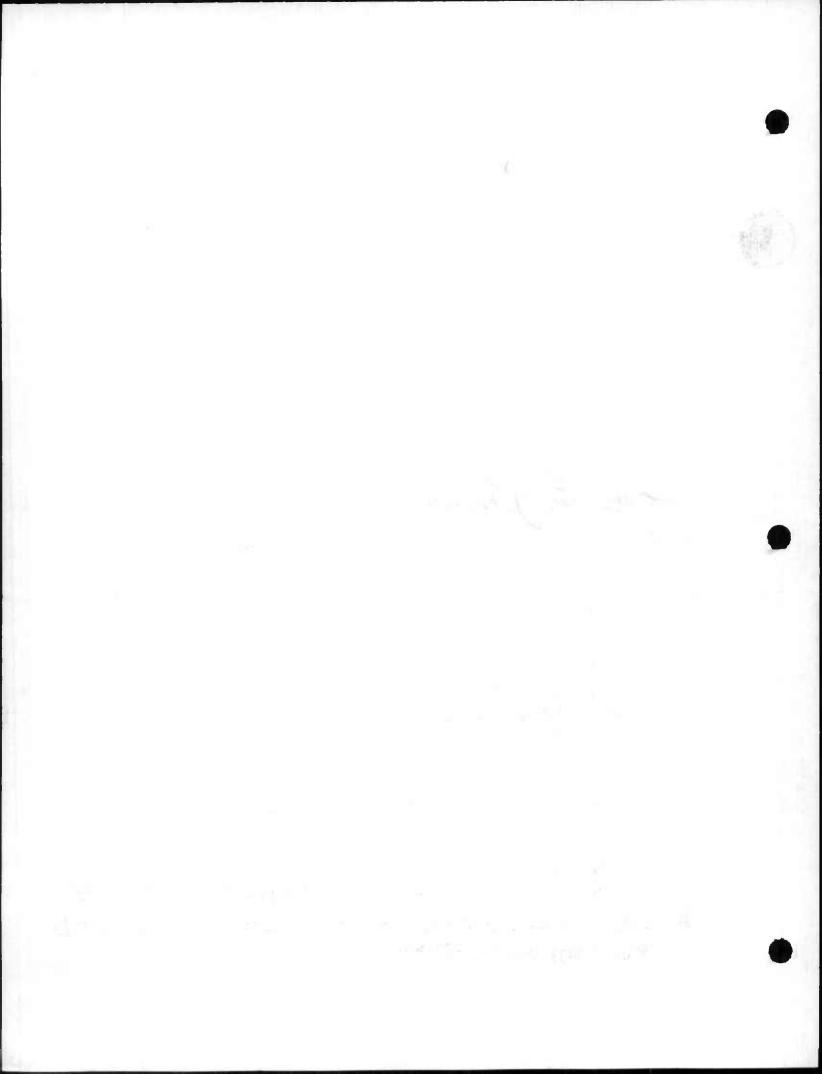
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Year)
MAR 2 3 1993

32. REGISTRAP'S SIGNATURE
Julia Davidson-Randelle

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND I			0 03301	
1. OECEDENT'S NAME (First, Middle, Last)		OLATII	CATE OF	DEATH	REG. NO.		A THIS OF DEATH	
Grace W. Hulser					3-16-1993	AY YEA	3. TIME OF DEATH	
	. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, 81	IRTHPLACE (State or Foreign	
083-01-5457	□ M 2 F 94	YRS.	MONTHS DAYS	HOURS MIN.	(Morith, Day, Year) 3-30-1898	Co	ew York	
9a. FACILITY NAME (If not institution, give street			96. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY O		
Severna Park Meric	lean Nursin	g Home	Se	everna Pa	rk	Anne	Arunde	
10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY	
Maryland Anne A	rundel_			erna Park			1 YES 2 NO	
24 Truckhouse Road	Severna	Do wie	1"				OF WHAT COUNTRY?	
	. WAS DECEDENT EVER IN	US ARMED	13, WAS DE	2114	IC ORIGIN? (Specify Yes		S.A.	
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X ND	If yea, s	secify Cuban, Mexican 2 NO Specify	n, Puarto Rican, etc.)	8	Heck, White, etc.	
							Caucasian	
15. DECEDENT'S EDUCATION (Specify only highest grade comes	ON spieled)	16a. DECEDENT'S I	USUAL OCCUPATI ork done during m retired.)	ON ost of working	16b. KINO OF BUS			
Elementary/Secondary (0-12) C	College (1-4 or 5+)				05	C.		
17. FATNER'S NAME (First, Middle, Last)		Stend	grapher			fice		
Louis H. Wenzel					ME (First, Middle, Maiden : Jahnkee	Surname)		
19a, INFORMANT'S NAME (Type/Print)		10h MAH INC	ADDRESS (Complete					
Mrs. Elsie W. Hals	ted	104	1 Avonda	and Number or Hural R	loute Number, City or Town e Severna	), State, Zip Code)  Dark	MD 21146	
20g. METHOD OF DISPOSITION	20b	PLACEANDDATEO				CATION — City or		
1 XBurial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from Stata cem	etery, crematory or oth	ner plece)					
21. SIGNATURE OF PUNERAL SERVICE LICENS	ex / /	dar Lane		HD ADDRESS OF FAC	3-20-93	Patters	son, N.J.	
Comme &	APhi 1	mou			s Funeral			
23 ART I. Enter the diseases, or com	blications that caused	the doub hod	/495 Ri	tchie Hw	y. Severna	Park,	The second secon	
SHOCK, OF HEART TAILUTE. LIST	anly one cause on er	ach line.//	17	ove or dying, such	as cardiac or respir	atory arrest,	Approximate Interval Between	
MMEDIATE CAUSE (Final disease or condition		Mater	11	18000	Attain	/	Onset and Death	
resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	anc	Grea	on conscie	/		
							i	
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)						
cause, Enter UNDERLYING CAUSE (Disease or injury							Į.	
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	e l					
C.	-	.1						
PART II. Other significant conditions co	ontributing to death in	of not resulting in	the uggertyin	g cause given in F	Part I. 24e. WAS AN A	M/TOPSY I	14b. WERE AUTOPSY FINDINGS	
	isophore H	east K	aitur	Q_	PERFORM	WED?	MAILABLE PRIOR TO COMPLETION OF CAUSE	
Me	0	1			1 TYES 2	_ NO	OF DEATH?	
Jude	to hoon	9410					1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINERY								
PRO PROPERTY OF THE PROPERTY O	OSPITAL: Impetient 2 - ER/Outpe		OTHER: 4   Nursing Hom	e 5 🗆 Residence 6	Other (Specify)			
27. MANNER OF DEATH 28s. DATE OF HUJURY 28s. TIME OF 28c. INJURY AT 28s. DESCRIBE HOW BUJURY OCCURED								
1 Natural 5 Psnding (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO								
3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, atreet, factory, office 28f. LOCATION (Spect and Number or Flural Pouls Number,							
	edward Michael (Black	<i>D</i> C			3796.711.374735.74449			
Check any 1 CERTIFYING PHYBIDIAN	To the best of my knowle	edge, death occurred	at the time, data	and place, and due to	o the cause(s) and mann	or an stated.		
only 2 Medighijexamines o	the basis of examination	end/or Investigation,	, in my opinion, d	eath occured at the ti	lme, data end place, and	dua to the ceus	e(s) and manner as stated,	
296. SIGNATURE AND TITLE ON CENTURES		7		29c. LICENSE NUME	BER	29d. DATE SIGN	EO (Month, Day, Year)	
Willow W	rundly	MX		D141	653	13-	17-92	
30. NAME AND ADORESS OF PERSON WHO CD	MPLETED CAUSE OF DEA			1	11	^	11	
Arnold G. Ale	xander		300 K	itchie	Hoy., 1	Arno	Id MD	
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE			11)			



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**BALTIMORE, MARYLAND 21215-0020** 

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

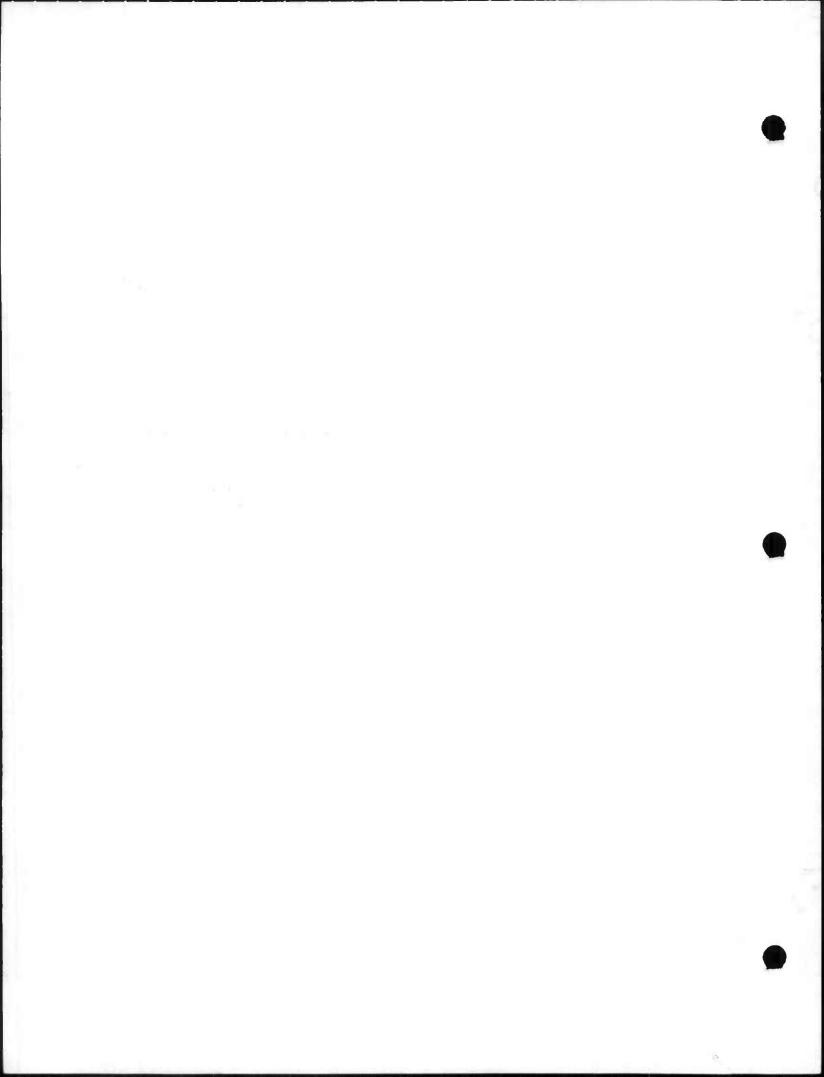
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	TEGIOTIAN		- CI	SHIII	ICALE	OF DE	АІП	F	IEG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, List)  EMIL IRVING	HAAS	JR					2. DATE OF MONTH	OEATH D/		YEAR 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1	-	NDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or Foreign
	220-42-4786	03/20/134							/194	6	Bo	wie, MD
œ	9a. FACILITY NAME (If not institution, give s	Service Control	Hoonite	1			CATION OF D	EATH			NTY OF D	
DIRECTOR	Greater-Laurel B	ertsville	ноѕріта	I	Beit	sville			_	Pri	nce	George's
E E	10a. STATE 10b. COUNTY		_		Y, TOWN OR							10d. INSIDE CITY LIMITS?
	Maryland Princ	e George	e's	Be	ltsvill							1 X YES 2 NO
FUNERAL	4607 Sellman Roa	d				10f. ZIP				100		VHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13. WA		* *	NIC ORIGIN? (S	pecify Yea		S.A.	- American Indian
ВУ F	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2X	10	lf y	es, specify (	NO Specif	in, Puerto Rica	n, etc.)	0. 100-	Black Speci	— American Indian, c, White, atc.
	3 Wildowed 4 Divorced											" White
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	completed)	(Gi	CEDENT'S ive kind of Do NOT us	USUAL OCC work done dur se retired.)	UPATION ing most of w	orking	16b, KII	D OF BUS	INESS/INC	DUSTRY	
PL	12	College (1-4 or 5	+)		ng Er	naine	er	C	nnsti	ucti	on	
Š	17. FATHER'S NAME (First, Middle, Last)							ME (First, Midd			011	
BE (	Emil Irving Haas	Sr.	_:					ucille				
6	19a. INFORMANT'S NAME (Type/Print)							Route Number, (				
	Willaim Eric Haas						oad,	Laurel		_		20707
	1 X Burial 2 Cremation 3 Remarks Donation 5 Other (Specify)	oval from Stata	cametery, cre	matory or o	ther place)	ON (Name of	rv 2/	0ATE	20c, L00	CATION —	City or To	wn, State
n	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	* Jack &	Frien	2									Home, P.A.
	23. PART. Enter the diseases, or cannot be shock, or heart fellure.  IMPEDIATE CAUSE (Final disease or condition disease or condition disease)	complications that List only one cau	ise on aach lina	•	not enter th	e mode of	dylng, suc	h ss cardiac	or reapl	ratory sri	rest,	Approximate interval Between Onset and Death
Z		OUE TO					ZIZHA	SE				
CERTIFICATION	Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING	ASPIR	OR AS A CONSEC	DUENCE O	F):							
FIC	CAUSE (Disease or injury that initiated events		(OR AS A CONSEC	UENCE O	F);		_					
E	resulting in death) LAST	d.			,							į
2	PART II. Other significant condition	e contribution to	death but not a		la Afra scardo	alida a a a a		not be				
EDICAL	CHRONIC ALCOHO					riying cau	se given in		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
	THE MESONE	CINIT	MACIFEM	1111	- 0-			_ 10	YES 2	NO		OF DEATH?
Σ												1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE (	F DEATH (Ch	eck only one)				
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B	2 Accident Investigation	20 - DI 105 0	P 151 1/100/			1 TES	2 🗌 NO		-			
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At horetc. (Specify)	me, Ierm, :	itreet, factory	, office		281. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural R	loute Number,
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC											
Š	one) 2 MEDICAL EXAMINE	R: On the basis of a	camination and/or is	nvestigstic	n, in my opin	lon, desth o	coured at the	time, data and	place, and	dun to th	e cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	dME.				29c.	LICENSE NUI					(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	- / 10				$T_{c}$	250	12.5		M	er 1	1,1993
	J.M.BERGER #20	5, 7720	WISCOW!	27) (Type,	Ave, 1	BETHE	SDA.	MD 2	2710			
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		neuio i nan		CERTIF	ICATE U	PUEAIH	REG. NO	).	
	- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	- 8	Amolia A Hill	**				MONTH		EAR
	1 1	Amelia A. Hill					3-17-9	3_	1210_ a M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
and the same		247-36-3514	1 M 2 TF   78	YRS.	MONTHS DAY	8 HOURS MIN.	6-29-14		Country)
ADVINE DE									Georgia
(都) 實際		9e. FACILITY NAME (If not institution, give st	reet and number)		96. CITY, TOW	N OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH
	1 5	Washington Adv	rentist Ho	enital	Monte	gomery		m - 1-	D1
120	СТОВ	RESIDENCE OF DECEDENT	CHULDU IIC	SPICAL	HOHE	gomery		lak	oma Park
52	<b>E</b>	10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
Pages	000			100					LIMITS?
=	□			wa	sning	ton, DC			1 🔯 YES 2 🗌 NO
permit.	7	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
	12	443 Lamont St.	NW		1	20010			<b>~</b> -
DZO physician. burlal-transit	FUNERAL					20010		U.	S.A
a Sci	5	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS (	ECENDENT OF HISP	ANIC ORIGIN? (Specify Ye	s or No- 14	. RACE - American Indian,
P P P		1 Never Married 2 Married	FORCES? 1 YE				can, Puerto Rican, etc.)		Black, White, etc.
5-0020 nding physic is the burial	B	3 🖄 Widowed 4 🗌 Divorced	IF TES, GIVE WAN ON	DATES	י טי	res 2 NO Spec	erry:	1	Specify: Black
	ED								Diack
atte use	巴	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S	Work done during	MOST of working	16b. KIND OF BU	JSINESS/INDUS	TRY
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AND he hospid detached once.	2			DOMESIC					
4 5 5 E	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maide	n Sumame)	
2 2 2 E	ш	George Edwards				Hatt	ie Thomas		
should should	<u> </u>	19a. INFORMANT'S NAME (Type/Print)		401 144 114					
retained by the 5 should be of notified at	일						I Route Number, City or To		
4D 4D	-	Carlton Hillyer		443 La	mont S	t. N.W.	Washington	D.C.	20010
ay be	1	20e. METHOD OF DISPOSITION	2	0b. PLACE AND DATE					y or Town, State
ALLIMORE, a death. Page 6 may be threral director, page examiner must be is		Burlal 2 Cremetion 3 Remo	wal from State	emetery, cremetory of o	ther place	T) 7			
N Se C		4 Donation 5 Other (Specify)		armony Me	moriai	Park	3/22/93	Lando	ver, Md.
2 2 2		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A		22. NAME	AND ADDRESS OF			
EAL I IMOR after death. Page 6 m by the funeral director, moval.			V (Z)	111-					Funeral Home
~ = 6		luawana	( X D)	UN 18Y	7474	Landover	Rd. Lando	ver. M	d. 20785
Institute of the form of the formoval.		23. PART I. Enter the diseases, Dr c	omplications that caus	ed the death. Do	oot enter the	mode of dulpa e	ch se cerdiec or me	alreton, arms	Assessments
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The doz The and Ments Injury.	ᆜ	PART II. Other significant conditions	contributing to death	but not resulting	in the underly	Ing cause given i	n Part I. 24a. WAS A		24b. WERE AUTOPSY FINDINGS
C = 55 = 1	EDICAL	D 10	f miA				PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
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the state of the s									
1 3 3 5 12	AN:	25. WAS CASE REFERRED TO MEDICAL					11		
Scotte Mem	Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (	check only one)		
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New Party Party Company	ā.	Natural 5 Pending	(Month, Day, Year,		IURY	WORK?	200. DEQUINOE NOW		
MG P	B	2 Accident Investigation			M 1	YES 2 NO			
WDING CAther death is ma		3 Suicide 8 Could not be	28e. PLACE OF INJUI	RY — At home, farm,	street, factory, o	ffice	28f. LOCATION (Street		Rural Route Number,
OR ATTEN DIRECTOR: hours after tlem 26 h	8	4 Homicide determined	building, etc. (Sc	овслу)			City or Town, State	)	
10000000000000000000000000000000000000	<b>a</b>						1		
	굿	29a. CERTIFIER Check only	CIAN: To the best of my kno	wiedge, death occum	ed at the time, d	ate end place, and de	se to the cause(e) and ma	noner as stated	
로 정신 ==	ž l								72-71-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
HUSPITAL FUNERAL WITH 72 TANT: II	COMPLET	a Colone Examiner	. On the besie of examinat	non end/or investigant	n, in my opinior	1, death occured at tr	e time, date and place, e	ind due to the c	ause(e) end manner as stated.
I C I		296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE N	JMBER	29d, DATE S	IGNED (Month, Day, Year)
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	BE	11 1 /2	mo K	146VZ.	ALAR	1716	001		
288₹	0	Varano/V		- , , , ,	4, 47,12	11/9	9 / 1		
2	-	30. NAME AND ADDRESS OF PERSON WHO		DEATH (ITEM 27) (Type	Print)	AKUM	A DARI	4	
1	) 1	7610 CARR	occ A)	1E # 23	30 11	11 12 11.	LI DELK	5 V-1	020912
()									
		MAR 1 9 1993	32. REGISTRAP'S SIG	Jandal	2				



3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

RACE — American Indian, Black, White, etc.

Specify: White

XXXES 2 NO

20722

Approximate

24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO

OF DEATH? 1 | YES 2 | NO

29d. DATE SIGNED (Month, Day, Year)

3.15.93

COMPLETION OF CAUSE

Interval Between

**Onset and Death** 

920 Washington DC

RINCE GEORGE's co.

10g. CITIZEN OF WHAT COUNTRY?

Sc. COUNTY OF DEATH

20737

6:20p.m.m

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

June 11

MARCH 12,1993 YEAR

1. DECEDENT'S NAME (First, Middle, Last)

JAMES FREDERICK

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

DOCTORS

578-18-4672

HOOVER

XIXXIM 2 - F

8. AGE (In yrs. last birthday)

HOSPITAL

YRS

5 SEY

COMMUNITY

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

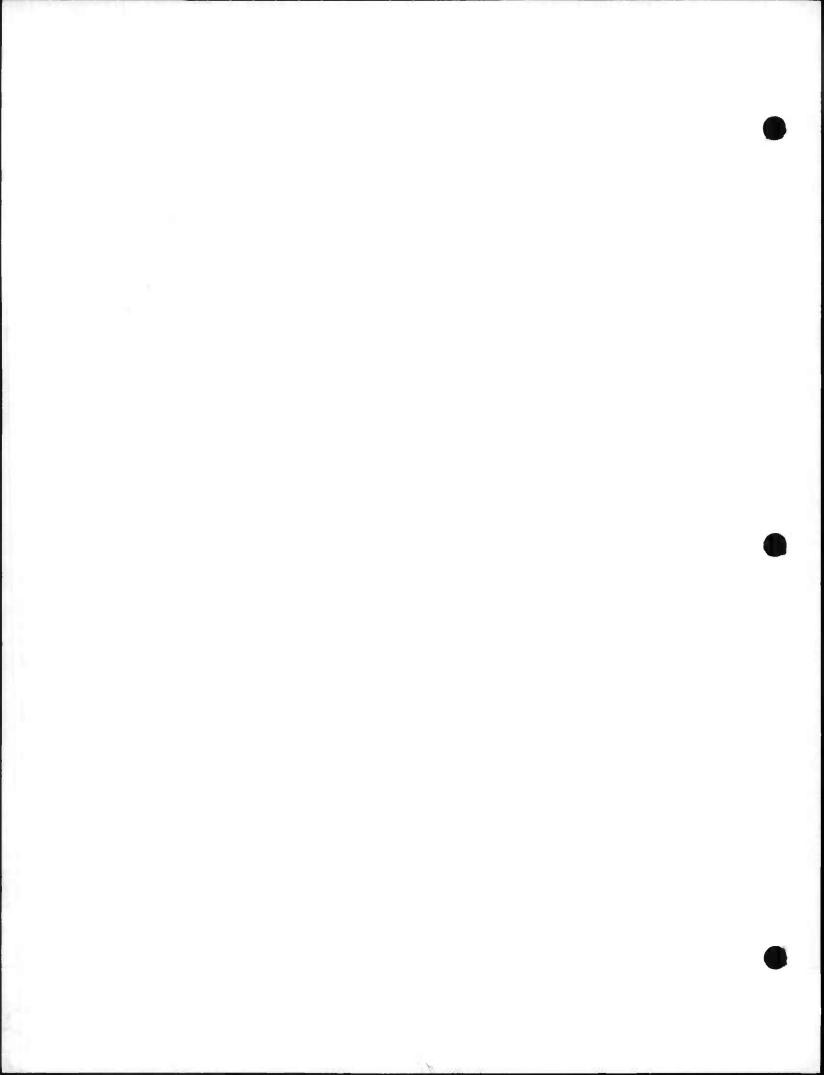
LANHAM-SEABROOK

DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Prince Georges Riverdale permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 5811 Quintana St. burial-transit 20737 United States hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES XX NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES XXX NO BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced as the l COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY use 104 Elementary/Secondary (0-12) College (1-4 or 5+) Freight Locomotive Freight Rail Transport detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Robert McKinley Hoover notified at funeral director, page 5 should be Anna Gertrude Johnson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Cheri Hoover Cotton 5811 Quintana St. Riverdale, Md. Pe 20e METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 3/17/93 Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Fort Lincoln Funeral HOme, Inc. 54 3401 Bladensburg Rd. Brentwood, Md. 导 or removal. other traumatic event, the medical signed by the attending physician and completely filled in by 1 Health and Mental Hygiene prior to burial, cremation, or remo 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Rena Cute executed within ances CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be 50 Cemia CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 | YES 2 | NO has be PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 🛭 🗀 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) with t 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural DIRECTOR: After the hours after death w 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Homicide Item 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and menner as stated. FUNERAL Within 72 h MPORTANT: If 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE HE I mostlye 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HANOUER Gson helt, Md 20770 PKWY 31. DATE FILED (Month, Day, Year) 3 MAR 196 1993 32. REGISTRAR'S SIGNATURE Randale

DHMH-18 Rev 1/89



020	. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	attending.
7	0
S	hospital
4	윩
$\equiv$	3
MAR	retained
	8
RE	may
0	9
Σ	Page
ALT	after death.
m	after
	60

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

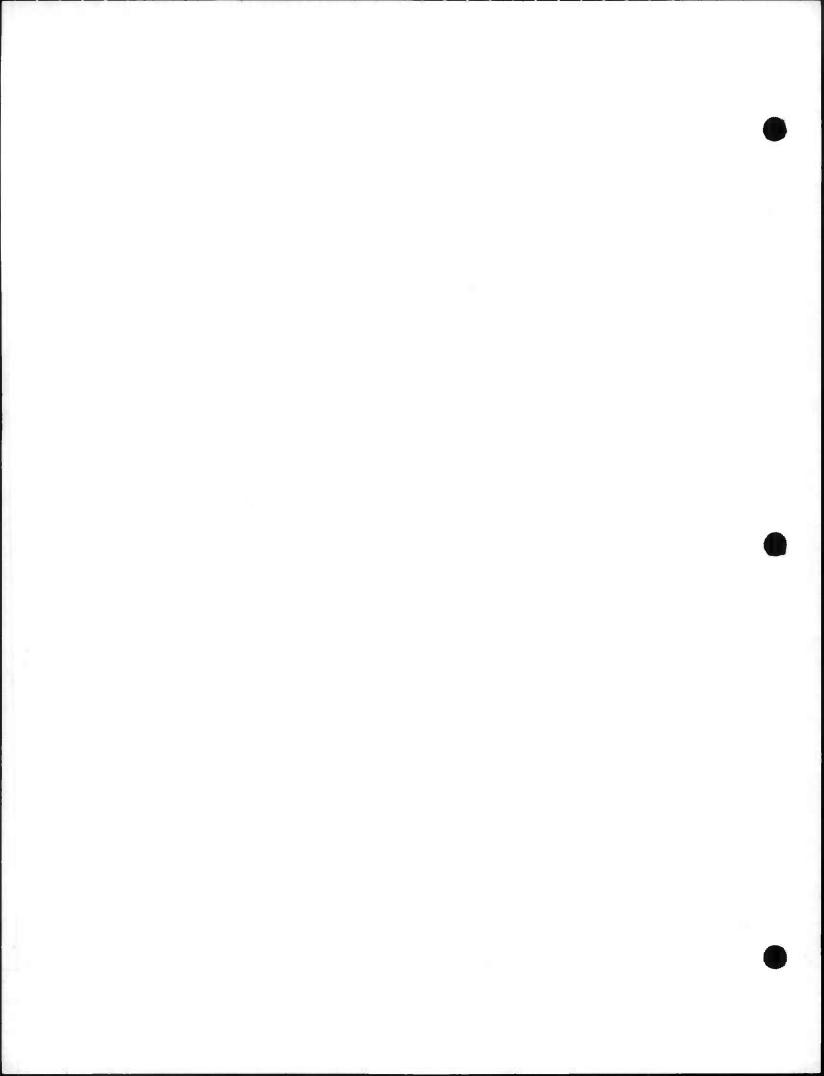
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 3 be filled within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	-	FOR STATE REGISTR	AR
	1, D	ECEDENT'S	NAI
ì		Iames	K

	1 - STATE REGISTRAR	SIAIE OF N					DEATH	MEN	REG. NO				
- (	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH			3. TIME OF OEA	тн
- 1	James K. Humphrey	,								av 1993	YEAR	3:04 a	М
		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTH	1775	8. BIRTH	IPLACE (State or F	
	577-24-3944	tXXM 2 ☐ F	7.1	YRS.	MONTHS	DAYS	HOURS MIN.		onth, Day, Year)	1021	T.I.o.o.lo	mington,	D.C.
	Sa. FACILITY NAME (If not institution, give street	et and number)	/ 1		9b. CITY	, TOWN C	R LOCATION OF E		L. 249		MASI		DC
۳۱	Dootors Comunity	Hoonito	1			1				2		0 1	
5	Doctors Comunity	поѕртса				anha	.111			Pr	Ince	George'	S
DIRECTOR	Montania 106. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CIT	Υ
	Maryland Prince	George	S	Hya	ttsv	ille						1 YES 2	] NO
≶	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	4900 66th Avenue	20784							Uni	ited	States		
	11. MARITAL STATUS  1 Never Married 2 Married		T EVER IN U.S. AR				ENDENT OF HISPA			or No-	14. RACI Blaci	E — American Ind k, White, etc.	ien,
B	3 Widowed 4 Divorced	1942 t			1	1 TYES	2 NO Spec	lly:			Spec	,	
	15. DECEDENT'S EDUCA			CEDENT'S	USUAL O	CCLIPATIO	M	-	16b. KIND OF BU	CIMESC/IM	DUSTRY	White	
. I	(Specify only highest grade co	mpleted) College (1-4 or 5	(G		work done		st of working		TOOL TOTAL OF BO	SHILSSIN	DOSTRI		
뢰	12	Contage (I-4 of 5 i	' Elec	tron	ics	Tech	nician	- 1	US Gove	ernme	ent		
COMPL	17. FATHER'S NAME (First, Middle, Last)	-					18. MOTHER'S N	AME (Fir	st, Middle, Meiden	Sumame)			
	Omar Hump	hrey					Aimee			Mode	3		
20	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rura						
-	Evelyn A. Humphre	У	49	000 6	6th	Ave.	, Hyatt	svi	lle, Ma:	ry1ar	nd 2	0784	
	20a. METHOD OF DISPOSITION 12 Burlel 2 Cremation 3 Remov	al from State	20b. PLACE	AND DATE	OF DISPOS	ITION (Na	me of	10	ATE 20c. LO	CATION	- City or To	wn, State	
	4 Donation 6 Other (Specify)	-	Fort L	inco	In C	emet	ery 3/1	2/ <sub> </sub> 93	Brei	ntwoo	od, M	aryland	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICES	7	arran annan		22. F.O	NAME AN	incoln	Film 6	eral Hor	ne T	nc	3/401	
	1/21/E. P	MON M	00877				sburg R			-	_	20722	
	23. PART I. Enter the diseeses, or co	mplications the	t caused the de	ath. Do r	not enter	the mo	de of dying, su	ch aa c	ardiac or resp	ratory at	Test,	Approxim	nate
	shock, or heert failure. Li IMMEDIATE CAUSE (Final	st only one ceu	se on each line	1.								Interval E	
	disease or condition resulting in death)	Moura	6	NEC-O		7004-	-	LIA	2 4 54				
	resulting in death)	DUE TO	(OR AS A CONSEC	DUENCE O	F):	alobi	1	TV	VVVV			1	
z	Conversable the secondary of b.	mg .	mo 4 pm	n	6	no	T mou o	$\checkmark$	9	86	6813	5	- 1
HIFICALION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):				,				
2	cause. Enter UNDERLYING CAUSE (Disease or injury	OHE TO	(OR AS A CONSEC	NIENCE O	р.							-	
	that initiated events resulting in death) LAST	DOE 10	(On AS A COMSEC	JUENCE O	r);							į	- 1
	d.											-	
SAL.	PART II. Other algnificant conditions			esulting	in the un	deriying	cause given in	Part I	. 24a. WAS AN		24b	WERE AUTOPSY I	
5 II	Them	41400							1 PTES			COMPLETION OF OF DEATH?	
MED	DIRRE	TES	INE.	45	MS							1 D YES 2 -	NO
	pret.	COMP	WASTIN	m	Y	200	5010						
5	25. WAS CASE REFERRID TO MEDICAL EXAMINER?	HOSPITAL:				26. PL	ACE OF DEATH (C	heck only	y one)				
PHTSICIAN	1		ER/Outpatient 3	□ DOA	OTHER 4   Num		5 🗆 Residence	6 🗆 0	ther (Specify)				
	27. MANNER OF DEATH	26a. DATE OF (Month, D		28b. TIM	E OF JURY	28c. INJI		28d.	OESCRIBE HOW	NJURY OC	CURED		
2	1 Accident 5 Pending firvestigation				М		ES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — At horetc. (Specify)	me, farm,	street, fact	ory, office	1	261. L	OCATION (Street City or Town, State)	and Numbe	r or Rural I	Route Number,	
	4 Homicide determined												
COMPLETED	29a. CERTIFIER (Check only												
5	one) 2 MEDICAL EXAMINER:	On the besia of a	ramination and/or i	nveatigation	on, in my o	pinion, d	eath occured at th	e time, d	late and place, ar	nd due to t	he cause(s	a) and menner as	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year,	,
2	pour a boly	V, K	MARCH	24	m	0	01619	FI		▶ M	larch	10, 19	93
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	SE OF GEATH (ITER	W 27) (Type	Print)							, = -	
	Andres C. Lara, M	.D., 93	26 Lanha	m Se	vern	Rd.	, Lanhar	n, M	<u>farylan</u> d	1 20	706		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	A'S SIGNATURE , Davidson-1										
	MAR 1 6 1993	1 Gula	LIALY door	Marken									- 1





FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	01/11E 01 111	CE		ICATE O			MENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE C	F DEATH	AV	YEAR	3. TIME OF OEATH
	VERNONA	S. HUYLE	Y					MONTH,	3 "	6 9	3 '	1:30p m
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las		IF UNDER 1 YEAR	_	R 24 HRS.	7. DATE O (Month,	F BIRTH Day, Year)		8. BIRTH	HPLACE (State or Foreign
	154229829	1 M 2 F	70	YRS.	A-51 02	1,222	10000		31/22	2	NEW	"JERSEY
œ	9a. FACILITY NAME (If not institution, give at		01		96. CITY, TOW		ION OF DE	EATH		111 000	NTY OF C	DEATH
DIRECTOR	Southern Md Hospital Center   CLINTON   P.G.											
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	ATION						10d. INSIDE CITY
	MARYLAND PRIN	NCE GEORGI	E'S	C.	AMP SPR	INGS						LIMITS? 1 XYES 2 NO
M	10e. STREET AND NUMBER					10f. ZIP COD	-			10g. CITI		WHAT COUNTRY?
FUNERAL	6208 MAXWELL					2	0746				USA	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. WAS D	ECENDENT (	OF HISPAN	NIC ORIGIN?	(Specify Yes	or No-	14. RACI	E — American Indian, k, White, etc.
B	3 Wildowed 4 XDivorced	IF YES, GIVE WA	R OR DATES		1 🗆 Y	ES 2 NO	Specify			ľ	Spec	"Y" BLACK
	15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL OCCUPY	TION		166.	KIND OF BUS	SINESS/INC	USTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	- Hilm	ve kind of Do NOT u	work done during se retired.)	most of worki	ng					
릴	10th			D	MESTIC				PV	Т.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) JOHN SILLS					18. MOT			ddle, Maiden	Sumame)		
BE							ED:	ITH F	ARMER			
2	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street							
	KAREN G. FOW	LER	1		MAXWELL		CAMI	_	<u> </u>		-	
	1 Burial 2 Cremation 3 Remo	oval from State	cem (TA)	BER	OF DISPOSITION	Name of ORY		3-1		CATION —		MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A				AND ADDRE	SS OF FA		7 701	VIII (ID)	,	MARTINAND
	* 1100000	12	101/	Los		J.B.	JEN	NKINS	FUNE	RAL H	OME	
	23. PART I. Enter the diseases, or c	omplications that	caused the de	ath Do	747	L T.ANT	MET	S RD	T ANTY	NT ITO	M	20785 Approximate
	shock, or heart failure.	list only one caus	e on each line			•						interval Between
	IMMEDIATE CAUSE (Fine)	Cho	OR AS A CONSEC	· <0.	1 huc	luie	1. 4	0,1	11182	100	¬	Onset and Death
	resulting in death)	DUE TO (C	OR AS A CONSEC	DUENCE O	F):		Pe			1		
z		de	rea.	2-								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEC	DUENCE O		1 - 6	0, 1					
2	CAUSE (Disease or injury	DUE TO 4	OR AS A CONSEC	VIENOE O	mo	164						
Ē	that initiated events resulting in death) LAST	101	116	110	in 6	001	Per	uri				
		.700			0 1							
DICAL	PART II. Other significant conditions	contributing to d	lesth but not n	esulting	in the underly	ing cause	given in	Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă								_	1 TYES 2	. □ NO		COMPLETION OF CAUSE OF DEATH?
X								_				1 TYES 2 NO
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL					B1 105 05 5	F 4771 474					
SICI	EXAMINER?  1 YES 2 NO	HOSPITAL:	EB/Outnetlant 2	□ <b>DO</b> 4	OTHER:			eck only one,				
ž	27. MANNER OF DEATH	28s. DATE OF II	NJURY	28b. TIN		NJURY AT	esidence		(Specify)	NJURY OC	CUREO	
ВУ Р	1 Natural 5 Pending	(Month, Day	( Year)	IN.		VORK? YES 2	NO					
	3 Suicide 8 Could not be	28s. PLACE OF building, at	INJURY — At ho	me, ferm,	street, factory, of	lice					or Rural I	Route Number,
E	4 Homicide determined		Tapoony)					City of	Town, State)			
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of m	ıy knowledge, de	eth occurr	ed at the time, d	its and place	, and due	to the caus	e(a) and mer	nner as stat	ted.	
0₹	one) 2 MEDICAL EXAMINE											a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0	CeCe			29c. LIC	ENSE NU	MBEB				(Month, Day, Year)
TO B	m' Talle	licer	u.			1010	086	8		▶3	-6	-93
F	30. NAME AND ADDRESS OF PERSON WHI	. 1	OF OEATH (ITE	4 27) (Type	, Print)	A			. 1			
Ì	4467 OLD BRANC	H HUE, A	#301	EM	PLEHi	151	ld.	20%	148			
- 1	MAR 1 5 1993	his Davidson	- Mandelle	,								
1	מב כבבו ל דיוטווו											

BALTIMORE, MARYLAND 21215-0020

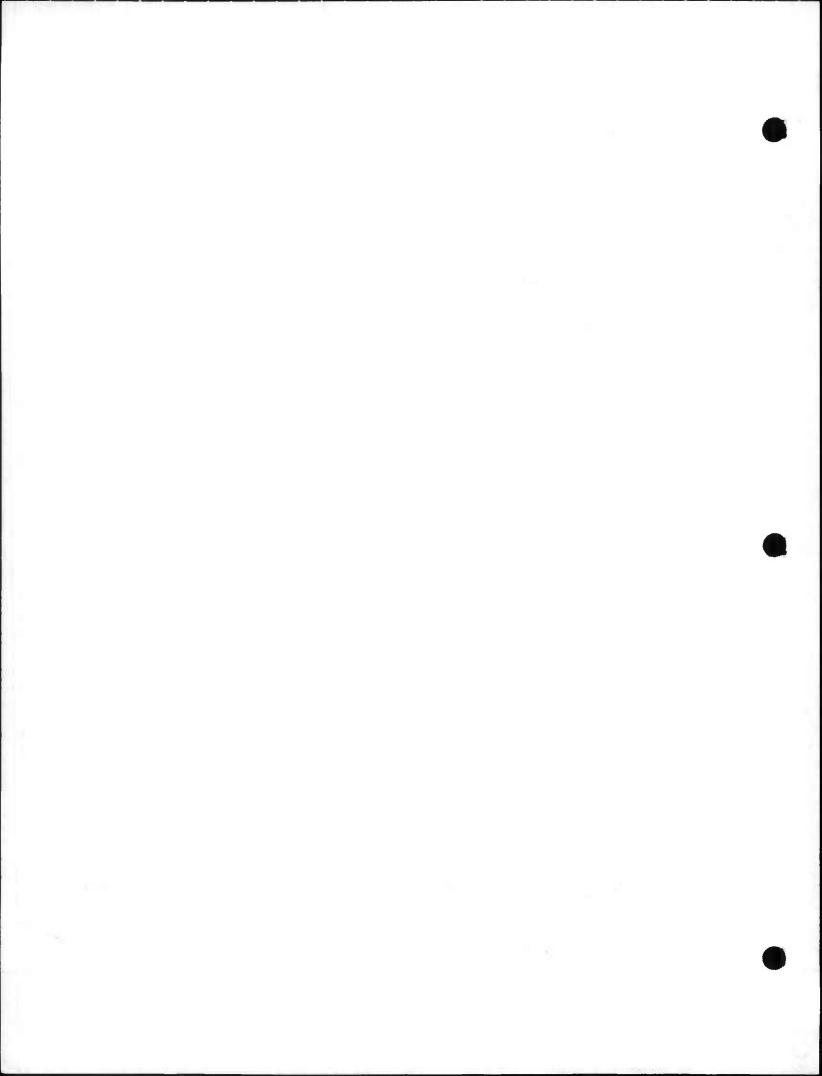
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Degt. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



YEAR

3. TIME OF DEATH

4:00 PM

8. BIRTHPLACE (State or Foreign

MARYLAND

2. DATE OF DEATH

7. DATE OF BIRTH

MARCH 15 1993

MAY 20 1923

A SOCIAL SECURITY NUMBER

578-22-6341

WILLIAM HOFFMAN

1 X 1 2 F

5. SEX

MONTHS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

6. AGE (In yrs. lest birthday)

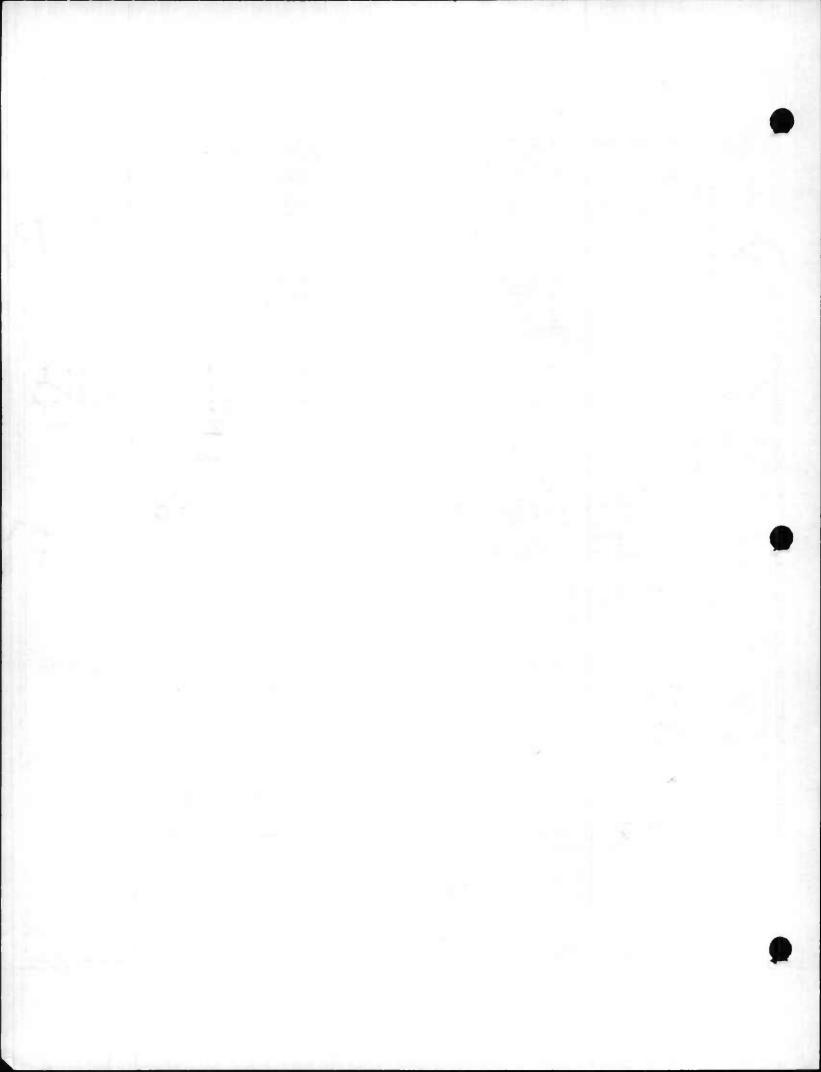
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( 687	executed
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OR	that
REC	redulres
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Z	The
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	<ol> <li>OB ATTENDING PHYSICIAN: The law requires that the death certificate be executed within:</li> </ol>
	OR
	-

BALTIMORE, MARYLAND 21215-002

9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CROWNSVILLE HOSPITAL CENTER CROWNSVILLE ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND CARROLL SYKESVILLE 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2810 KYWOOD PLACE U.S.A. 21784 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American indian, Black, White, etc. 1 Never Married 2 Neprried If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 AND Specify: hours after death. Page 6 may be retained by the hospital or attending page. BY 3 Widowed 4 Divorced WHITE -COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) for use 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) LABORER 2 years page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) 10 CLAUDE HOFFMAN GRACE MATTINGLY notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) PAT WILSON CROWNSVILLE HOSPITAL CENTER, CROWNSVILLE, MD. 2103 3 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State examiner must filled in by the funeral director, on, or removal. 1 ☑ Nurial 2 □ Cremation 3 □ Ren etery, crematory or other place.
CEDAR HILL CEMETERY 3/18/93 SUITLAND, MD. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. da 821 WEST ST. ANNAPOLIS, MD. 21401 the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ea cerdiac or reapiratory arrest, Approximete ahock, or heert fellure. List pnly one cause on each line Interval Between this certificate has been signed by the attending physician and completely filled in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or a IMMEDIATE CAUSE (Final Onset and Death disease or condition \_\_\_\_ - Kespiratory ardio event, DUE TO (OR AS A CONSEDUENCE OF): Pulmonary ble traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Probable 2 Aspiration CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST sphagia 0 shows any Injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS Hypothyroidism, COPD, Hx of Angina Renal AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | NO Pectoris PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER: 1 ☐ YES 2 ☐ NO 1 Ninpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation BY 1 YES 2 NO After t 28s. PLACE OF INJURY — At home, farm, street, factory, offics building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is COMPLETED 8 Could not be DIRECTOR: / 4 Homicide Hem 8 29e. CERTIFIER (Check only Check only PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as attated. FUNERAL ( IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examin nation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and menner as stated, 29b. SIGNATURE AND TITLE OF CONTINUE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE P BE 40257 Attending Physician Jostu ▶ 3/15/93 2 30. NAME AND AN RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin 1400 GENEERALS HIGHWAY CROWNSVILLE, MD. 21032 MARY SOSTRE, MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Bondale MAR 1 9 1993 DHMH-18 Rev 1/89



DHMH-16 Rev 1/89

(	2, 3 should	A STATE OF THE PARTY OF THE PAR
BALTIMORE, MARYLAND 21215-0020	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  7. 3 should be detached for use as the burial-seminant and completely filled in by the tuneral director, page 5 should be detached for use as the burial-seminant and completely filled in by the tuneral director, page 5 should be detached for use as the burial-seminant.	ation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	포프	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		REGISTRAR		CE	:KIIF	CALE OF	DEATH	R	EG. NO.			
			VELL HELD	>				2. DATE OF 1	DEATH DAY	YEAR	3. TIME OF DEATH 1450 M	
		4. SOCIAL SECURITY HUMBER 090-16-5952	5. SEX 6. A	GE (In yrs. less		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De NOV.	18,1918	a. But Co	ATTHPLACE (State or Foreign untry) 2W YORK	
		9a. FACILITY HAME (If not institution, give s	reet and number)			9b. CITY, TOWN	OR LOCATION OF DI			COUNTY O	F DEATH	
	DIRECTOR	Frederick Memo	rial Hospi	tal		Fred	erick			Fre	derick	
33	Ä	10a. STATE 10b. COUNTY	,			TOWN OR LOCA					10d. INSIDE CITY LIMITS?	
3)		Maryland 100, STREET AND NUMBER	Frederick		Bro		Heights,		100	CITIZEN	1 YES 2 NO	
	FUNERAL	6119 Jefferson					21714			Unit	ed States	
	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y Y IF YES, GIVE WAR O	ER IH U.S. ARI ES 2 N B DATES	MED IO	If yes, st	CENDENT OF HISPAI Decify Cuban, Mexica 5 2 NO Specifi	n, Puerto Ricar		8	ACE — American Indian, lack, White, etc. Decily: White	
		15. DECEDENT'S EDU		16a. DE	CEDENT'S U	SUAL OCCUPATI	ON	16b. KIH	D OF BUSINES	S/IHDUSTR	Y	
	COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) 5+			rk done during me retired.) Res	earch -Scienti	st u.s	S. Gave	humoi	nt	
nce.	MO	17. FATHER'S HAME (First, Middle, Last)		LAEC	ucco	Secry	18. MOTHER'S NA				~	
ed at once	BE C		Maxwell		_		Ide	z	Blitze	r		
notified	2	190. IHFORMANT'S NAME (Type/Print) Stephen L. Held					and Number or Aural of Ly Ct./Lo			0723		
eg 1		20a. METHOD OF DISPOSITION				DISPOSITIOH (N		DATE			Town, State	
must		1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	SWU Ore	หรือเป็	ig Crem	atory		Smiths	burg,	Md.	
niner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	NO ADDRESS OF FA	CRITY			ral Home	
medical examiner		Raymond	Peters	ne		P.O.	BOX 1819,	Frede	erick, M	ld. 2	1702	
		23. PART I. Enter the diseases, or of shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A S C V	D each line							Approximata Interval Between Onset and Death	
, or other traumatic event, the	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. Due TO (OR AS A CONSEQUENCE OF):  d										
23 shows any injury,	MEDICAL	PART II. Other aignificant condition	s contributing to deat	h but not n	eaulting in	the underlyin	g cause given in		PERFORMED?  YES 2 1 N		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
item 23	Y S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOOP				LACE OF DEATH (Ch	eck only one)				
or item	SIC	1 St YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/0	Outpatient 3		OTHER:        Nursing Hor	ne 5 Residence	8 Other (Sp	ecify)			
28 is marked, or	PHYSICIAN:	27. MANNER OF DEATH  1 M Heturel 5 Pending	26a. DATE OF INJU (Month, Day, Ye.		28b. TIME INJU	RY W	JURY AT DRK?	26d. DESCRI	BE HOW INJURY	OCCURED		
Har.	B	2 Accident Investigation	200 81 405 05 111	IPW As be-			YES 2 NO					
28 18	ETED	3 Suicide 4 Homicide  3 Could not be datermined  3 Suicide 5 Could not be datermined  4 Homicide  3 Could not be datermined  3 Could not be datermined  4 Could not be datermined  5 Could not be building, stc. (Specify)  5 City or Town, State)										
F. If Item	COMPLE	onel	CIAN: To the best of my k								ne(s) and manner as stated.	
PORTANT		296_BIGNATURE AND TITLE OF CERTIFIER										
IMPORTANT: IF	TO BE	Robert RR	Roberts	MD			DO98	67	29d.	O 3	1ED (Month, Pey, Year)	
		30. NAME AND ADDRESS OF PERSON WH RRR ROBERT					DERICK	Md	2170	1-3	1-599	
	ĺ	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S		B 1.~							

BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physici by the funeral director, page 5 should be detached for use as the buriath man	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,  BALTIMORE, MARYLAND 21215-0020  HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician. FUNREAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Payment after death with the State Detar of Health and Merial House to burial, cremation, or removed.	the same of the sa

examiner must be notified at once.

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injury, or other traumatic event,

shows any

Item 23

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marked,

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TO THE HOSPITAL OF TO THE FUNERAL D BE filed within 72 ho

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR Lawrence C. Hayward

4. SOCIAL SECURITY NUMBER

5. SEX 03 7:45 DM 93 5 SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MÄRCH 21,1923 KELLAR, VAL 218-16-8891 A 69 HOURS 1 X M 2 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Deer's Head Center Salisbury Wicomico 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD. WICOMICO SALISBURY 1 YES 2 NO 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? RTE. 2, BOX 916 21801 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \( \) YES 2 \( \) NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cubsn, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify BY 3 Widowed 4 Divorced **BLACK** COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 10th LABORER RETIRED PLANT MANAGER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ISSAC HAYWARD ANNIE MAE STOKLEY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 LILLIE MAE HAYWARD ADDRESS SAME AS ABOVE 29a. METHOD OF DISPOSITION
1 A Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE "SPRINGHILL" MEMORY GARDEN 3-13 HEBRON, MD. 22 NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOLLEY MEMORIAL CHAPEL, RTE. 2, BOX 920 srella 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ea cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition resulting in death) a. End stage Renal failure
DUE TO (OR AS A CONSEQUENCE OF): Diabetic Mellitus CERTIFICATION years Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO Remote cerebravascular accident COMPLETION OF CAUSE 1 TYES 2 NO Arteriosclerotic cardiac disease with history myocardial 1 TES 2 NO PHYSICIAN: in farction / angina 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 X Inpatient 2 ER/Outpatient 3 DOA ome 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check ank) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE A Dulany M. D. 31 23 D33905 2 30. NAME AND GORESS OF PERSON WHO COMPLETED QUUSE OF GEATH (ITEM 27) (Type, Print) any P.O. Bo Dr. Virginia Dulany Box 2018 Salisbury, Waryland 5

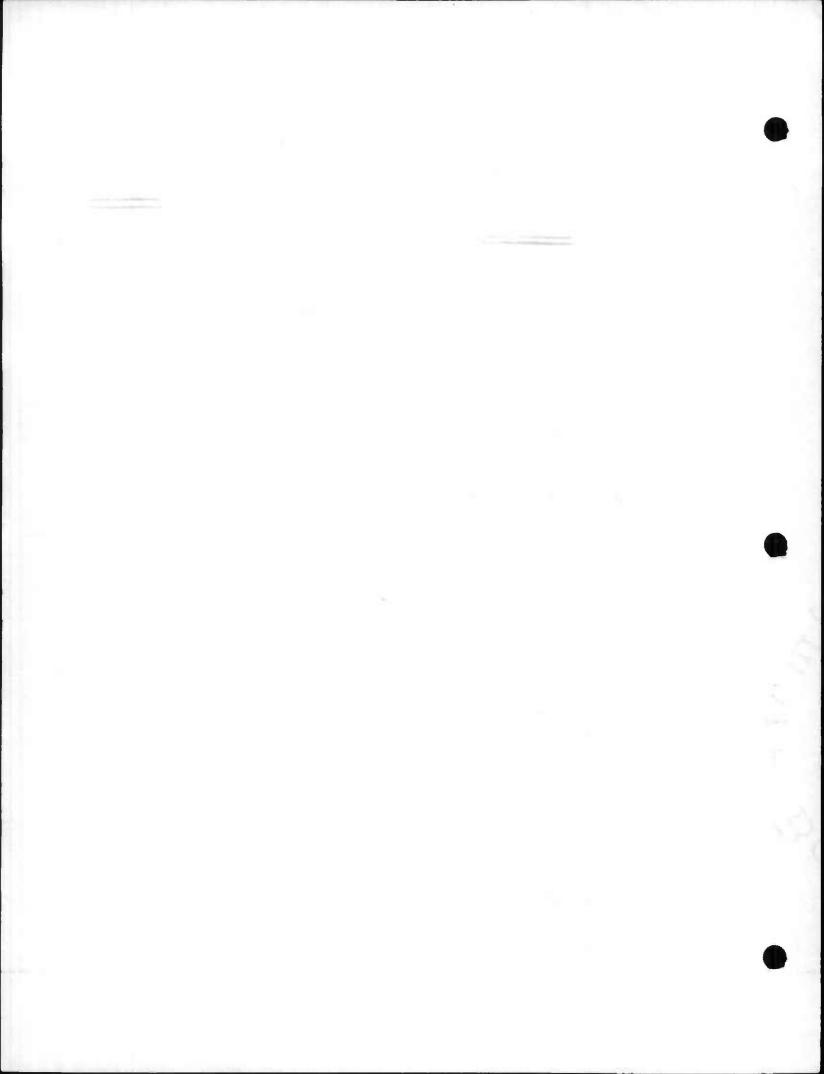
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pane	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

ITEMS: 9c, 10b, PER F.H. G-699 5/5/93 t.t 93 09390 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY YEAR MARCH 16 1993 3. TIME OF DEATH HARASYMFNIM Marfa 22/2

4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE	(In yrs. les	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTHPI	LACE (State or Foreign
218-30-0813	3	1 🗆 M 2 🗽 F		69	YRS.	MONTHS	DAYS	HOURS	MINE.	(Montt	19/	23	Ukra	
Sa. FACILITY NAME (If not in	nstitution, give s	street and number)				9b. CIT	Y, TOWN C	R LOCATI	ON OF D	,	,			
PENINSULA	REGION	AL MEDIC	AI. C	ENTE	R		ALIS					WO	R C E S	TER
RESIDENCE OF DE	CEDENT		.111		111		TILLI)	DORT				14	LOUITI	00
10e. STATE	10b. COUNT	WORCES	TER		10c, CIT		OR LOCAT						1	IOd. INSIDE CITY
Maryland		romico				Sal	ísbu	ry					1	YES 2 NO
10e. STREET AND NUMBER							101	ZIP COD				10g. CIT	IZEN OF WH	AT COUNTRY?
1932 St.	Lukes							218	301			Uk	raine	
11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1	T EVER II	N U.S. AR	MED NO	13.	WAS DEC	ENDENT (	OF HISPAI	NIC ORIGIN on, Puerto I	7 (Specify Yes	or No-	14, RACE - Black	- American Indian, White, etc.
3 Widowed 4 Dive		IF YES, GIYE Y	WAR OR D	ATE9				2 NO			, , , , ,		Specify:	
	EDENT'S EDU				CEDENT'S				na	16b.	KIND OF BU	SINESS/IN		
Elementary/Secondary (		College (1-4 or 5	+)	Ma	. Do NOT u	se retired.	ourng mo	SI DI WORKI	19					
6				f	arme	r					agricu	ltur	e	
17. FATHER'S NAME (First, A								18. MOT	HER'S NA	ME (First, A	Aiddle, Maiden	Sumame)		
Maksym (u	nk) Ho	lubyckyj						M	ylan	ia	(unk)	Fedo	renko	
19a, INFORMANT'S NAME (											er, City or Tow			
Nick Nolub					Rt.	2, B	ox 1	4, P	arso	nsbu:	rg, MD	. 21	849	
20s. METHOD OF DISPOSIT	ION on 3 🗆 Rem	oval from State			AND DATE			me of		DAT	20c. LO	CATION —	City or Town	n, State
4 Donation 5 Other	(Specify)				rews l	Jkrain	nian d			3/1	9 S.E	ound	Brook,	NJ
21. SIGNATURE OF FUNERA	IL SERVICE LIC	CENSEE	1	01	1	22	HO11	OWAV	SS OF FA	ciuty eral	Home			
1/2	S	1.14	606	4	wa			_				isbu	rv M	d. 21801
23. PART J. Enter the d	Iseeses, Dr	complications the	t cause	d the de	at - 56 /									Approximate
shock, or h	eart fallure.	List only one cat	se on e	ach live							·			Interval Between Onset and Death
IMMEDIATE CAUSE (Fig disease or condition	nel	F	no.	imo	nia									- /
resulting in death)	~	8	, ,		OUENCE O									5 days
		. /	nita	n/	V.	Alve		Ke	gur	gi ta	tion			2 years
Sequentially list condit if any, leading to imme		DUE TO	(OR AS A	CONSE	OUENCE O			- (	1	1 11	7,			1 /
cause. Enter UNDERLY	ING	c												
CAUSE (Disease or Injuthat Initiated events		DUE TO	(OR AS A	CONSE	OUENCE O	F):							-	
resulting in death) LAS	T L	d												
PART II. Other significa	ent condition	na contributina to	death b	eut not r	resulting	in the u	nderlyin	T COURS .	alven In	Part I	24a. WAS AN	ALITOREV	1 245 8	VERE AUTOPSY FINDINGS
	neost				Counting		noon y m	9 00000	givon in		PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
01-5	1									— 1	1 TYES 2	100		OF DEATH?
Ubes	179												1	YES 2 NO
25. WAS CASE REFERRED 1	70 MED:04:													
EXAMINER?	O MEDICAL	HOSPITAL:				OTHE		ACE OF D	EATH (Ch	neck only on	0)			
1 YES 2 NO		1 inpatient 2		patient 3	,		_		esidence	6 Othe				
	Pending Investigation	* 28a. DATE Of (Month, E			28b. Till IN.	JURY M	28c. INJ W0	PIC?	NO	26d. DES	CRIBE HOW I	NJURY OC	CURED	
2 Culette	Could not be	28e. PLACE C building.	F INJURY		ome, farm,	street, fac	tory, offic	•			ATION (Street or Town, State)		r or Rural Roo	ute Number,
29a, CERTIFIER														
(Check only		ICIAN: To the best of												
2 MED	ICAL EXAMINE	:H: On the basis of a	xaminatio	n and/or	investigatio	on, in my	opinion, d	eath occu	red at the	time, date	end place, ar	d due to t	he cause(a) i	and manner as stated.
296. SIGNATURE AND TITE	OF CERTIFIE	a -		Mr.	)			Ph.	LI81			29d. DA	7 SIGNED (1	Month, Day, Year) 93
30. NAME AND ADDRESS O T. Steve	7	O COMPLETED CAU	SE OF DE		M 27) (Type	Print)	e Z	Sluf.	7	Rd	Sale	shu	u M	10815 (
31. DATE FILED (Month, Day,	793	Julia David	AR'S SIGN	ATURE	00	-				` /	2017	/		
MAK 10 B	777	grave vauta	JON-1	milano										



	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H			HYGIENI REG. NO.	E 3.	) (	19391
8	1. DECEDENT'S NAME (First, Middle, Last) HELEN P.			Ho	MAN	2. DATE OF MONTH	DA	9 0	YEAR 3	O 300 M
	4. SOCIAL SECURITY NUMBER  049-16-6589  9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🖵 🗜	70 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI			22 I	enn	ACE (State or Foreign
CTOR	PENINSULA REGION	NAL MEDICAL C	ENTER		BURY	EAIR			MICO	
FUNERAL DIRECTOR	Md. Wic	omico		alisbu	ry				1	Od. INSIDE CITY LIMITS?  YES 2 NO
VERA	1514 Riversi		313	10	21801				EN OF WH	AT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexics 2X NO Spect	m, Puerto Ric		- American Indian, White, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w Me. Do NOT us	rork done during mo e retired.)	ON st of working		of Bus	INESS/INDU		
WO	17. FATHER'S NAME (First, Middle, Last)	•	110 abe w	110	18. MOTHER'S NA					
BE C	Robert Delmar	Patterson			Neve	tta l	lez1	p		
0	19a. INFORMANT'S NAME (Type/Print)				nd Number or Flural					
	Stokes Homan 20a, METHOD QF DISPOSITION	Tage	1514			Sali		ATION - C		land21801
	1 Burial 2 Gremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Eastern	Shore	Crem.	1				, Del.
	21. SIGNATURE OF FUNERAL SERVICE LIC		7		D ADDRESS OF FA					1 Home
	"Secald (	Down	N	705	East Ma					Md 21801
,	23 PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on e	the death. Do not have like a						st,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OR AS A	CONSEQUENCE OF	):	ispula					in way
	PART II. Other significant condition	na contributing to death h	ut not resulting i	n the underlyin	r cause alvan In	Part I 2	4a. WAS AN	urmoev	Lan	PERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		PERFOR	MED?	C	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF GEATH (Ch	eck only one)				
Sic	EXAMINER?	HOSPITAL:	entlent 3 DOA	OTHER:	e 5 🗆 Residence	6 Other (5	Specify)			7
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIMI INJI	URY WO	RK?	28d. DESCF	NOH 3815	IJURY OCCL	PRED	1
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	" ' '	/ES 2 NO	281. LOCATI City or	ION (Street e Town, Stete)	nd Number o	r Aural Rou	ite Number,
COMPLETED		ICIAN: To the best of my know ER: On the basis of examination								and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R	-		29c. LICENSE NUI			29d. DATE	SIGNED (N	fonth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	3010		10-		18-	23
	540 RIVE 31. DATE FILEO (Month, Day, Year)	rside Dr	Sal	1564	ry, M	4.7	180	//		
4	MAK 19 1993	32, REGISTRAR'S SIGN	pandale							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. For the site of the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. For the site of the **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

	CONTRACTOR OF THE CONTRACTOR O
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the burial-transit ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Reath and Mental Hygiene prior to burial, cremation, or removal.
if death. Page 6 may be retained by the hospital or attending physician.	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be instained by the hospital or attending physician.
<b>BALTIMORE, MARYLAND 21215-0020</b>	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

1 - FOR STATE REGISTRAR		STATE OF MA		/ DEPAR						HYGIEN REG. NO		93	093
1. DECEDENT'S NAME (First, Mid	idie, Last)	Margare	t Ell	en H	ORNE	3			2. DATE OF	DEATH	Aw	YEAR	3. TIME OF DEA
Margaret		Norna							3	2		1983	03.30
4. SOCIAL SECURITY NUMBER		,	. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF (Month, L				IPLACE (State or F
224-09-0813		1 🗆 M 2 🔀 F	93	YRS.	months :	DAYS							rginia
9e. FACILITY NAME (If not institut	tion, give s	treet and number)			9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY (							EATH
Washington Co	unty	Hospital			Hagerstown WASHINGT								TON
RESIDENCE OF DECED	ENT b. COUNTY	,		I too CIT	Y, TOWN O	D LOCA	LION						10d. INSIDE CIT
		ington			Sharp								LIMITS?
10e. STREET AND NUMBER					01101		. ZIP CODE	:			10a CII	TIZEN OF Y	1 YES 2 WHAT COUNTRY?
207 S.Mechan	ic S	t.					217					SA	WILL COOK INTO
11. MARITAL STATUS		12. WAS DECEDENT	YES 2	ARMED NO					VIC ORIGIN?		or No-	14. RACI	E — American Ind k, White, etc.
1 Never Married 2 Marri 3 Widowed 4 Divorced		IF YES, GIVE WAR		greo.			2 NO	Specifi	in, Puerto Ric y:	an, etc.;		Spec	Mr
													" USA
15. OECEDER (Specify only high			16a. E	Give kind of the Do NOT u	work done o	CUPATI luring m	ON ost of working	g	16b. K	IND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5 +) HOUSE									1 1	Home			
17. FATHER'S NAME (First, Middle,	, Last)					_	18. MOTH	ER'S NA	ME (First, Mid	rile Mairien	Sumamel	-	
Beni	nett	_		Hilt	on			Sara			_	1	Mandona
19e. INFORMANT'S NAME (Type/F	Print)		1		ILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							14.140114	
Cindy Lohman				P.0	.Box	# 5	1 Sh	narp	sburg	,MD 2	1783		
20a. METHOD OF DISPOSITION 1 (X Burlel 2 (Cremetion 3	3 🗆 Reme	oval from State		E AND DATE					OATE	20c. LO	CATION -	City or To	rwn, State
4 Donation 5 Other (Spe	iclly)		Mt.Vie	w Céme	or other place) March 24,1993 Sharpsburg,MD 21							ID 21783	
21. SIGNATURE OF TUNERAL SE	RVICE LIC	ENSEE	10		22. [	ROP	NE EL	S OF FA	AL HOI	VE.			
11/902/		-Clara	v-						Will:		ort	MD 2	1795
23. PART I, Enter the disease	ses, or o	complications that	aused the c	leath. Do									Approxin
shock, or heart	fellure.	List only one ceuse	on each lir	10.									Interval I
disease or condition		0	+0	. <	15-1	)	2010						Oliset an
resulting in death)	9	000 10 10	R AS A CONS	EQUENCE O	rail	w	٩						
		0.		Th	- F-137								j
Sequentially list conditions if any, leading to immediate		OUE TO (O	R AS A CONS	EQUENCE O	F):		-						-
cause. Enter UNDERLYING	•												
CAUSE (Disease or injury that initiated events	)	DUE TO (O	R AS A CONS	EOUENCE O	F):								
resulting in death) LAST		d											
	-												

PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

24a. WAS AN AUTOPSY PERFORMED?	
1   YES 2   NO	

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

Approximata Interval Betwe **Onset and Death** 

93 09392

3. TIME OF DEATH

0330 8. BIRTHPLACE (State or Foreign Virginia

> 10d. INSIDE CITY 1 YES 2 NO

14. RACE — American Indian, Black, White, etc.

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 🗆 Nu

1 YES 2 NO nce 8 - Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural

1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a, CERTIFIER

2 MEDICAL EXAMINER: On the beels of ea 29b. SIGNATURE AND TITLE OF CERTIFIER

Vo WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print)

RADFORD

6 Could not be

1799

388

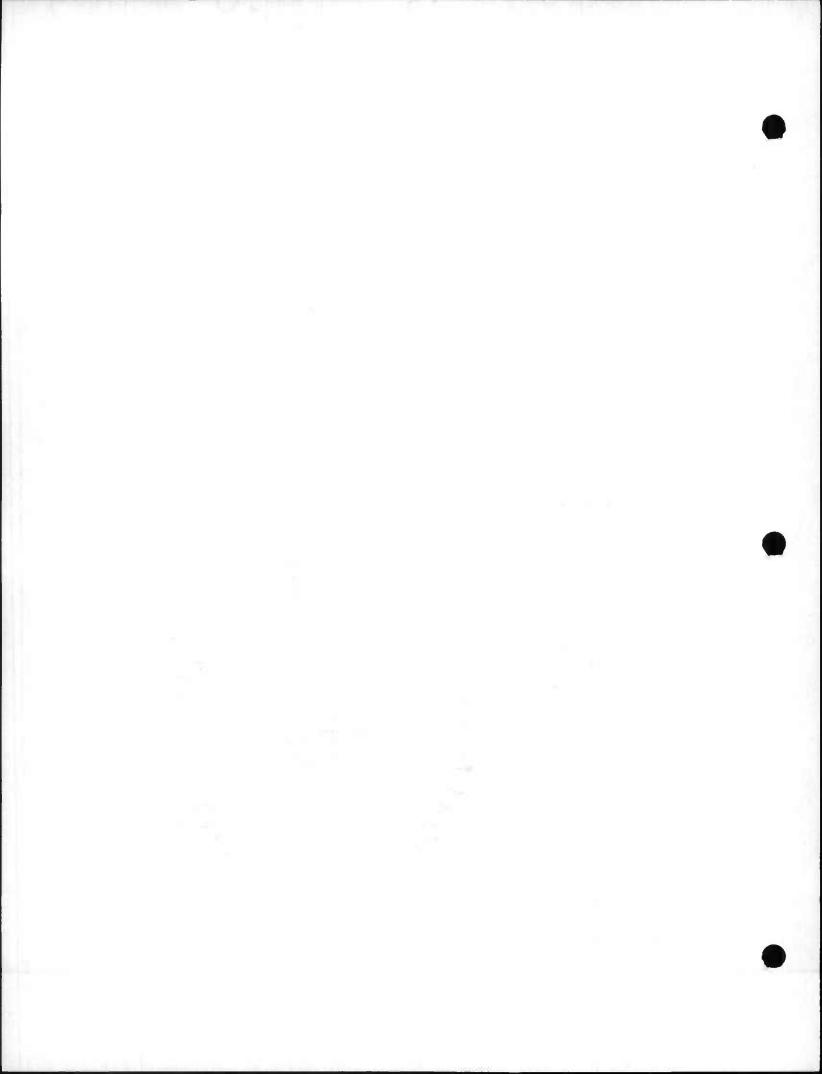
31. DATE FILED (Month, 1993

2 Accident

3 Suicide

4 Homicide

32. REGISTRAR'S SIGNATURE



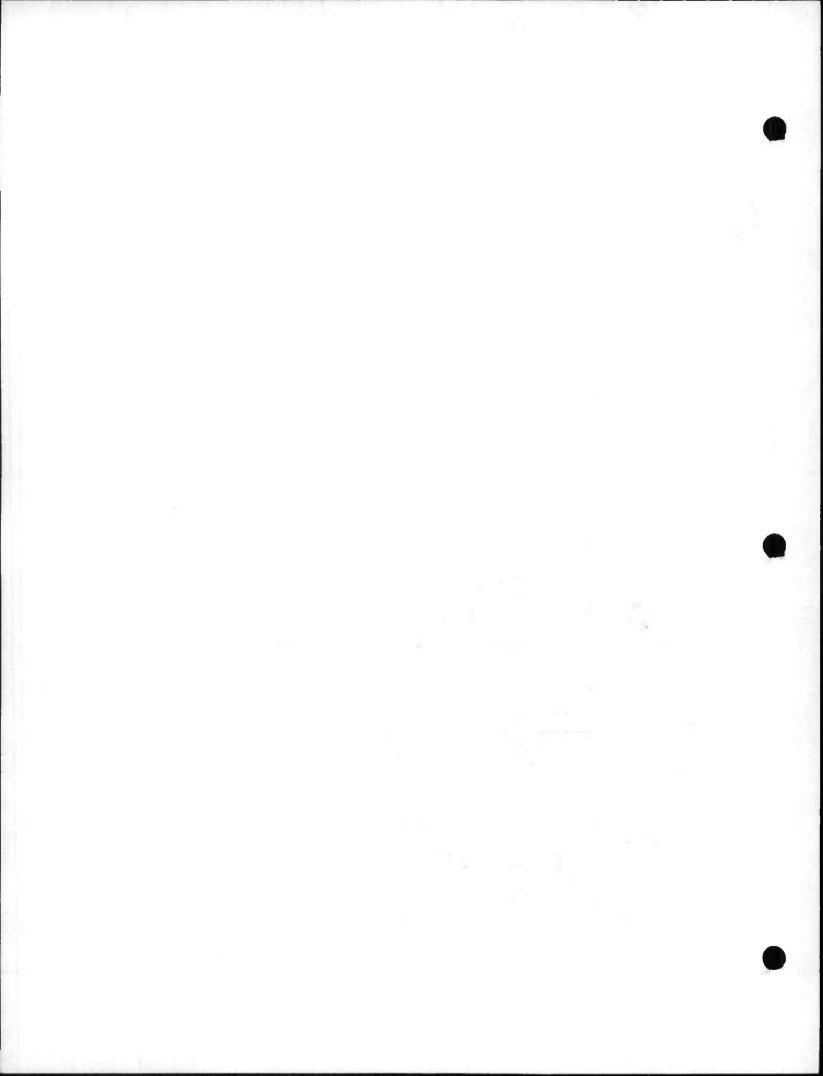
	1	•	FOR STATE REGISTRAR
--	---	---	---------------------------

	1 - STATE REGISTRAR	SIA	IE UF MA			ICATE				AENTA	REG. NO.	E		
	1. DECEOENT'S NAME (First, Midd JAMES H.	HOFF	MAN	James He	enry	Hof	fman	ı		2. DATI	OF DEATH	1	93	3. TIME OF DEATH
))	4. SOCIAL SECURITY NUMBER	5. SEX	1 2 □ F	AGE (In yrs. last t	oirthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mon	OF BIRTH (h, Day, Year)		Country	PLACE (State or Foreign ) Jersey
Œ	90. FACILITY NAME (If not institution Washington Co		,					R LOCATION	ON OF DE				NTY OF DE	ATH
5	RESIDENCE OF DECED		sprtar			IIa	gers	COWII				was	hing	con
DIRECTOR		COUNTY Washing	ton			y, town o		ION						10d. INSIDE CITY LIMITS? 1 YES 2 K NO
	10e. STREET AND NUMBER							ZIP CODE				10a, CIT	IZEN OF W	HAT COUNTRY?
ER/	13707 Dixie	Drive						2174	2				S.A.	
FUNERAL	11. MARITAL STATUS	12, WA	S DECEDENT E	VER IN U.S. ARM	ED	13. \	MAS OECI	ENDENT O	F HISPANI	IC ORIGI	N? (Specify Yes		14. RACE	- American Indian,
ВҰ	1 Never Married 2 Marri 3 Wildowed 4 Divorced	IF:	res, give war rld War						n, Mexican Specify:		Rican, etc.)		Specif	White
COMPLETED		IT'S EDUCATION lest grade complete		16a, DECE	DENT'S	USUAL OC	CUPATIO	N of unadria		16	b. KIND OF BUS	INESS/INI	DUSTRY	
9	Elementary/Secondary (0-12)		e (1-4 or 5 +)	Me. D	o NOT us	se retired.)	rorning mos	H OF WHOTHER	v					
MP	9 yrs.			Lak	ore	r					Trucki	ng M	fg.	
္ပ	17. FATHER'S NAME (First, Middle,		_							AE (First,	Middle, Maiden S	Sumame)		
BE	James C.  19a. INFORMANT'S NAME (Typo/P)	Hoffman	1	Im				_	nes					Delhagen
5	Ruth G. Hoffma			1							stown,			21742
	29a. METHOD OF DISPOSITION 1 → Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec		n State	20b. PLACE AN cemetery, cremit Cedar	D DATE	or disposi	TION (Nat	me of	3_17_	. 199	3 Hage	ersto	City or Ton	m, State Maryland
	21. SIGNATURE OF FUNERAL SEP	RVICE LICENSEE				22.1	NAME AN	D ADDRES	S OF FAC	HLITY				
	Douglas A	Fierv				Fu	nera	1 Ho	Fie:	Hage	erstown	. Ma	rvla	n Blvd.
	23. PART i. Enter the disease shock, or heart	es, or complic	ations that co	on each line	h. Do r	not enter	the mod	de of dyi	ng, such	es car	disc or respir	ratory an	rest,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		ومر	2001	1-10	res.	+							Onset and Death
_		(	DUE TO (OF	AS A CONSEQUENT AS A CONSEQUEN	ENCE O	1. AL	^							
Ő.	Sequentially list conditions, if any, leading to immediate	b	DUE TO (OF	AS A CONSEQU	ENCE O	F):	1		_	0				1
S	cause. Enter UNDERLYING CAUSE (Disease or injury	2 . (	10001	, Bour	12 ?	wy	er c	1:46	,	wfo	ne it on	٦		
CERTIFICATION	that initiated events resulting in desth) LAST	d. 12	DUE TO (OR	as a consequ	Sic.	P:	2:0	. No	en en	Qu	D	سلوهم	٤	lears
	PART II. Other significant co	onditions contr	ibuting to de	eth but not res	uiting	in the un	deriving	ceuse o	iven in f	Part I.	24s, WAS AN /	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
ICAL	Diane		1000				, .		,		PERFORI			AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MED										_	I I TES 3	MO.		OF DEATH?
ä														
SIA	25. WAS CASE REFERRED TO MEI EXAMINER?							ACE OF DI	EATH (Che	ck only o	ne)			
, Sic	1 TES 2 NO		PITAL: patient 2 - EF	R/Outpatient 3	DOA	OTHER		5 Ra	sidence (	5 🗆 Oth	er (Specify)			
	27. MANNER OF OEATH  1 Natural 5 Pendi	Ing	(Month, Day,		26b. TIM INJ	E OF URY M	28c. INJL WOF	RK?	NO ON	28d. OE	SCRIBE HOW IN	LJURY OC	CURED	
ED BY	3 Suicide 6 Could	f not be	e. PLACE OF IN building, atc.	JURY At home (Specify)	e, ferm, s	street, facto				28f. LO	CATION (Street as or Town, State)	nd Number	or Aural A	oute Number,
<u> </u>														
COMPLETED	(Check only	IG PHYSICIAN: To EXAMINED: On th												and manner as stated.
BEC	299L SIGNATURE AND TITLE OF	ентики	0	w	-			29c. LICE	NSE NUM		12		-0	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PER	ISON WHO COMP	ETED CAUSE	DE DEATH OTEM	27) (Turn	Drine1		20	, ,	1 sh	20	10	2 14/6	ret 1993
	Why M. Fan	2~ w	(25)	38€	An	Jr es	nest	St	. 13	Ja	J-wide	Men	W.	D 20710
	31. DATE FILED (MONTH DON NOOT)	3	REGISTRAR'S	SIGNATURE	Ξ				/	,	)			

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



REG. NO.

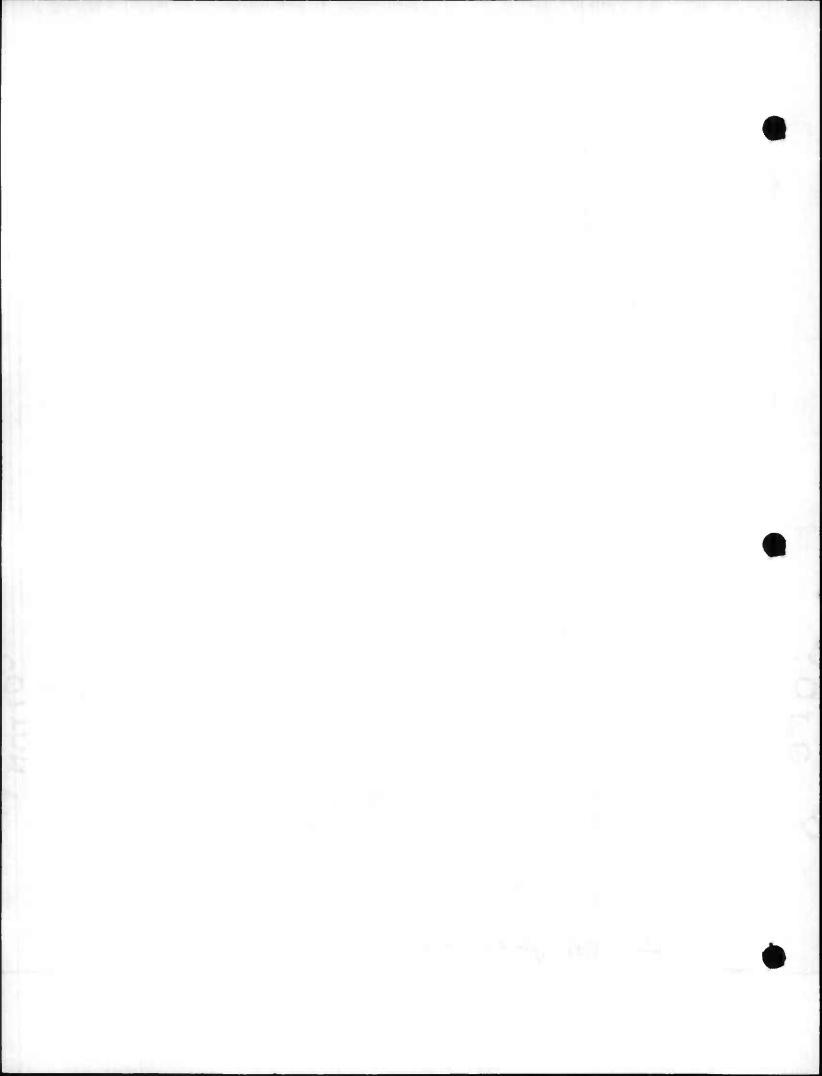
रव		醌.
1	æ	20
1215-0020	r attending physiclan.	use as the bunial-transit permit. Pages
BALTIMORE, MARYLAND 21215-0020	ay be retained by the hospital or	page 5 should be detached for
BALTIMOF	4 hours after death. Page 6 m	filled in by the funeral director,
RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit. Pages and Health and Merial Honison prior in bunial cremation or compared

DIVISION OF VITAL

1. OECEDENT'S NAME (First, Middle, Last) Nevin Junior HAWBAKER 2. DATE OF OEATH 3. TIME OF DEATH AWBAKER 4 SOCIAL SECURITY MUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) Penna. 66 1 M 2 F 2/-9a. FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WASHIL 46ERS AS UNGTIL FUNERAL DIRECTOR CUNT TALUL RESIDENCE OF 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY ML HAGERS TOWN 15412 6772 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 42 21740 U. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Culpan, Mexican, Puerto Rican, etc.)

1 YES 2 60 Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 W Marr IF YES, GIVE WAR OR DATES ВҰ 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) electrician railroad 8 0 medical examiner must be notified at once. 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Audious Gordon Melvin Hawbaker BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dorris L. Hawbaker 427 Ridge Ave., Hagerstown, Maryland 21740 20a. METHOD OF DISPOSITION

1 X Burlei 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Orchard Ridge Church of God 3-18 Hancock, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 21 415 E. Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on Interval Betw IMMEDIATE CAUSE (Final Onset and Death 23 shows any injury, or other traumatic event, the disease or condition Qua resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ticem CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO 1 TES 2 NO PHYSICIAN: has HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF DEATH (Check only one) r this certificate h HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending investigation DIRECTOR: After the hours after death w 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 28 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2 29s. CERTIFIER (Check only 1 🗆 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de occured at the time, date and place, and due to the cause(s) and manner as stated, 29d. DATE SIGNEO (Month, Day, Year) BE 2147 116/9 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HERD 12821 lowr. wo 32. REGISTRAR'S SIGNATURE

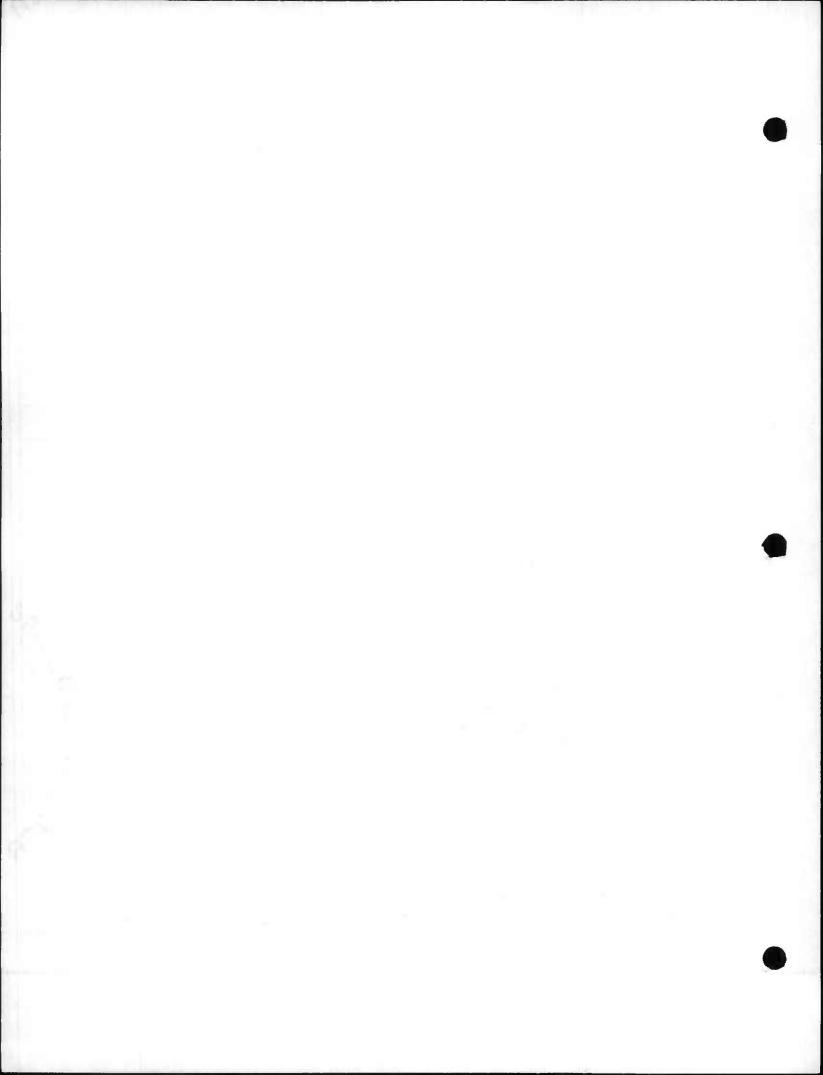


93 09395

	1	<b>S</b>
AND 21215-0020	he hospital or attending physician.	ached for use as the burial-transit permit, Pages

DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hot TO THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the funeral director, page 5 should be detach by the director, page 5 should be detach by the director, page 5 should be detach.	DIVISION OF VITAL RECORDS, P.O. BOX 68760,
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	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.		0 0 0 0		
	1. DECEDENT'S NAME (First, Middle, Last)	Virginia H	eefn	ev		2. DATE OF MONTH			3. TIME OF DEATH  3. 5:45 PM		
	4. SOCIAL SECURITY NUMBER 212-24-3306	5. SEX 6. AGE (In yrs. lest I		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		Decem	<del>ыктн</del> ber2,	1913 Mary land			
TOR	Washington County			Hagerst		DEATH		Washi			
DIRECTOR	10e. STATE 10b. COUNT	ngton		y, town or Loca 1 i amspor				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 112 N. Conococheague Street 21795 USA								OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES			CENDENT OF HIS lecify Cuban, Mea 3 2 NO Spi	ican, Puerto Rica			RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u HOUSE	work done during mose retired.) Wife	DN ost of working	16b. KII	Home	SINESS/INDUST			
BE CON	17. FATHER'S NAME (First, Middle, Last) Frank (Nmi)	Pryor			Lilli	an May	Ward				
2	Jane E. Robertson		196. MAILING 112 N	. CONOCC	nd Number or Ru ocheague	St. Wi	illia	n, State, Zip Cod MSPORT	, MD 21795		
	20e. METHOD OF DISPOSITION  1	ur	netery, chametery or deep lawn	Men. Par	k 3-19-		1	liamsp	ort, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LI	-Olo			ne Fune amsport		ne P	1795 <sup>Bo</sup>	x 348		
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on a	each line.	not enter the move		uch es cardled	or respi	ratory arrest,	Approximete Interval Between Onset and Death 57 473		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Lirenta - Anemia - Cachexia 1 yes 2 no Completion of Cause OF DEATH?  Casstro-intestinal Blassing 1 yes 2 no										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	petient 3 🗆 DOA	OTHER: 4 (2) Hursing Hor	LACE OF DEATH	exercise in Sec	pecify)				
ВУ РН	27. MANNEB-OF DEATH  1 Return S Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, West)		M 1	HURY AT DHK? 2 NO			NUMY OCCUME			
	3 Suicide 6 Could not be 4 Homicide determined	Duttding: etc. (Specify)									
COMPLETED		ICIAN: To the best of my know ER: On the basis of examination							use(s) end manner se stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	MX	MI		29c. LICENSE P	936		29d. DATE SIG	GNED (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WI	Kit	Wi	Prince 28 W	1. Potom	ac St.		Mo	21795		
	MAR 18 1993	32. REGISTRAR'S SIGN	ATURE		/						



		FOR
1	_	STATE
		REGISTRAR

2/8

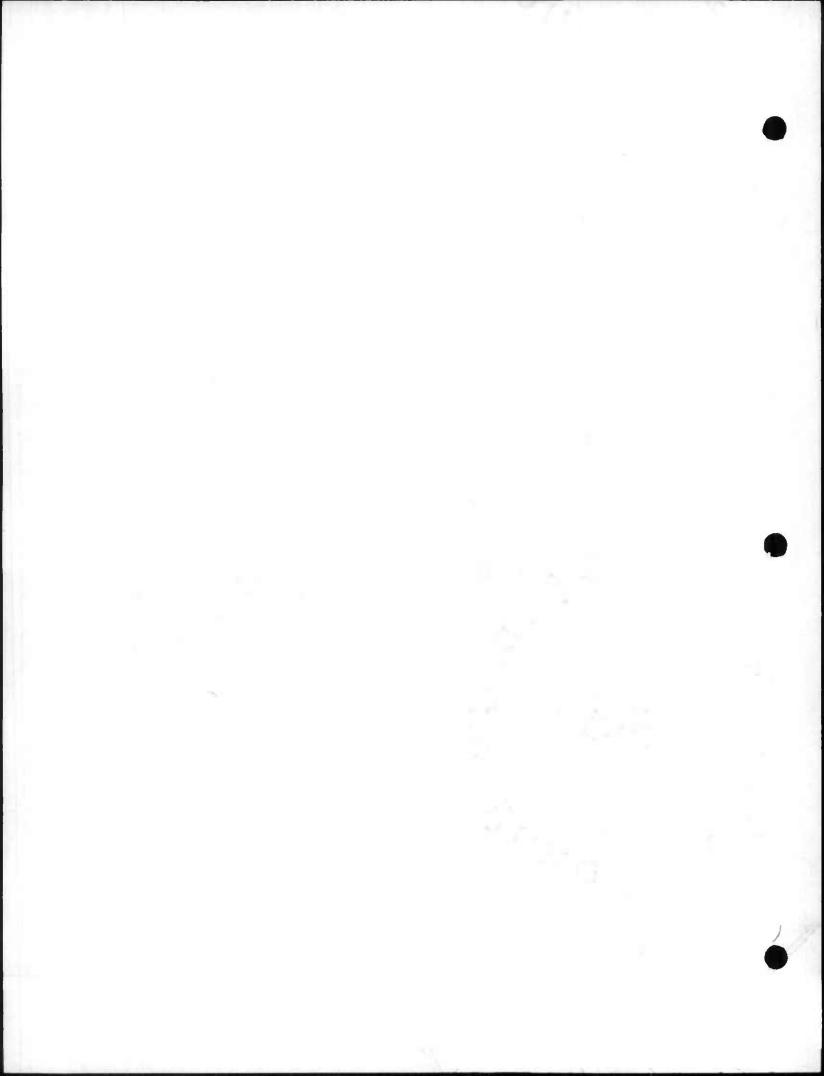
DITHE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit is many after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MA	CE	RTIF	ICATE	E OF	DEAT	TH		RE	G. NO.					
	1. DECEOENT'S NAME (First, Middle, Last)								2. DAT	TE OF DE	EATH DA	,	YEAR	3. TIN	E OF DEATH	
		NATHANIE	L	HARV	ΈΥ.	Jr.				13	12		93	14	+10	М
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DAT	TE OF BII	RTH Mari		8. BIRTH	HPLACE	(State or For	eign
	263 56 7261	1 X M 2   F	51	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 07/22/41				Sarasota, FL.			
HO	9e. FACILITY NAME (If not institution, give street and number)					VERI	R LOCATH	ON OF DE	ATH			9c. COU	NTY OF E	DEATH		
5	RESIDENCE OF DECEDENT															
DIRECTOR		e Georges		200	y, town o		on ghts							L	NSIDE CITY JIMITS? YES 2 1	+0
A	10e. STREET AND NUMBER					101	ZIP CODE	Ε				10g. CIT	ZEN OF	WHAT C	OUNTRY?	
FUNERAL	5812 Crown Street						2074	3				Unit	ed S	Stat	es	
5	11. MARITAL STATUS	12. WAS DECEDENT E	YES 2 N									Yes or No.— 14. RACE — American Indian, Black, White, etc.				n,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		0			2 X NO			to HICEN,	etc.)		Spec		o, otta	
													B1a	ck		
I	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Giv	re kind of v	VORK done		N st of workin	g	1	I6b. KIND	OF BUS	INESS/IN	DUSTRY			
٣	Elementary/Secondary (0-12)	College (1-4 or 5+)			e retired.)											
COMPLETED			MECI	HANI	C					METE						
	17. FATHER'S NAME (First, Middle, Last)	an.						HER'S NA			Maiden :	Sumame)				
BE	NATHANIEL HARVEY,	SK.				_		Y JA								
2		/ /// TTT					nd Number									
	MARY BAILEY HARVEY	(WIFE)					. Ca	pito								
	1 Burial 2 Cremation 3 X Remo	oval from State	20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place) CARLOS FUNERAL HOME									CATION —				
	4 Donation 5 Other (Specify)	FNSFF	CARLO	S FU.			ME ID ADDRES	DE OF EM		T8 [5	SARA	SOTA	,FL	342	34	
	11/ 1	P	1	40.50			NDER			E FL	JNER	AL H	OMES			
	mes s.	1 ores	to I	M859											20747	
					<u> </u>	538	Marl	<u>ooro</u>	P.L	VE .	OLE	SLVI	He.	MO.		
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications that c	aused the des	ith. Do r	not entar	tha mo	Marl de of dyl	ng, such	h ss ca	ardiac o	or respli	ratory an	rest,	1	Approxima	
	shock, or heart failure. I IMMEDIATE CAUSE (Final	omplications that c List only one cause	aused the dea on each line.	nth. Do r	not entar	tha mo	Marl de of dyl	ng, suci	h ss ca	ardiac o	or respli	ratory an	rest,			tween
	shock, or heart failure. I	omplications that c List only one cause	saused the dea on anch line.	ith. Do r	not entar	tha mo	de of dyl	ng, such	h 88 C	ardiac o	n respli	ratory an	rest,		Approxima Interval Be	tween
	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	List only one cause	aused the dea on aach line.	UENCE OF	not entar	tha mo	de of dyl	ng, such	h 88 C	ardiac o	n respli	ratory an	rest,		Approxima Interval Be	tween
NC	shock, or heart failure. I	List only one cause	on each line.	UENCE OF	not entar	tha mo	de of dyl	ng, such	h 88 C	ardiac o	n respli	ratory an	rest,		Approxima Interval Be	tween
ATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	List only one cause	on each line.	UENCE OF	not entar	tha mo	de of dyl	ng, such	h 88 C	ardiac o	n respli	ratory an	rest,		Approxima Interval Be	tween
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TIFICATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	List only one cause	on each line.	UENCE OF	not entar	tha mo	de of dyl	ng, such	h 88 C	ardiac o	n respli	ratory an	rest,		Approxima Interval Be	tween
CERTIFICATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	List only one cause	on each line.	UENCE OF	not entar	tha mo	de of dyl	ng, such	h 88 C	ardiac o	n respli	ratory an	rest,		Approxima Interval Be	tween
AL CERTIFICATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions	DUE TO (OI	R AS A CONSECUTION OF RAS A CO	UENCE OF	A Company	the mo	ie ie	Car Van	nd wice	erdiac o	Cear Later	las	en Lbl	). WERE	Approxima Interval Be Onset and  Autopsy Fin	Spinings tweeth
ICAL	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions	DUE TO (OI	R AS A CONSECUTION OF RAS A CO	UENCE OF	A Company	the mo	ie ie	Car Van	nd wice	erdiac o	Con resplication of the control of t	las	en Lbl	. WERE AMAILA	Approximation and approximation approximation and approximation and approximation and approximation and approximation and approximation and approximation an	Ly Dings
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ED BY PHYSICIAN: MEDICAL	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO WEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER 1 CONTEXTURE BURGER	DUE TO (OI DUE TO (OI	R AS A CONSCO	UENCE OF UEN	OTHER	28. PLR: sing Hom 28c. INJ	ACE OF OR	COUNTY OF THE PROPERTY OF THE	Part I.  286. D  287. LC	andiac of the control	CHy) E HOW IP (Street a n, State)	JURY OCHAN Number	24b	D. WERE MARLA COMPINED OF DE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Approxima interval Be Onset and Autopsy Fin Bale Prior TLETION OF CLATH? YES 2 N	Death  Death  Dinings  Outse  O
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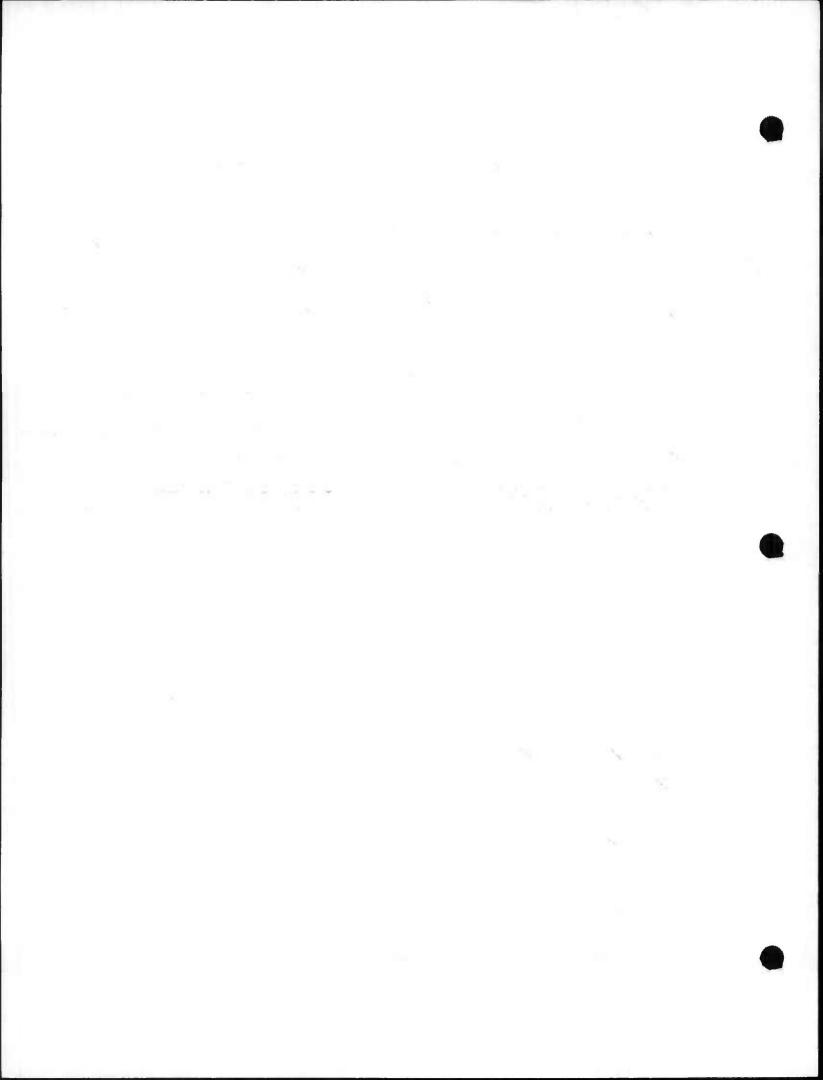


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

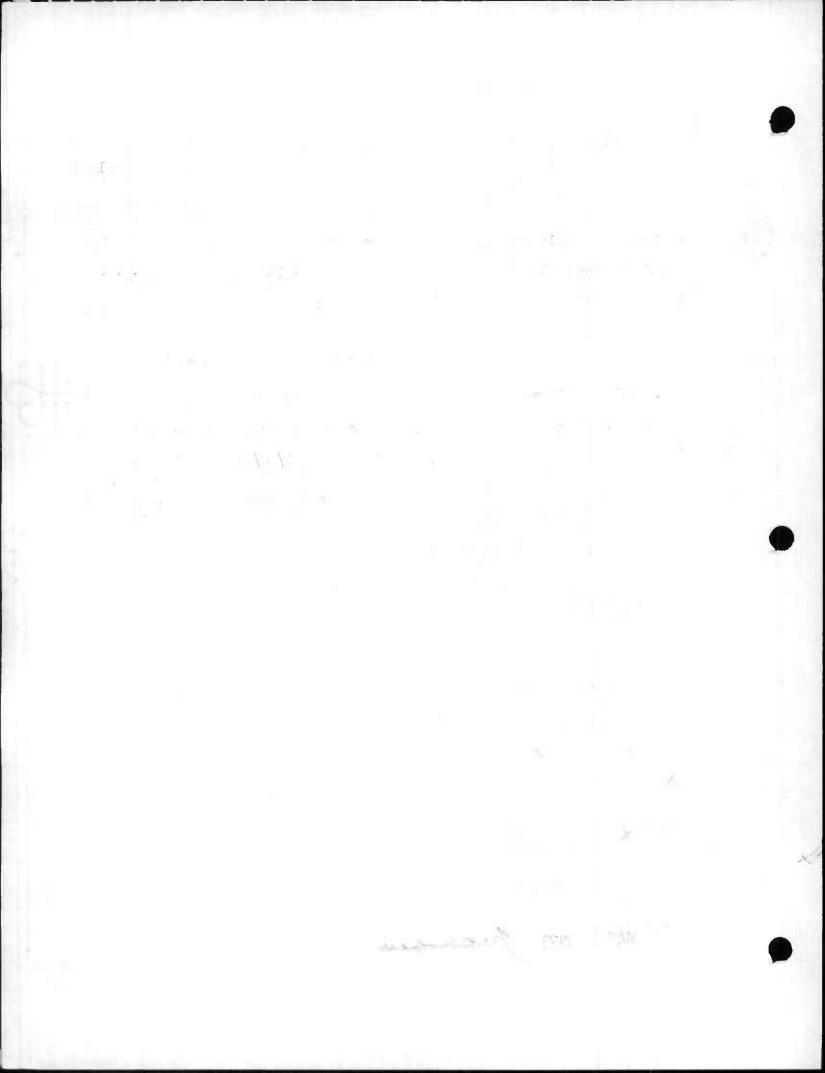
1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH	AND MENTAL HYGIEN
CERTIFICATE OF DEAT	TH REG. NO

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				GIENE S. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEA	NTH .	3. TIM	E OF DEATH	
	T T	AE	HOGAN			March	f5, 199	3"	12:05a м	
	4. SOCIAL SECURITY NUMBER 212-10-0723	1 🗆 M 2 💢 F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	904 M	ARYLAN	(State or Foreign	
TOR	9e. FACILITY NAME (If not institution, give s  Memorial Hospital  RESIDENCE OF DECEDENT	7.500.	1	Cumber]	and	EATH		gany		
DIRECTOR	10a. STATE 10b. COUNTY	LEGANY	10c. CITY, TO CUMB	ERLAND	ION		LI	ISIDE CITY MITS? (ES 2 NO		
	10e. STREET AND NUMBER			101.	ZIP CODE		N OF WHAT CO			
FUNERAL	125 NORTH CENTER	STREET			21502			A.A.		
B≺	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECI	ENDENT OF HISPAL ecity Cuben, Mexico 2 NO Specif	n, Puerto Ricen, a	Ify Yes or No.— 14 IC.)	Black, White, Specify: WH	atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use reto	done during mos	N st of working	16b, KIND (	OF BUSINESS/INDUS	STRY		
MPL	12		C&P TELE	PHONE	CO.	RECE	PTIONST			
	17. FATHER'S NAME (First, Middle, Last)  GEORGE A. EYLER	,				ME (First, Middle, A	teiden Sumeme) EN CHANE	Y		
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	PRESS (Street ar			or Town, State, Zip &		A ATTO	
5	CHARLES JUDGE		CUMBERLA	ND MAI	L %AMER	ICAN TRU			ND 21502	
	20e, METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	SU	PLACEAND DATE OF DIRECT CEMET			1993 6	UMBERLAN	y or Town, Stat		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Anil		MERRIT	T-ADAMS	FUNERAL		. 1	)	
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on e	the death. Do not e	enter the mod	de of dying, suc	h es cardiec or	MREDI AND respiratory erres	t, A	pproximete	
	iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	1/	anial H	emor	vhage			0	Interval Between	
	Tooling in double,	DUE TO (OR AS A	CONSEQUENCE OF):		-				/ -	
NO.	Sequentially list conditions,		CONSEQUENCE OF:						lears	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	,					į		
E	that initiated events	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):							
E E		d								
OICAL	PART II. Other significant condition	s contributing to deeth b	drome	e underlying	ceuse given in	Pf	AS AN AUTOPSY ERFORMED? 'ES 2 7 NO	AVAILAE	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE	
PHYSICIAN: MEDIC	U			<u>.</u>		_   _			ES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			00 PM	105 05 DE TU (0)					
SICI	EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Ch					
Ě	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF				OW INJURY OCCUP	RED		
BY	1 Netural 5 Pending 2 Accident Investigation		2/// 65	M 1 7	ES 2 NO					
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	TIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner ee stated.  DICAL EXAMINER: On the beele of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause							enner se stated.	
H	29b. SIGNATURE AND TITLE OF CERTIFIER		IGNED (Month,							
유	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	)	D 33280		1 - 1	7/73		
	Sunil Gupta M.D.,			dical E	Bldg., C	umberlar	nd, MD 2	1502		
	MAR 16 1993	32 BEGISTRAR'S SIGNA	ATURE							



	1. OECEDENT'S NAME (First, Middle, La	REG. NO		).		3. TIME OF DEATH						
	Helen F. Hami						MONT		DAY 7	YEAR Q3		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		DER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	220-10-1647	1 🗆 M 2 💢 F	74	YRS. MONTE	6 DAYS	HOURS MIN.		n, Day, Year) 0-23-1	.8	Mar	yland	
m	•a. FACILITY NAME (If not institution, gite Frostburg Hosp			9b. C			CATION OF DEATH 9c. COUNTY OF DEATH					
CTOR	RESIDENCE OF DECEDENT				L L	ostburg				ATTE	egany	
DIREC	10a, STATE 10b, COU			10c. CITY, TOW	N OR LOCA	TION		_		$\neg \tau$	10d. INSIDE CITY	
	Maryland A	llegany		Fr	ostbu	rg					LIMITS?	
FUNERAL	10s. STREET AND NUMBER				10	f. ZIP CODE					HAT COUNTRY?	
i	125 Armstrong					21532				U.S.		
	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X		If yes, sp	CENDENT OF HISPA	an, Puerto		s or No—		American Indian, White, atc.	
0	3 Widowed 4 Divorced	1720, 3172	IN ON DATES		I L YES	2 NO Spec	ny:			Specif	Vhite	
ונ	15. DECEDENT'S E (Specify only highest gr		(G	CEDENT'S USUAL	ne during mo		168	. KIND OF BU	SINESS/INDU	JSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	///0	Seams	•			<b>07</b> .	112			
	17. FATHER'S NAME (First, Middle, Last)			peans	01.922	16. MOTHER'S N	AME (First		thing			
4	H. Resley Ham	ilton				Anna		2011	Junemen			
2	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADDR	ESS (Street a	and Number or Rural	-		vn, State, Zip (	Code)		
	Laura H. Clis			54 Haw	thorn	e Dr. Fr	ostb	urg, M	ld. 21	532		
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R	emoval from State		AND DATE OF DISI			DAT		OCATION — C			
	4 Donation 5 Other (Specify) _	INCENSEE	Fbg.	Memori			0/93	Fro	stbur	g, M	ld.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Durst Funeral Home											
	John K. Warlf 57 Frost Avenue Frostburg, Md. 21532											
	23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.											
	shock, or heart fellui	or complications that re. List only one caus	caused the de	eath. Do not en							21532 Approximate Interval Batween	
	23. PARTI. Enter the diseases, of shock, or heert fellul IMMEDIATE CAUSE (Finel disease or condition	re. List only one ceus	e on each line	). 	ter tha mo	ode of dying, su					Approximate Interval Batween	
	IMMEDIATE CAUSE (Finel	re. List only one ceus	e on each line	). 	ter tha mo	ode of dying, su					Approximate	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	re. List only one ceus	e on each line	). 	ter tha mo	ode of dying, su					Approximate Interval Batween	
NICN	shock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. Respondence as Due to (	e on each line	ferri	ter tha mo	ode of dying, su					Approximate Interval Batween	
ICALION	shock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Resin Due to (	OR AS A CONSECUTION AS A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSE	Level	ter tha mo	ode of dying, su					Approximate Interval Batween	
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Shock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other algnificent condit  CANONIC  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (INO)  27. MANNER OF DEATH 11 Natural 5 Pending Investigation 3 Suicide 6 Could not 1 4 Homicide determined	a. Resident only one ceus  a. Resident only one ceus  B. Due to (c	DR AS A CONSECTION OF AS A CONSE	DUENCE OF):  DUENC	underlying  26. PI  ER: tursing Hom  28. INJ  actory, office te time, date	g Ceuse given in  LACE OF DEATH (C.  LE 5 Residence 19RY AT 19RY 19RY 19RY 19RY 19RY 19RY 19RY 19RY	Part I.  Peck only or  6 Other  284. LOC City  to the case time, date	24a. WAS AN PERFO!  1 YES 1  ATION (Street or Town, State)	AUTOPSY RMED? 2 NO INJURY OCCU	24b.  JRED  or Rural Re  d.  ceuse(e)	Approximate Interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O	



1 - STATE REGISTRAR		STATE OF I		D / DEPAR CERTIF					MENT	AL HYGIENE REG. NO.	Ē			
1. DECEDENT'S NAME (First	, Middle, Last)								2. DAT	E OF DEATH		77.77	3. TIME OF DEATH	
NAVELLA		F.		HOUDER	SHEL	DT			Mar	ch 19,		YEAR	9:14 P M	
4. SOCIAL SECURITY NUME		5. SEX		s. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DAT	E OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign	
214-07-632		1 🗌 M 2 📉 F	84	YRS.	MORTING	DATE	HOURS	Milita.	01	n. 87 ~19(	09	WV	,,	
9a. FACILITY NAME (If not in				9b. CITY, TOWN OR LOCATION OF DEATH							9c. COUNTY OF DEATH			
Memorial Ho	spital	& Medica	al Center   Cumberlan						Alle				any	
10e. STATE	10b. COUNTY			10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY	
WV	Mir	neral		M	liley	For	rd,						LIMITS?	
10e. STREET AND NUMBER						10f.	ZIP CODE				_		/HAT COUNTRY?	
P.O. Box	59						2676					ISA		
11. MARITAL STATUS 1 Never Married 2	Merried	12. WAS OECEDEN FORCES? 1	T EVER IN U.S	ARMED NO		f yes, spe	cify Cubar	F HISPAN	IIC ORIG	IN? (Specify Yee Rican, etc.)	or No-	14. RACE Black	- American Indian, , White, etc.	
3 X Widowed 4 Dive	- C C - C - C	AR OR DATES		1	YES	2 × NO	Specify			ĺ	Specif	white		
15. DEC	EDENT'S EDUC y highest grade	16a	DECEDENT'S	USUAL O	CCUPATIO	N		16	b. KIND OF BUS	INESS/IND	USTRY			
Elementary/Secondary (0		College (1-4 or 5	-)	(Give kind of a			it of working	9			,			
unknown				homer	nakei	c			$\perp$	own	hame			
17. FATHER'S NAME (First, M		Li.								Middle, Maiden S				
Benajm		CIU												
Benjamin		niderch	-14F							mber, City or Town	, State, Zip	Code)		
20a, METHOD OF DISPOSITE			_	CEANDDATE			d, I	W V	20/ DA	V	ATION —	City or To	wn State	
1 X Buriel 2 Crematic 4 Donation 5 Other	(Specify)	oval from State		is Men				ry	3-		-		d, MD	
21. SIGNATURE OF FUNERA	L SERVICE LICI	ENSEE /		1		NAME AN	D ADDRES	S OF FAC		7				
Jone	27	XICO	ppe	U:						al Home 21502	3			
23. PAR) i. Enter the di	iseasea, Dr ci	omplications tha	couped the	death. Do r	not enter	the mod	de of dylr	ng, suct	as ca	rdiec or reapin	etory arr	eet,	Approximate	
iMMEDIATE CAUSE (Fir disease or condition resulting in death)		Cana	MIM	MM.	1 /	4m	usb	1					Onset and Death	
Sequenticity liet condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	diate ING Iry	CA	MAG D	ISEQUENCE OF	CH	F								
PART II. Other aignifica	DVA	contributing to	death but n	ot resulting	n the un	derlying	cauee g	Iven in	Part i.	24s. WAS AN A PERFORM 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	/				26. PL/	ACE OF DE	ATH (Che	ck only o	one)				
1 YES 2 NO		HOSPITAL:	ER/Outpatien	t 3 🗆 DOA	OTHER		5 🗆 Res	sidence	8 🗌 Oth	er (Specify)				
27. MANNER OF DEATH	v. 127.00	28a. DATE OF (Month, D		26b. TIM	E OF URY	28c. INJU WOF	JRY AT		28d. DE	SCRIBE HOW IN	JURY OCC	URED		
	Pending Investigation		nes.		М	1 🗌 YI	ES 2 🗌	NO						
	Could not be determined	26s. PLACE O building,	F INJURY — A etc. (Specify)	t home, ferm, s	street, facto	ory, office				CATION (Street any or Town, State)	nd Number	or Rural R	oute Number,	
29e. CERTIFIER (Check only one) 2 MEDI		CAN: To the best of											and manner as stated.	
29b. SIGNATURE AND TITLE	OF CONTINUE	61110.	100	1 -			29c. LICEI	NSE NUM	BER		29d. DATI	SIGNED	(Month, Day, Year)	
an have the topped		(Wella)	m	W			D 1	1604	1		16	70	-13	
DR. Terry W	illiams	Memori				ical	Buil	ldin	g Ct	ımberla	nd, l	MD.	21502	
31. DATE FILED (Month, Day, MAR 2	2 1993	32. HINT TRA	R'S SIGNATUR	Anna					•					

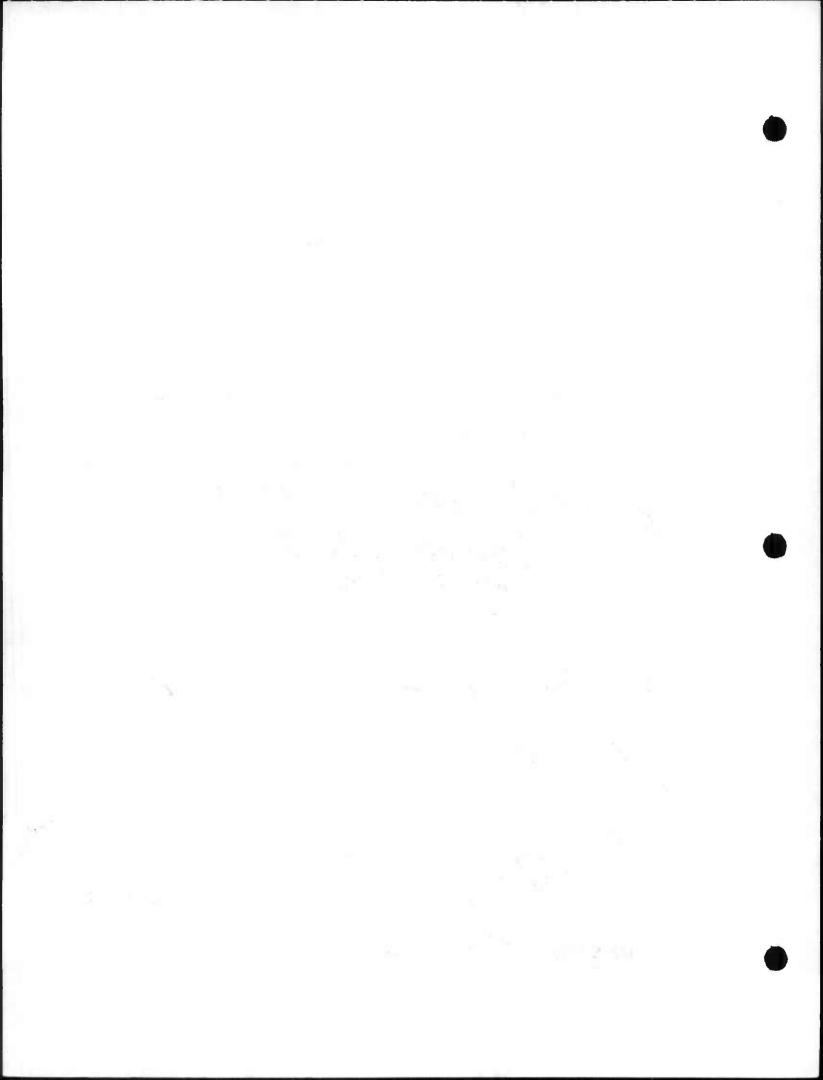
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 5

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



ed by the hospital or attending physician. uld be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ter death. Page 6 may be retained by the hosp	he funeral director, page 5 should be detached al.	examiner must be notified at once.	
icate be executed within 24 hours after	physician and completely filled in by the prior to burlal, cremation, or remove	er traumatic event, the medical	
N: The law requires that the death certif	icate has been signed by the attending State Dept. of Health and Mental Hygier	item 23 shows any injury, or oth	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTA	AL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Frederick				2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH	
- 8	PAUL	F.		HARTU	NG, SR.		rch 20			9:55 n	
			MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		8. BIRTHP Country	LACE (State or Foreign	
	705-10-5123  Se. FACILITY NAME (If not Institution, give stree	★ M 2 □ F 77	YRS.	78 3 3 3 7 7	R LOCATION OF D	Feb	. 25,	1916	Md	3	
TOR	Memorial Hospita	1		Cum	berland			A1	lega	ny	
DIRECTOR	Md. Alle	gany		own on Locat				10d. INSIDE CITY LUMITS? 1 X YES 2 NO			
	10e. STREET AND NUMBER	0 - 7		101	ZIP CODE		-	10g, CITIZ		AT COUNTRY?	
FUNERAL	814 Trost		2	21502			1	U.S.	Α.		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 ☐ YES AND NOTES				NIC ORIGI en, Puerto fy:	N? (Specify Yes Rican, etc.)	or No—	14. RACE Black, Specify	American Indian, White, etc.	
	15. DECEDENT'S EDUCAT	ION 16:	e. DECEDENT'S USU	IAL OCCUPATIO	N	16	b. KIND OF BUS	INESS/INDU	JSTRY	WILLE	
COMPLETED	(Specify only highest grade cor Elementary/Secondary (0-12)	completed)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-6 or 5+)  College (1-6 or 5+)  College (1-6 or 5+)  College (1-6 or 5+)						3			
S I	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First	Middle Maiden	Sumamel			
BE C	George Hartung				Josep	hine	Harris	son			
0	190. INFORMANT'S NAME (Type/Print) Helen Jeanette Har	tung	196. MAILING ADI	ORESS (Street at	e. Cumbe	Aoute Nun	d, Md.	2150	Code)		
	20e. METHOD OF DISPOSITION  1 © Burlet 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Commence of Com										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF EACH ITY										
	Merritt-Adams Funeral Home 404 Decatur St. Cumberland, Md. 21502										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHTSICIAN: MEDICAL	PART II. Other eignificent conditions of		not resulting in the	reculting in the underlying cause given in Par				Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 M NO			
-									-	YES 2 NO	
Ę	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C)	neck only o	ne)		1		
ก็		OSPITAL: Inpatient 2 - ER/Outpatier		HER: Nursing Home	5 - Realdence	8 Oth	er (Specify)				
Ę	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	JRY AT	_	SCRIBE HOW II	NJURY OCC	URED		
A C	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, stree		ES 2 NO		I. LOCATION (Street and Number or Rural Route Number,				
	4 Homicide determined	banding, see (Opecity)				City	or Town, State)				
COMPLEIED		N: To the best of my knowledge On the basis of against on an								and manner an etale 4	
	29b. SIGNATURE AND TITLE OF CENTIFIER	-4		Т			and prace, an				
H H	The		29c. LICENSE NUMBER D 36766				29d. DATE SIGNED (Month, Day, Year)  ▶ 3/22/93				
2	30. NAME AND ADDRESS OF PERSON WHO C			•		00					
	Vik Poonai, MD, PO 31. DATE FILED (Month, Day, Year)	Box 338, Cum	berland,	Md.	21501					•	
	MAR 23 1993	32. REGINERAR'S SIGNATUR	ming freed	•							

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		Product of the party
BALTIMORE, MARYLAND 21215-0020	ther death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permoval.
	2	- 8

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

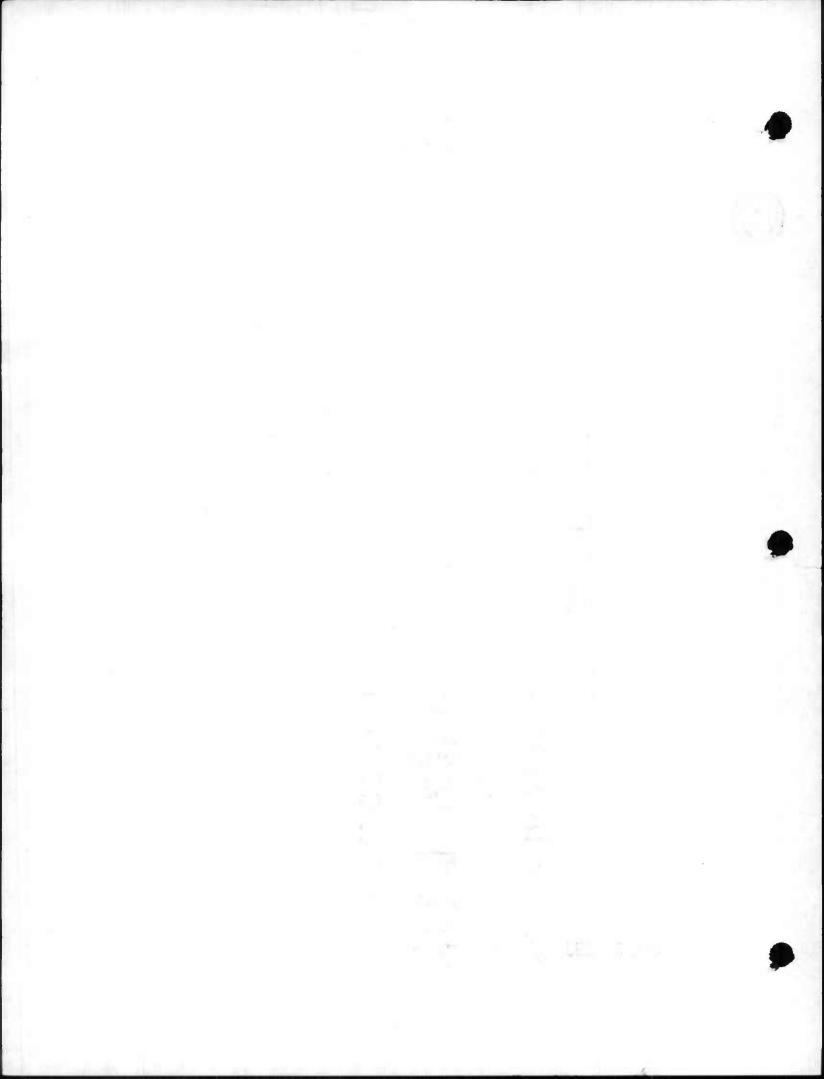
H	THOMAS SAMUEL HARDE	N				MARCH 2	N, 1993 YEAR	3. TIME OF DEATH 2:00 P		
- ĝ	4. SOCIAL SECURITY NUMBER 5. SEX	. AGE (In yrs. las	t birthday) #	UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign		
1	705108432 1 ⅓M 2 □ F	91	YRS.	NTHS DAYS	HOURS MIN.	7/28/01	MA	RYLAND		
	9a. FACILITY NAME (If not institution, give street end number)		91	. CITY, TOWN	OR LOCATION OF DE	OF DEATH 9c. COUNTY OF DEATN				
DIRECTOR	SACRED HEART HOSPITAL			CUMB	ERLAND		ALLEGAN	γ		
3EC	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCA	TION			10d. INSIDE CITY		
	MARYLAND ALLEGANY  10s. STREET AND NUMBER		]	MIDLA			LIMITS?			
FUNERAL	LONACONING STREET				21542	×	what country? . A.			
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT FORCES? 1 FYES, GIVE WAI	YES 2 VA	MED 10	If yes, s	CENDENT OF HISPAN Healty Cuben, Mexican 12 NO Specify.		E — American Indian, ck, White, etc. City: WHITE			
里	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	/Gi	ive kind of work	UAL OCCUPATI	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)		ECTIO	N FOR	EMAN	RAI	LROAD			
S	17. FATHER'S NAME (First, Middle, Last)				100	AE (First, Middle, Maiden				
BE	CHARLES HARDEN  19a. INFORMANT'S NAME (Type/Print)	401		DDF00 (0)		L TRIMBL				
٩	MRS. THOMAS S. HARDEN	lac				Oute Number, City or Tow AIDLAND,		42		
	20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Removal from State	20b. PLACE A	AND DATE OF D	DISPOSITION (N	ame of	OATE 20c. LO	CATION - City or 1	own, State		
	4 Donation 6 Other (Specify)	Rest	Lawn	Memorial Gdns 3/24 LaVALE, MD 21502						
	· Illiantan Ill X	6	4	22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532						
$\dashv$	23. PART L Enter the diseases, or complications that of		N ST., FROSTBURG, MD 21532 such as cardiac or respiratory arrest,   Approximate							
7	shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d									
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Authorizing Authorizing Authorizing Countributing to death but not resulting in the underlying ceuse given in Part I.  PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
PHYSICIAN	26. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		0	28. P	LACE OF DEATN (Che	ck only one)				
14S	1 ☐ YES 2 ☐ NO 1 ☐ Inpatient 2 ☐ E  27. MANNER OF OEATH 26e. DATE OF IN			Nursing Non	Ne 5 Residence (		HIN COURT			
BY P	1 Netural 5 Pending 2 Accident Investigation (Month, Day.	Year)	INJURY	W	YES 2 NO	28d. DEŞCRIBE NOW I	NJURY OCCURED			
	3 Suicide 6 Could not be determined 26e. PLACE OF building, et	NJURY — At hor (Specify)	me, farm, stree	et, fectory, offic	•	28f. LOCATION (Street & City or Town, State)	and Number or Rural	Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1  CERTIFYING PHYSICIAN: To the best of m medical examiner: On the best of exam							s) and manner se stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CHATTER TO	)			DAS		29d. DATE SIGNE	O (Menth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE GEORGE BREZA, M.D. BMC				UMBERLAN	D, MD. 215	02	1		
	31 DATE FILED (Month Day World 22 OF CYDAD)	SIGNATURE		7						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	-	FOR STATE REGISTRAR
Г		

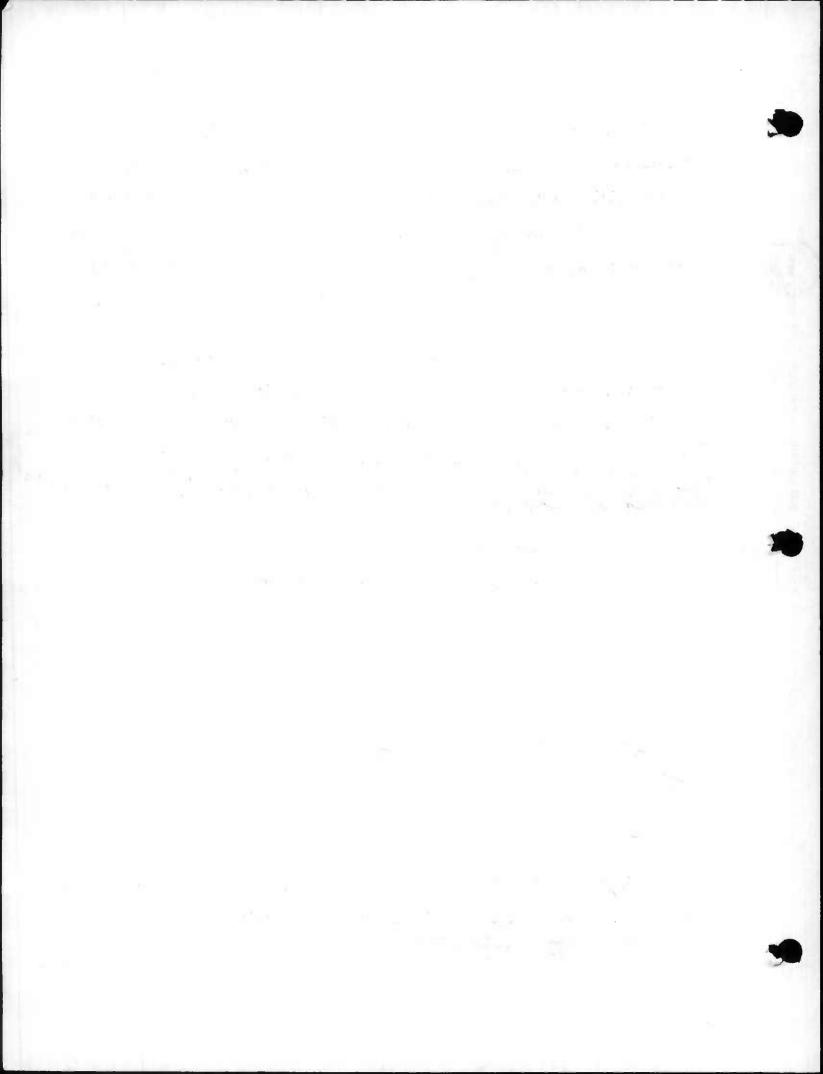
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF [	DEATH	P	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Marquise S	Alexano MALE	ler .	Isaacı	s		2. DATE OF MONTH	DEATH DA	/	YEAR 93	3. TIME OF DEATH 9.125 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last	birthday) YRS.	IF UNDER 1	_	IF UNDER 24 HRS. HOURS MIN. 13 20	7. DATE OF (Month, De 3-16	y, Ybar)		Country	PLACE (State or Foreign ryland
HO.	9a. FACILITY NAME (If not institution, give s PRINCE GEORGE <sup>†</sup> S RESIDENCE OF DECEDENT		CNETER	Į.	'	TOWN OR EVERI	LOCATION OF DE	ATH			INCE	GEORGE <sup>t</sup> S
DIRECTOR	10s. STATE 10b. COUNT	ce George'	s		Y, TOWN OR		apitol :	Height	s			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	104. STREET AND NUMBER	XXXX 5004	Lee Ja	y #2	04 ive		CIP CODE 074⊠3			10g. CIT	U.S.	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	VER IN U.S. ARI	MED	13. W		NDENT OF HISPAN Ifly Cuben, Mexica NO Specify	n, Puerto Rica		or No—		- American Indian, White, etc. by: Black
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DE (G/ life.	CEDENT'S ve kind of Do NOT u	USUAL OCC work done du se retired.)	CUPATION uring most	of working	16b, KJP	ID OF BUS	SINESS/IN	DUSTRY	
2	17. FATHER'S NAME (First, Middle, Last)					I	16. MOTHER'S NA	ME (First, Midd	le, Maiden	Surname)		
	Anthony Is	aacs					Pame	la Cov	ingt	on		
TO BE	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS	(Street and	I Number or Rural I	Route Number,	City or Tow	n, State, Z	ip Code)	
	20s. METHOD OF DISPOSITION 1	oval from State	20b. PLACE of cemetary,				Name	DATE	20c. LO	CATION -	- City or To	wn, Stata
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. N	AME AND	ADDRESS OF FA	CILITY				
CERTIFICATION	Sequentially list conditions, it sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. Pue to (o  Due to (o	R AS A CONSÉC R AS A CONSEC COUT	DUENCE O	ole ole ale	il'	tion			des		Onset and Death
EHI	that initiated events reaulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  POSSY'S LE INSTRUCTION SILE CL.  d.  DUE TO (OR AS A CONSEQUENCE OF):  Consequence of the consequence											
PHYSICIAN: MEDICAL	PART II. Other significant condition	ns contributing to de	eath but not r	eaulting	In the unc	deriying	cause given in		e. WAS AN PERFOI		246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DEATH (Ch	eck only one)				
is	1 TES 2 NO	1 - Inpatient 2 - E	R/Outpatient 3	□ DOA			5 🗆 Residenca	6 🗆 Other (S	pecify)			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,		28b. T#	ME OF JURY M	28c. INJU WOR 1   YI		28d. DEŞCR	IBE HOW	INJURY O	CCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At ha c. (Specify)	ome, ferm,	atreet, facto	ory, office			ON (Street lown, State,		er or Rural i	Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYS											i) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	inlight.	Dury	T		- 1	29c. LICENSE NUI D207002	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE	OF DEATH (ITE	М 27) (Тур	e, Print)							
	31. DATE FILED (Month, Day, Year) APR 5 1993	REGISTRAR	S SIGNATURE	w								



BALTIMORE, MARYLAND 21203-3146	Aurs after death. Page 6 may be retained by the hospital or attending parameter bid in by the funeral director, page 5 should be detached for use as the burial dimension or removal.  medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within parameter floated that Days 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning profit of filled within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

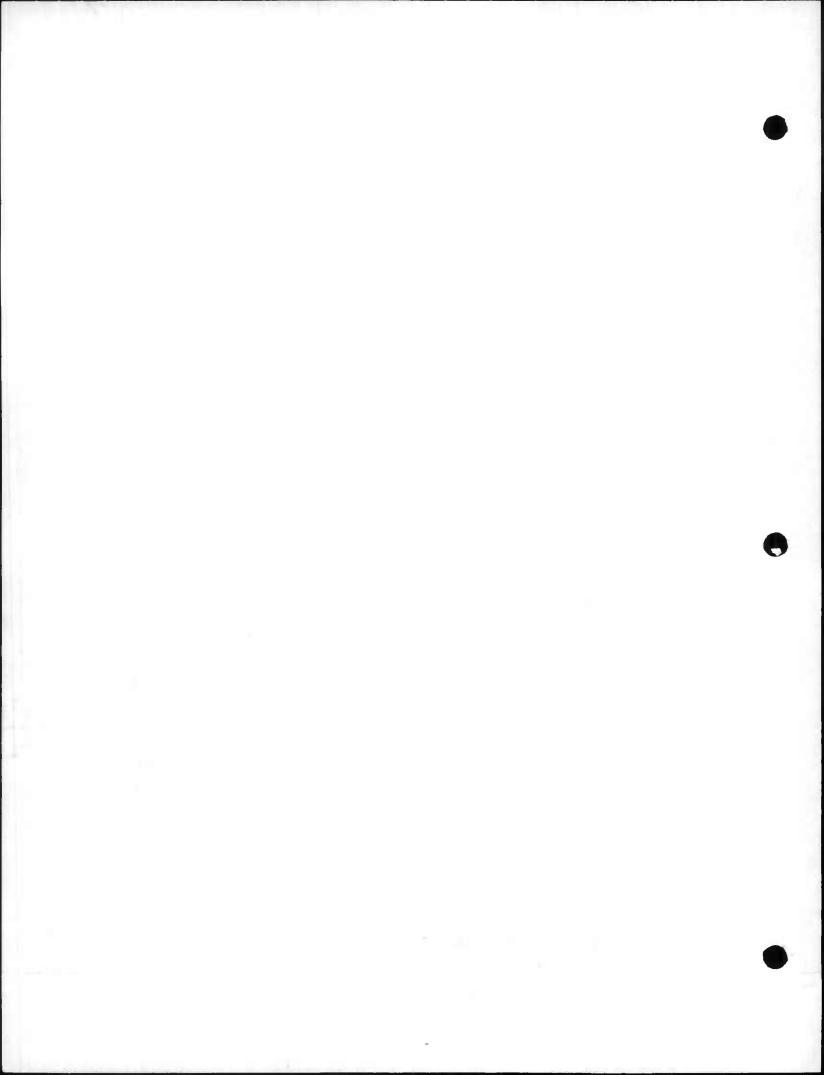
	- REGISTRAR		CERTIF	CATE O	F DEATH	REG. NO	).				
	1. DECEDEHT'S NAME (First, Middle, Last)					2. DATE OF DEATH	NAV .		TIME OF DEATH		
}	Mary M. Imler					March 21.	1993	YEAR	Рм		
	4. SOCIAL SECURITY HUMBER 6. SEX	6. AGE	(in yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPL	ACE (State or Foreign		
	218-26-1309 1 I M 2	///	65 YRS.	MONTHS DAY				Mary.			
OR OR	9a. FACILITY HAME (If not Institution, give street and nur Pleasant Living Conva		Center		n or location of de ewater	EATH		r of DEAT	undel		
DIRECTOR	100. STATE 100. COUNTY  MD Anne Aru	undel		dgewat					d. IHSIDE CITY LIMITS?  VES XX HO		
FUNERAL D	10e. STREET AHD HUMBER				101. ZIP CODE			N OF WHA	T COUNTRY?		
	144 Washington Road				21037		Unite				
B	11. MARITAL STATUS  1 Hever Merried 2 Merried  3 Wildowed 4 X Divorced  12, WAS D FORCI	ES? 1 TYES 6, GIVE WAR OR D	N U.S. ARMED 2 XXXX DATES	13. WAS I	DECEMBENT OF HISPAN apocify Cuban, Maxica (ES 2 X DO Specify	NIC ORIGIN? (Specify Youn, Puarto Rican, etc.) y:	s or Ho— 1	Black, W	American Indian, Thite, etc. White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		16a. DECEDENT'S	USUAL OCCUP		16b. KIHD OF BU	JSIHESS/IHDU:	BTRY			
COMPLETED		(1-4 or 5+)	Secreta	retired.)	most or working	US Nava	ıl Acad	lemu			
0	17. FATHER'S NAME (First, Middle, Last)										
BEC	Charles F. Munroe				Beat	rice Cantl	er				
10 B	19a, IHFORMANT'S HAME (Type/Print)					Route Number, City or To					
F	Raejean I. French		201 Bu	urns Cr	ossing Roc	ad Severn	i, Mary	pland	21144		
	20a, METHOD OF DISPOSITION    Disposition   3   Removal from 5	State 20	ather place)		cemetery, cremetory or			CATION — City or Town, State			
	4 Departion 5 Other (Specify)	_ /	St. Marys	Cemet	ery 03-2	4-93 Ann	apolis	, Ma	ryland		
	St. Marys Cemetery 03-24-93 Annapolis, Maryland  22. HAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home										
	147 Duke of Gloucester St. Annapolis, MD										
	23. PART I. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete										
	ahock, or haart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition										
ı	reaulting in death) a.	DUE TO (OR AS	A CONSEQUENCE OF	F):							
z	C M	WTD8	MAC	LUN	G CAN	500					
흔	Sequentially list conditions, if any, leading to immediate		A COHSEQUENCE O								
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury										
트	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):							
E	d										
	PART II. Other algolificant conditions contribu	uting to death i	but not reaulting	in the underl	ying cause given in		N AUTOPSY	24b. W	ERE AUTOPSY FINDINGS		
DICAL						PERFC 1 □ YES	ORMED?	CC	MILABLE PRIOR TO OMPLETION OF CAUSE		
						1   YES	2 (2)/(0		F DEATH?		
ME						_		''	YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			21	L PLACE OF DEATH (C)	neck only one)					
PHYSICIAN:	EXAMIHER?  1 VES 2 NO 1 Inper		tpatient 3 DOA	OTHER:							
ž		DATE OF IHJURY			Home 5 Residence	28d. DESCRIBE HOW	HJURY OCCL	JRED			
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIM		WORK?	D					
B	2 Abcident Investigation 3 Suicide & Could not be	PLACE OF IHJUR	Y — Al home, farm,			281. LOCATION (Stree	t and Number o	r Rural Rou	te Number,		
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Spe	ectfy)			City or Town, Stat	(6)				
"	29a. CERTIFIER	ne best of my know	wiedge death occurr	ad at the time	dete and place, and due	to the cause(s) and m	enner en state	d			
Ž	(Check only one) 2 MEDICAL EXAMINER: On the I								nd manner as stated,		
웅				V. V. V. 200 (100)		and the second					
띪	29b. SIGNATURE AND TITLE OF CURITIES				29c. LICENSE NU D4169				22, 1993		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF D	FATH (ITEM AT) (T	Print*	V4109	0	I IMC	vien	22, 1993		
					MILO ALONG	malic un	01/01				
	31 DATE FILED (Month Der Mart	JVI. U.	HATIBE	ley Ave	nue Anna	poces, MV	21401				
	Stephen C. Hamilton, 31. DATE FILED (MORITY, Day, Year) MAR 2 3 1993	relia David	son Bridge	2							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLANI REGISTRAR	D / DEPARTM			MENTAL HYGIEN REG. NO		09404	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
- }	GRANVIL JAMES INGRA	M			03/18/19	YEAR	8:00 P M	
ij	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs	8. BIFF	THPLACE (State or Foreign					
- 1	215-14-1859 <sup>1 ☒ M 2 □ F</sup> 70	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 02/03/19		MARYLAND	
	9a. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN C	R LOCATION OF DE	EATH	9c. COUNTY OF	DEATH	
DIRECTOR	WASHINGTON COUNTY HOSPITAL RESIDENCE OF DECEDENT		WASI	HINGTON				
E	106. STATE 106. COUNTY	10c. CITY, TO	OWN OR LOCAT		DIDG		10d. INSIDE CITY LIMITS?	
	MARYLAND WASHINGTON  100. STREET AND NUMBER		101	SHARPS	BURG	10a: CITIZEN OF	1 YES 2 NO	
FUNERAL	2238 DARGAN SCHOOL ROAD			217	82	1112	5.A.	
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S	ARMED		ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian,	
BY F	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, spi	2 NO Specify	n, Puerto Rican, atc.)		ick, White, etc.	
	3 Widowed 4 Divorced						WHITE	
E	(Specify only highest grade completed)	(Give kind of work life. Do NOT use re	done during mo.	IN st of working	16b. KIND OF BU	SINESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	BRAK			RA	ILROAD		
8	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)		
H	ARNOLD INGRAM			LILL	IE JAMISON			
P	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Tow			
	GENEVIVE P. NORRIS INGRAM				AD, SHARPS	BURG, MI	21782	
		CE AND DATE OF D				CATION — City or		
	4 Donetion 5 Other (Specify) SAM	PLES MAN		ETERY 3		IPLES MAI	OR, MARYLAND	
	John H. Ba	ast Jr.		FUNERAL	HOME 7606	Old Nat	cional Pike MD 21713	
CERTIFICATION	shock, or heert failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Jalur NSEOUENCE OF: NSEOUENCE OF: AS C	ojal V O	1,			Intervel Between Onset and Death	
L CE	PART II. Other significant conditions contributing to death but a	ot regulates in al	hada.da.da.da.		Part I. 24s. WAS AN		Ib. WERE AUTOPSY FINDINGS	
MEDICA	CAD, CHF,	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse giver						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PL	ACE OF DEATH (Ch	eck only one)			
Sic	1 YES 2 NO HOSPITAL:		THER:  Nursing Hom	5 - Residence	6 Other (Specify)			
£	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year)	26b. TIME OF		JRY AT RK?	28d. DESCRIBE HOW I	NJURY OCCURED		
BY	1 Netural 5 Pending 2 Accident Investigation			ES 2 NO				
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination end						r(e) end manner se stated,	
S	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM		,	ED (Month, Day, Year)	
0	Refuedent Mp	)		D325	18	▶ 3.19		
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		ne)	2 20-5	. 0	011		
	Dr. R. Guedenet, 100 Geeting	Lane, Ke	edvsvi	lle, Mar	yland 217	756		
	31. DATE BLED (Month, Day, Year) 4 32. REGISTRAR'S SIGNATUR	T.T.						



	1	ALC: UNK
BALTIMORE, MARYLAND 21215-0020	r requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician;	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit.
RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within	been signed by the attending physician and completely

DIVISION OF VITAL

FUNERAL ( HOSPITAL

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or afterding physician;	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	edical examiner must be notified at once
PHYSICIAN: The law requires that the death certificate be exe	this certificate has been signed by the attending physician are with the State Deut, of Health and Mental Hydiene prior to the	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
OR ATTENDING	DIRECTOR: After hours after death	Item 28 Is mail

93 09405 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Leat) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR JUNIOR HENRY 0.3P.M JOHNSON 0.7 93 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Morith, Day, Year) US 16 68 5. SEX IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 578 94 6389 DAYS HOURS N. Carolina 1 X M 2 | F 24 YRS. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR PRINCE GEORGES HOSPITAL CHEVERI.Y PRINCE GEORGES Prince George's Landover 10e. STATE 10d. INSIDE CITY LIMITS? MD 1X YES 2 NO FUNERAL 10s, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7906 Sheriff Road 20785 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 🔀 Never Married 2 🔲 Merried IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16h. KIND OF BUSINESS/INDUSTRY (Give kind of work done ife. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Prep. Cook Private 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Henry Johnson notified at BE Juanita Royster 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Juanita Royster 7906 Sheriff Road, Landover, MD must be 20e. METHOD OF DISPOSITION
1 XBurlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Harmony Memorial Park 3-15 | Landover, MD 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B. Jenkins Funeral Home Bembelle 7474 Landover Rd., Landover, MD 20785 23. PART I. Enter the disesses/ or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, Approximate ehock, or heart fellure. Liet only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition Hiple resulting in death) DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Item 23 shows any Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) HOSPITAL XX YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending :27P.M 3-7-1993 1 YES 2 NO BY SUBJECT SHOT 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 28 Homicide IN HALLWAY 8407 HAMLIN STREET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) end menner as stated. 2/XMEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. TITLE OF CERTIFIES 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month. Day, Year)

3-8-1993 O.C.M.E. COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street. Baltimore. 21201 Maryland 32. REGISTRAR'S SIGNATURE 1993 Davidson-Randall DHMH-18 Rev 1/89

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		2
		permit.
20	hysician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Page oval.
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15	lend	Se
2	r at	USe
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AND	e hospit	etached
	y E	9
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	should t
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M	35	pa
Ö	9	ctor.
Σ	30e	dire
E	9	Eg.
7	leath	fune
B	ter d	the yal

TO BE COMPLETED BY FUNERAL DIRECTOR

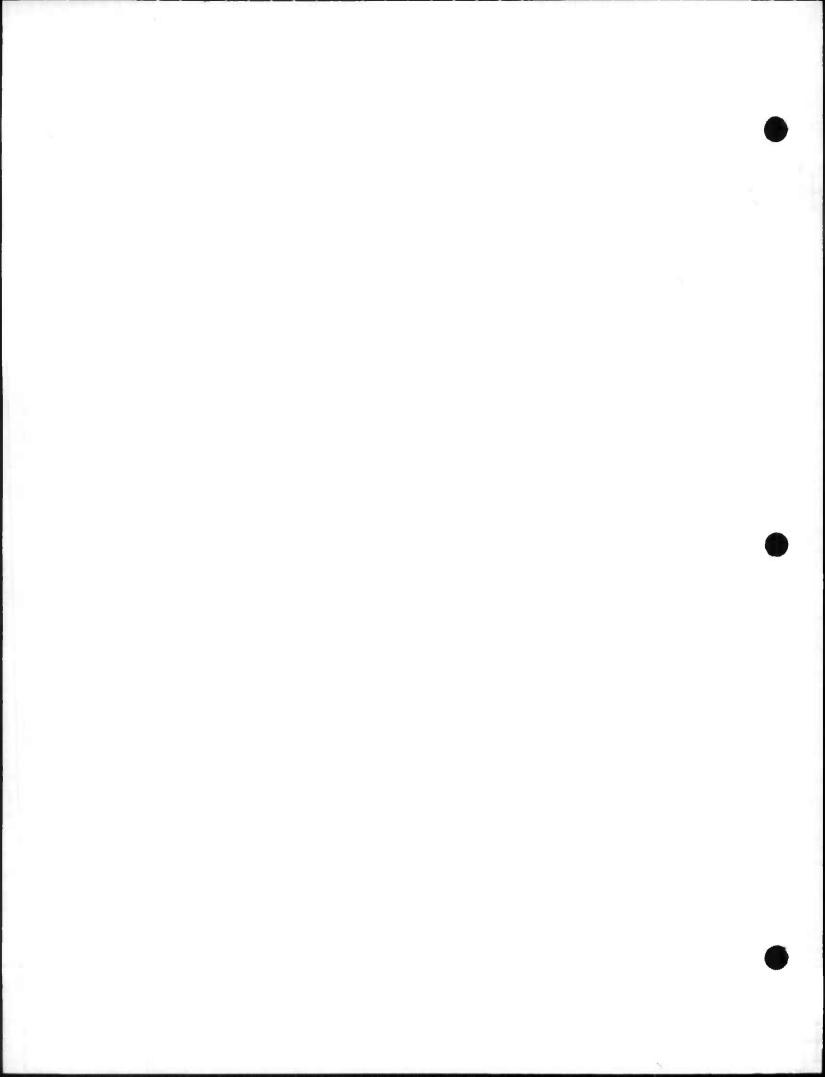
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the 10 THE FUNEFAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A STATE OF THE PARTY OF THE PAR										
1. DECEDENT'S NAME (First, Middle, Las	st)					2. DATE OF				3. TIME OF DEATH
MARY C JON	ES					MARC	CH 15,	1993	YEAR	6:30p.m. M
4. SOCIAL SECURITY NUMBER	5. SEX 8. /	NGE (In yrs. lest birt	thday) IF LINNE	R t YEAR	IF UNDER 24 HRS.	7. DATE OF		T		LACE (State or Foreign
217-32-0363	1 🗆 M 2 💥 F	OF	YRS. MONTHS	_	HOURS MIN.	(Month, L	Day; Year)	- 1	Country)	1-1-1-1
		50		-			26. 18			OTTSVILLE.
9e. FACILITY NAME (If not institution, giv			191	.,	OR LOCATION OF D			9c. COUR	TY OF DE	ATH
DOCTORS COMMU	NITY HOSPIT	ľAL	LAN	HAM-	SEABROOK			PRIN	ICE G	EORGE'S CO
RESIDENCE OF DECEDENT										
10a. STATE 10b. COUI	YTY	10	Oc. CITY, TOWN	OR LOCAT	TION					IOd. INSIDE CITY
MARYLAND PRI	NCE GEORGE'S	s l	HYA	VETTV	/ILLE					XXYES 2 NO
10e. STREET AND NUMBER				_	1. ZIP CODE		1	10a CITI		IAT COUNTRY?
1401 NECTION CON	CVIII						1			iai oodiiiiii
1401 NICHOLSON					20782				USA_	
11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARMED		WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (	(Specify Yes o	r No-	14. RACE -	- American Indian, White, etc.
1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES A			2 NO Specif			ŀ	Specify	
3 23 Widowed 4 Divorced								- 1		BLACK
15. DECEDENT'S El (Specify only highest gra	DUCATION		ENT'S USUAL O			16b. K	IND OF BUSI	NESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	sind of work done NOT use retired.)	during mo	ost of working					
6TH			NURSE	ק			т	יויעכ		
17. FATHER'S NAME (First, Middle, Last)			TAOLOE							
	_				18. MOTHER'S NA	ME (First, Mid	idle, Malden Si	imame)		
NORRIS CAR	R				\$	SALLY	SHEPAI	RD_		
19a. INFORMANT'S NAME (Type/Print)		19b. M.	AILING ADDRES	S (Street e	and Number or Rural	Route Number,	City or Town,	State, Zip	Code)	
WINIFRED ALLEN		140	1 NICHO	NOS, TO	ST, HYAT	TSVII	IE MAL	RVT.AT	VID 20	782
20a, METHOD OF DISPOSITION		20b. PLACE AND				DATE			City or Tow	
1 XBuriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	cemetery cremato	ory or other placel	1		1			-	
21. SIGNATURE OF FUNERAL SERVICE		JEURGE V			MEMORIAI		ADELL	HI,	MARY	LAND
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	. 4			DENKINS I		T TROME	7		
1210000	10 00	1/121								
23. PART i. Enter the diseases, o	Marie Time	PION	1/4	14 L	ANDOVER	RD.LA	NDOVER	L MA	RYLAN	D 20785 Approximate
iMMEDIATE CAUSE (Final disease or condition resulting in death)	8	PRATO	-/	FA	ILURE				۰	interval Between Onset and Death
	- 6									
Sequentially list conditions,	DUE TO (OR	AS A CONSEQUE	NCE OF):							
if any, leading to immediate cause. Enter UNDERLYING										
CAUSE (Disease or injury that initiated events	cOUE TO (OR	AS A CONSEQUE	NCE OF):							
resulting in death) LAST										
resorting in death) CAST										
resorting in death) CAST	d									
	d	th but not resu	Iting in the us	nderlyla	ā čausa alvan la	Part I I n	40 WAC AN A	meev	245	MEDE AUTODOV ENIONIO
PART II. Other algolificant conditi	ona contributing to dea	th but not resu	Iting in the ur	nderlylnç	g ceuse given in	Part I. 2	4a. WAS AN AI PERFORM			VERE AUTOPSY FINDINGS
PART II. Other algolificant conditi	d.	th but not resu	Iting in the ur	nderlylnç	g ceuse given in			ED?		
PART II. Other algolificant conditi	ona contributing to dea	th but not resu	ilting in the u	nderlyinç	g ceuse given in		PERFORM	ED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algolificant conditi	ona contributing to dea	th but not resu	ilting in the u	nderlylnç	g ceuse given in		PERFORM	ED?		WAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other algolificant conditi	ARCULAR I	th but not resu	ilting in the u			_   '	PERFORM	ED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant conditions to the second	ARCULAR I	HCC ID	EN7	26. PL	g couse given in	_   '	PERFORM	ED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant conditions to the condition of	ARCULAR I	HCC ID	OTHE	26. PL		neck only one)	PERFORM	ED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant conditions to the condition of Death	HOSPITAL: 1   Inpetient 2   ER/	/Outpatient 3 = 1	DOA OTHER	26. PL R: rsing Hom 28c. INJ	LACE OF DEATH (C/	neck only one)  6 □ Other (5	PERFORM	ED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant conditions to the condition of	HOSPITAL: 1   Inpetient 2   ERU  280. DATE OF INJU. (Month, Day, Ye	/Outpatient 3 = 1	DOA OTHER	26. PL R: ming Hom 28c. INJ WO	LACE OF DEATH (C)	neck only one)  6 □ Other (5	PERFORM PES 2	ED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant conditions are conditionally as a case reference to Medical Examiner?  1	HOSPITAL: 1   Inpetient 2   ER/ (Month, Day, Ye  28e, PLACE OF IN.)	/Outpetlent 3 1 1 JRY 28 JURY — At home,	DOA OTHE DOA 4 Nur Bb. TIME OF INJURY	26. PL R: rsing Hom 28c. INJ WO	LACE OF DEATH (C/	neck only one)  6  Other (5	PERFORM PES 2	ED?	CUREO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant conditions to the condition of	HOSPITAL: 1   Inpetient 2   ER/ 28e. DATE OF INJ. (Month, Day, Ye 28e. PLACE OF IN. building, etc.	/Outpetlent 3 1 1 JRY 28 JURY — At home,	DOA OTHE DOA 4 Nur Bb. TIME OF INJURY	26. PL R: rsing Hom 28c. INJ WO	LACE OF DEATH (C/	6 Other (S 28d. DESCF	PERFORM YES 2 [	ED?	CUREO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant conditions of the condition of	HOSPITAL: 1   Inpetient 2   ER/ 28e. DATE OF INJ. (Month, Day, Ye 28e. PLACE OF IN. building, etc.	/Outpetlent 3 1 1 JRY 28 JURY — At home,	DOA OTHE DOA 4 Nur Bb. TIME OF INJURY	26. PL R: rsing Hom 28c. INJ WO	LACE OF DEATH (C/	6 Other (S 28d. DESCF	PERFORM YES 2 [ Specify)  NIBE HOW INJ	ED?	CUREO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant conditions are conditionally as a case referred to Medical Examiner?  1	HOSPITAL: 1   Inpetient 2   ER/    28e. DATE OF INJU (Month, Day, Ye   28e. PLACE OF IN, building, etc.	Voutpatient 3 = 1 JRY 28 JURY — At home, (Specify)	DOA OTHER BD. TIME OF INJURY M form, street, fact	26. PL PI: rsing Hom 28c. INJ WO 1 1 tory, office	LACE OF DEATH (C/) No 5  Residence JURY AT JURY AT JURY 2  NO	6 Other (S 28d. DESCF 28f. LOCATI City or	PERFORM VES 2  Specify) RIBE HOW INJ ION (Street ent. Fown, State)	ED?  NO  NO  NO  NO  NO  NURY OCC	SUREO or Rural Ro	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant conditions of the condition of	HOSPITAL: 1   Inpetient 2   ER/ 280. DATE OF INJI (Morth, Day, Ye 280. PLACE OF IN, building, etc. YSICIAN: To the best of my in	/Outpatient 3 = 1 JRY = At home, (Specify)	DOA 4   Nur Bb. TIME OF INJURY M  ferm, street, fact	26. PL R: raing Hom 28c. INJ WO 1 1 1	LACE OF DEATH (C/r	6 Other (S 28d. DESCF 28f. LOCATI	PERFORM VES 2  Specify  RIBE HOW INJ  HON (Street ent. Town, State)	ED? NO NO NO NO NO NO NO NO NO NO NO NO NO	CUREO or Rural Ro	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
PART II. Other algnificant conditions and the conditions are conditionally as a condition of the condition and the conditional are conditionally as a conditional and conditional are conditional and conditional are conditional and conditional are conditional are conditional and conditional are conditio	HOSPITAL: 1   Inpetient 2   ERU 28e. DATE OF INJU (Month, Day, Ye 28e. PLACE OF IN, building, etc.)  YSICIAN: To the best of my b	/Outpatient 3 = 1 JRY = At home, (Specify)	DOA 4   Nur Bb. TIME OF INJURY M  ferm, street, fact	26. PL R: raing Hom 28c. INJ WO 1 1 1	LACE OF DEATH (C) the 5 Residence IURY AT PRK? YES 2 NO te the end place, end due seath occured at the	and the cause of time, dete an	PERFORM VES 2  Specify  RIBE HOW INJ  HON (Street ent. Town, State)	ED? NO NO NO NO NO NO NO NO NO NO NO NO NO	CUREO or Rural Ro	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
PART II. Other algnificant conditions of the condition of	HOSPITAL: 1   Inpetient 2   ERU 28e. DATE OF INJU (Month, Day, Ye 28e. PLACE OF IN, building, etc.)  YSICIAN: To the best of my b	/Outpatient 3 = 1 JRY = At home, (Specify)	DOA 4   Nur Bb. TIME OF INJURY M  ferm, street, fact	26. PL R: raing Hom 28c. INJ WO 1 1 1	LACE OF DEATH (C/r	and the cause of time, dete an	PERFORM VES 2  Specify)  RIBE HOW INJ  ION (Street en Town, State)  (e) end mann- nd place, and	ED? NO  NO  NO  NURY OCC  Number  er as state due to the	OUREO  Or Rural Ro  ed.  e cause(e)	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
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PART II. Other algnificant conditions and the condition of the condition o	HOSPITAL: 1   Inpetient 2   ERV  28e. DATE OF INJU (Month, Day, Ye 28e. PLACE OF IN, building, etc.)  YSICIAN: To the best of my in INER: On the beste of examination	/Outpatient 3 1 1 JRY 28 Specify) 28 IURY — At home, (Specify) knowledge, death onation end/or investigations.	DOA 4 Nur  Bb. TIME OF INJURY M  ferm, street, fact occurred at the t stigation, in my of	26. PL R: raing Hom 28c. INJ WO 1 1 1	LACE OF DEATH (C) the 5 Residence IURY AT PRK? YES 2 NO te the end place, end due seath occured at the	and the cause of time, dete an	PERFORM VES 2  Specify)  RIBE HOW INJ  ION (Street en Town, State)  (e) end mann- nd place, and	ED? NO  NO  NO  NURY OCC  Number  er as state due to the	OUREO  Or Rural Ro  ed.  e cause(e)	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO  Ute Number,
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31. DATE FILED (Month, Day, N MAR 22 93

32. REGISTRAR'S SIGNATURE whia Davidson Bondana

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physi	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior
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09407 93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1023 A. - DWA one5 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 192 12 5469 1 2 1 2 | F 70 YRS. 11-01-1922 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH /9c. COUNTY OF DEATH HANFORD MemoriaL HOSPIT DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY PA Delaware Linwood 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1537 Chichester Ave. 19061 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BY Specify 3 Widowed 4 Divorced WW II White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Sou entary/Secondary (0-12) College (1-4 or 5+) 11 Dispatcher Oil Company 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at David Jones Elizabeth Palmer BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 1537 Chichester Ave. Irene Jones Linwood, PA 19061 9 20a, METHOD OF DISPOSITION
1 № Burlal 2 □ Cremation 3 □ Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Croft Cemetery 4 Donation 5 Other (Specify) Lawn 3/30 Linwood, PA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Smith Funeral Home, P.A. 20. Havre de Grace, MD21078-3197 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) Item 23 shows any Injury, or other traumatic event, MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 1 NO 1 YES 2 NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER 1 TES 2 10 patient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 6 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 26c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO Item 28 is marked. 1 Netural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL DE filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mohth, Day, Year) BE ons 20005 mo 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) DROW owner with MD.



BALTIMORE, MARYLAND 21215-0020

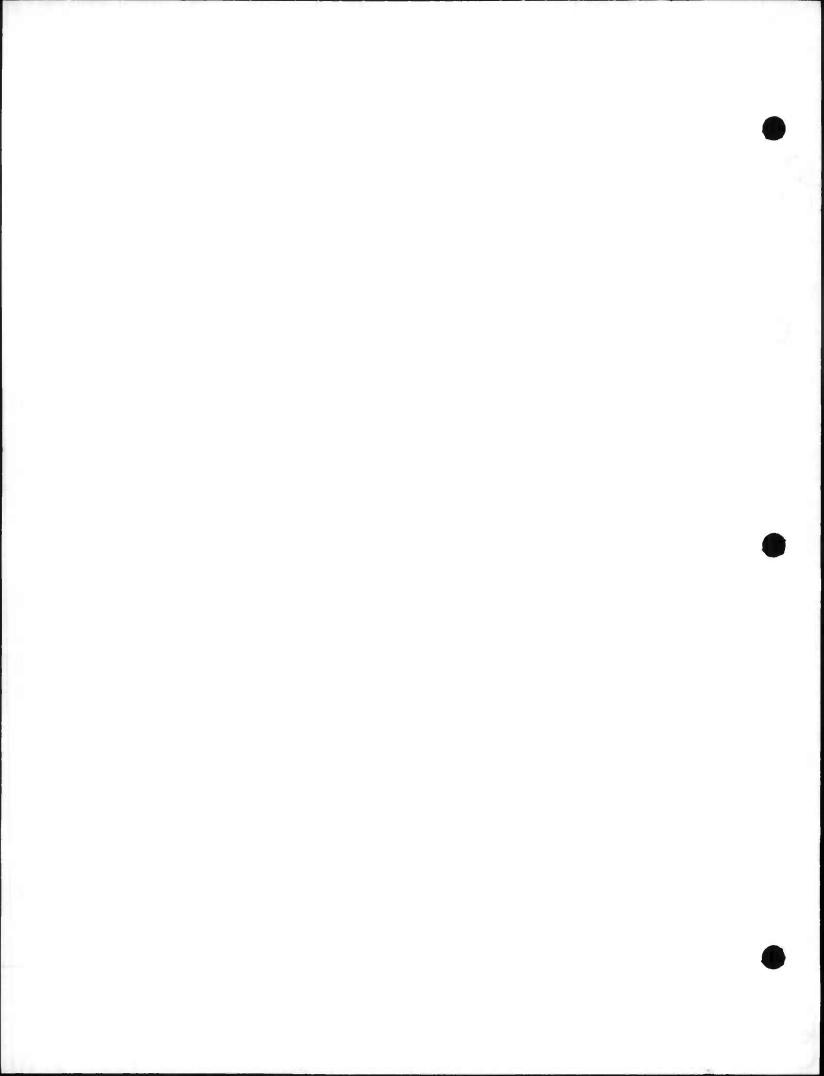
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

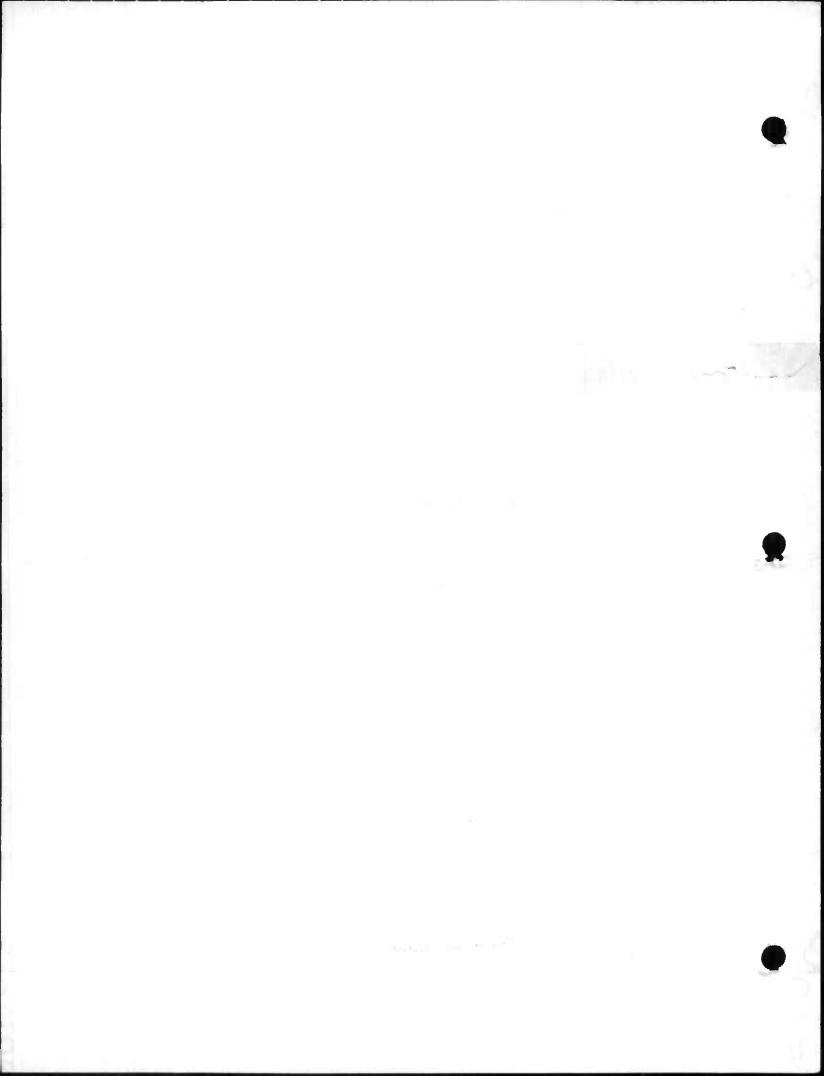
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- 6	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DE	ATN	VEAD	3. TIME OF DEATH		
			v T. Jo	nes						3	18	93	1230 m		
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIR (Month, Day,		8. BIFT	TNPLACE (State or Foreign		
- 4	220-05-60	113	1 XM 2 - F	86	YRS.	MONTHS	DAYS	HOURS	MIN.		4/06	000	Va.		
	9a. FACILITY NAME (If not ins	stitution, give s	treet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE			COUNTY OF			
9	Washingto		T-	Tage	erst	Own	-		Wash.	ington					
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DIRECTOR		10b. COUNTY			100	Y, TOWN O							10d. INSIDE CITY LIMITS?		
									1 X YES 2 NO						
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FUNERAL	11. MARITAL STATUS	TCTIII										USA			
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B	3 Widowed 4 Divon		IF YES, GIVE W	AR OR DATES X		1	_ YES	s □MO	Specify			Spe	ecity:		
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립		-	College (I-4 of 5 t		aint	enar	100			mri	nity	Tanth	neran Chur.		
COMPLET	Flomentan 17. FATHER'S NAME (First, Mic	dale, Lest)			<u>uriic</u>	Ciidi	100	18. MOT	HER'S NAI	ME (First, Middle,			retair chur.		
	T Da	niol	Jones									,			
BE	19a. INFORMANT'S NAME (%		липре	19	b. MAILING	ADDRESS	(Street a	nd Number		Mamie Route Number, City	or Town, Star	te. Zio Code)			
5	Anna V.	Jones	5		11 W	. Ba	alt:	imor	e S	t.,Hag	erst	own . N	. bn		
	20a. METHOD OF DISPOSITIO	DN		20b. PLACE	ANO DATE	OF DISPOSI						N — City or			
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	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	- Ceda	r-La	22. 1	NAME AN	D ADDRE	SS OF FAC	SI/ / / / / / / SILITY	3 Ha	gers	town, Md.		
	Mu	10	dela	110	>					Wats	on F	unera	al Home		
	23. PART I. Enter the die	por .		Con Marie		12/	1 W	Bot	hol	St.Ha	gers	town			
	shock, or he	art fallure.	List only one ceu	se on each line	98tn. Do r 9.	ot enter	the mo	de of dy	ng, suct	n ea cardiec o	reepirator	y arrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Fine disease or condition	nl	12	0	1. =		Ym	un	A \$\overline{\sqrt{A}} A	10			Onset and Death		
	resulting in death)	<b>→</b>	100	Moa	ma		) ou	$\alpha$	-	79					
			DUE TO	OR AS A CONSE	QUENCE OF	F):									
NO	Sequentially list condition	ona,	b	(OR AS A CONSE											
CERTIFICATION	If any, leading to immed cause. Enter UNDERLYIN		DOE TO	(On AS A COMSE	OUENCE OF	-):							j		
윤	CAUSE (Disease or injur		OUE TO	(OR AS A CONSE	OUENCE OF										
Ē	resulting in death) LAST			•		,							j		
핑			1												
AL.	PART II. Other algrifican	condition	a contributing to	death but not	resulting		deriving		given in	Part I. 24e. V	MAS AN AUTO		b. WERE AUTOPSY FINDINGS		
EDICAL		3000	so rec	vale V	IJ	ju	41	Nu .			YES 2 N		COMPLETION OF CAUSE OF DEATH?		
ME													1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF D	EATN (Che	ick only one)					
S	1 TYES 2 NO		1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Re	sidence	6 🗆 Other (Spec	ffy)				
F	27. MANNER OF DEATH		28a. DATE DF (Month, De		28b. TIM	E OF URY	28c. INJ	JRY AT		28d. DESCRIBE	NOW INJURY	OCCURED			
ВУ		ending restigation		-747		М		ES 2 [	ND						
ED E	3 Suicide 6 C	Could not be	26s. PLACE Of building.	F INJURY - At he	ome, farm, s	street, facto	ory, office			281. LOCATION	(Street and Nu	imber or Rural	Route Number,		
2	4 Homicide d	atermined		(,						Oily or lown	, State)				
2	29a. CERTIFIER (Check only	FYINO PNYSI	CIAN: To the best of	my knowledge, de	eath occum	ed at the tir	me, data	and place	and due	to the cause(e) a	nd manner a	s stated.			
COMPLET	one)												(e) and manner as stated.		
	29b. SIGNATURE AND TITLE			7					NSE NUM			DATE SIGNE	Recount Niewy		
BE	() ( I	ellu	X	(1)				Dr	117	86	<b>&gt;</b>	31	19193		
임	SE: NAME AND ADDRESS OF	PERSON WHI	COMPLETED CAUS	SE OF DEATH (ITE	M 27)-/- Non.	P(rint)	1	U	1 1 1	00	11	-1	NA YOU		
	J. Hench	uye	PM) 1'0	15. SK	(b)	le	hil	10	Wes	mp	Hagt	ns to 21	1 190 21/40		
	31. PATE FILED (Month, Day, N			R'S SIGNATURE	E					1	1				



		FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN	ND / DEPAR CERTIF					MENTA	L HYGIEN	E		0 7 4 0 7
	1	1. DECEDENT'S NAME (First, Middle, FLORENCE	ast) 1.	JENKIN	īs						2. DATI	E OF DEATH DATE   18-199	NY 2	YEAR	:55 A. M
		4. SOCIAL SECURITY NUMBER 212-18-8070		5. SEX	6. AGE (In )	yrs. last birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS.	(Mon	th, Day, Year)			ACE (State or Foreign
pino		Sa. FACILITY NAME (If not institution,		9b. CITY.	TOWN C	OR LOCATI	ON OF DE		-11-191		MD NTY OF DEA	TH			
2, 3 should	RECTOR	321 Holland Street Cumberland Allega													
	DIREC	10a. STATE 10b. Co	UNTY	egany			y, town o					-			Od. INSIDE CITY LIMITS?  TES 2 NO
	ERAL	10e. STREET AND NUMBER					<u>unoei</u>		. ZIP COD				10g. CITIZEN OF WHAT COUNTRY?  USA		
-0020 Ing physician. the burtatoran	BY FUNE	321 Holland S  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	tr 	12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES	25 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — A Black, Wh					American Indian, White, etc.			
1215 or attend use as	ETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)				6a. DECEDENT'S (Give kind of life. Do NOT u	work done o			ng	16	b. KINO OF BUS	SINESS/IND		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
AND 2 the hospital of detached for once.	COMPL	Un COVID	1	Conage (1-4 of 5	*/	opera	tor		L			Tele	-	e Co.	
AYLA od by the old be dett	BE CC	George		lber Ba	arnst					Mary	Ett	Middle, Meiden	is		
HAR be retained ge 5 should e notified	5	196. INFORMANT'S NAME (Rype/Print)  William A. Barnstricker  110. East Elder Street Cumber							. ,						
IORE, e 6 may be ector, page must be		20a. METHOD OF DISPOSITION 12 Burial 2 Cremation 3  4 Donation 5 Other (Specify)	Remo	val from State	cemete	LACE AND DATE	OF DISPOS ther place)	ITION (Na	ame of		3-2	TE 20c. LO	CATION —	city or Town	n, Stata
BALTIMORE, after death. Page 6 may be noval. cel examiner must be		21. SIGNATURE OF FUNERAL SERVI	E LIC	ENSEE A	10	1//	22.	NAME AN	no addre	ss of fa	ner	al Home			
hours aft of in by or remo		23. PARTY Enter the diseases, or complications that desired the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final  Approximate interval Between Onset and Death													
within npletely cremati	1	disease or condition resulting in death)  a.   DUE TO (OR AS A CONSEQUENCE OF):										annoranie			
OX 6876  be executed slician and coming to burial, traumatic ev	NOI	Sequentially list conditions, if any, leading to immediate  b.   Atthewacle-war  DUE TO (OR AS A CONSEDUENCE DF):										pr			
O. B ertificati ing phy giene p	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEDUENCE OF):													
DS, P.  he death of the attend Mental Hy  njury, or	CEF		-	•	-										1
RECORD; w requires that the been signed by the pt, of Health and M shows any Inju	MEDICAL	PART II. Other significant con-	Itlon	contributing to	death but	not resulting	in the un	derlying	g cause	given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	C	YERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 ND
Z3 bept.	AN	25. WAS CASE REFERRED TO MEDIC	ML T					26 PI	ACE OF E	EATH MA	not only a				1
F VITA SICIAN: The certificate h the State the State or item	SICI			SOUTAL:	ER/Outpatk	ent 3 ETDOA	OTHER	R:				er (Specify)			
O 본 배출 등	Y PHYSICIAN:	27. MANNER DF DEATH  1  Natural 5  Pending		28a. DATE DE (Month, L		28b. TIN		28c. INJ WO				SCRIBE HOW I	NJURY OC	CURED	-
ISIC TTENDI TTOR: A after d after d	ЕТЕВ ВУ	2 Accident Investige 3 Suicide 6 Could no 4 Homicide determin	t be	28e. PLACE ( building,	OF INJURY — , etc. (Specify)	At home, farm,	atreel, facto	ory, offic	•			CATION (Street a or Town, State)		or Runal Rou	te Number,
적 내 2 부	COMPLE	29a. CERTIFIER (Check only one) 1— CERTIFYING 2 MEDICAL EX.													and manner as stated.
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT: I	TO BE	296. SIGNATURE AND TITLE OF CER	de	low					29c. LIC	ENSE NUM	MBER 56	5		E SIGNED (A	Forth, Day, Year)
	F	30. NAME AND ADDRESS OF PERSO	WHC	COMPLETED CAU	SE OF DEATH	H (ITEM 27) (Type	, Print)								

31. DATE FILED (MOND, Day, Year)
MAR 19 1993

955 Frederick Street: Cumberland, MD 21502



93 09410

DIVISION OF VITAL RECORDS P.O. BOX 68760

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	ENTAL HYGIENE REG. NO.	3 03410
	3	1. DECEDENT'S NAME (First, Middle, Last)  LOUISE  J. KLEIN		YEAR 3. TIME OF DEATH
Pin		204-14-3169 1 M 2 1/F 68 YRS. MONTHS DAYS HOURS MIN.		BIRTHPLACE (State or Foreign Country)
1, 2, 3 should	СТОВ	98. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEAT  9c. CITY, TOWN OR LOCATION OF DEAT  SEVERNA PAR	TH 9c. COUNT	Y OF DEATH
mit, Pages	DIRE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION SEVERNA PARTINETE	nk	10d, INSIDE CITY LIMITS? 1 YES 2 NO
	KERA	106. STRUEFOR ROL 21146	10g. CITIZE	N OF WHAT COUNTRY?
5-0020		11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, 1 YES 2 NO Specify:	C ORIGIN? (Specify Yes or No— 1- Puarto Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify
Se affe	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INOUS	STRY
the hospital or detached for u	COMPL	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME	E (First, Middle, Maiden Surname)	6
MAKYL retained by t 5 should be notified at	8	199. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Role)	Y MERK	KEL
y be re y be re sage 5	욘	ROART R. KLEIN 106 SAUFFER &	Rd SP. M.	D. 21146
E e C		4 Donation 5 Other (Specify)	3-23 CUMRU	y or Town, Stata
SALIIN after death, Pag y the funeral di moval.		BARRANCO E	H 5.P. M	21146
tred within 24 hours after completely filled in by the fall, cremation, or removal.		23. PART . Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such a shock, or heert failure. List only one ceuse on each line.  iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  OUE TO (OR AS A CONSEQUENCE OF):	as cerdiec or respiratory arres	t, Approximata Interval Between Onset and Death
traumatic e	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		
e death he atten Mental H	빙	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pa		
v requires that been signed by t. of Health and shows any	4: MEDICAL	Solution of the landerlying cause given in Pa	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
The laste has ate De	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES  NO.		
F ## 5	PHY	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  21 MANNER OF DEATH  28c. INJURY AT WORK?  1 VES 2 NO	8d. OESCRIBE HOW INJURY OCCUP	REO
TTENDI TTOR: A after d	TED BY	2 Accident	81. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
TAL OR YAL DIRE	COMPLE	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time.	the cause(s) and memor as stated.	ause(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 I	TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER  29c. LICENSE NUMBE  29c. LICENSE NUMBE		GNED (Marith, Day, Year)
		STANLET A WATKINS . WD 900 BEST 6 BTA RI	o ANN m	12140)
		31. DATE FILED (MONTH, Day, Year)  MAR 2 3 1993 Julia Davidson Anders		

No. of the second

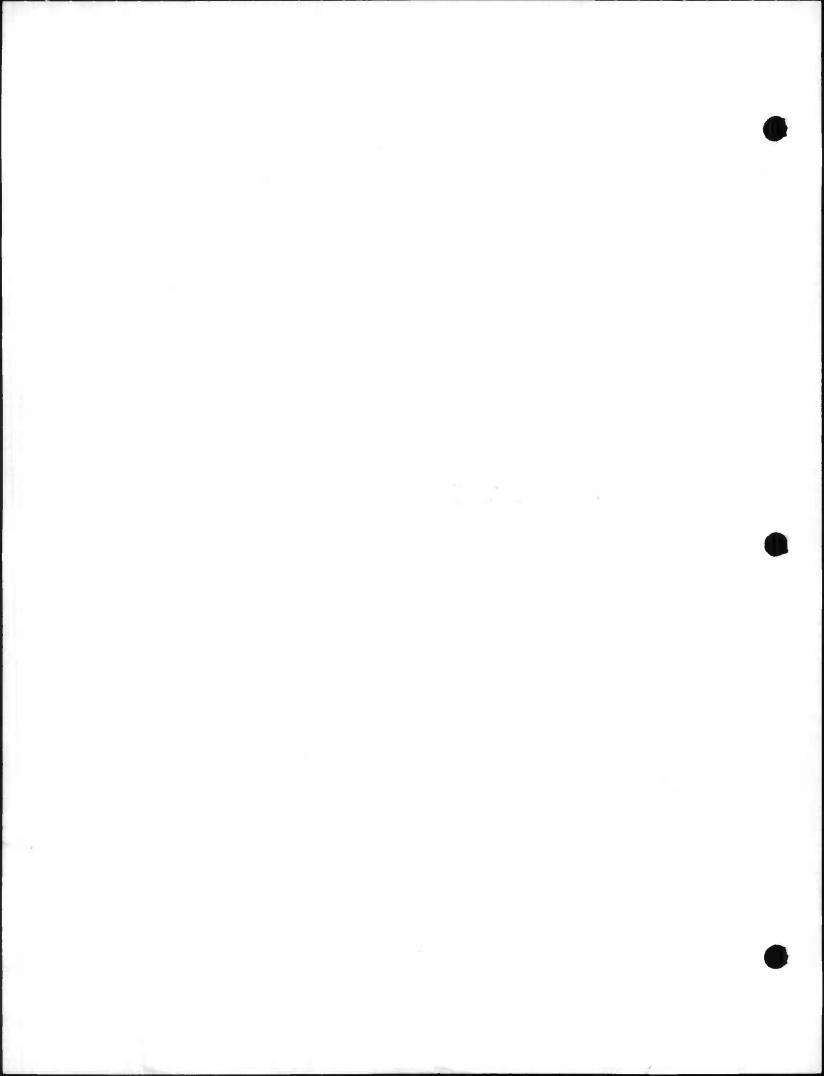
9		<b>政</b> 司 ·	- SANGERS	THE PERSON NAMED IN	
	ician.	al-transit permit. Pages 1, 2 3 mm	11		
LAND 21215-0020	the hospital or attending phys	e detached for use as the buria		t once.	
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2		al examiner must be notified at once.	
ш	9	5	Š	60	۲

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burital filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- 3	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH													
- 1	EDMUND	OSEPH	KOE	KOENNEL						March 13, 199			7:40 a M	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER	1 YEAR			7. DATE OF BIRTH			B. BIRTHPLACE (State or Foreign	
	220-42-4819 1₺₩2□ ₽			47	47 YRS. MONTHS DAYS			HOURS	MIN.	Nov.3, 194		45 Washington, DC		
	9a. FACILITY NAME (If not in	natitution, give s	treet and number)			9b. CITY,	, TOWN	OR LOCATI	ON OF DE					
DIRECTOR	Doctors Community Hospital				Lanham					nce	George's			
ត្ត	RESIDENCE OF DEC		10c. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY				
뜸	Maryland	S		nham					LIMITS?					
	10e. STREET AND NUMBER		10f. ZIP CODE				10g. CITIZEN OF WHA							
FUNERAL	6314 Naval	20706				U.S.A			.A.					
5	11. MARITAL STATUS  12. WAS DECEDENT EVER   1 Never Married 2 XMarried FDRCES? 1 X YES				S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes of Myes, specify Cuban, Mexican, Puerto Rican, etc.)				or No-	or No — 14. RACE — American Indian, Black, White, etc.				
BY	1 Never Married 2 Married 3 Widowed 4 Divorced FDRCES? 1 X YE IF YES, GIVE WAR OR				1 ☐ YES 2 NO Specify:							w White		
ED	15. DEC	EDENT'S EDUC	CATION	16a	. DECEDENT'S	USUAL OC	CCUPATK	DN C	_	16b. Kil	ND OF BUS	INESS/INC	NISTRY	
<b>E</b>	(Specify oni Elementary/Secondary (I	ly highest grade 0-12)	completed) College (1-4 or 5		(Give kind of Itle. Do NOT u	work done o se retired.)	during mo	ast of worldi	ng					
COMPLET	12				Sale	sman				Fer	guso	n En	terp	rises
8	17. FATHER'S NAME (First, M	10.20								ME (First, Midd	lle, Maiden	Surname)		
BE	Frederick		5T							Cady				
2	Linda Koenr	nel			6314	Naval	(Street of	enue	or Rural F Lai	nham, M	City or Town	n, State, Zip and	2070	06
ì	20a, METHOD OF DISPOSIT  1 Departies 5 Comments			r other place					1	LOCATION — City or Town, State centwood, Maryland				
1	21. SIGNATURE OF FUNERA		22. NAME AND ADDRESS OF FACILITY Rendon/Hale Lanham Funeral Home											
9013 Annapolis Rd., Lanham, Maryland 207  23. PART I. Differ the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approxim.								and 20706						
	immediate Cause (Figure 1) disease or condition resulting in death)	nel	a. A CUTE	use on eech	line.						or respl	ratory en	rest,	Approximate Interval Between Onset and Death
z														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):													
Ĭ.	CAUSE (Disease or Injuthat Initiated events		DUE TO	(OR AS A COA	NSEDUENCE O	F):								
E	resulting in death) LAS	i .	. HYPE	-RTEN	ISION									
	DART II Other should not deally and an allely and a should not be should											WERE AUTOPSY FINDINGS		
DICAL			I counting in the underlying course given in F			PERFORMED?		240	AMAILABLE PRIOR TO COMPLETION OF CAUSE					
9	1 □ YES 2 X X 100								X Mo	OF DEATH?				
PHTSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL					ACE OF 0	EATH (Che	ock only one)				
2	EXAMINER?  1 X YES 2 NO  HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)													
1 PH		Pending Investigation	28a. DATE DF (Month, D	ay, Year)	28b. Till IN.	IE OF JURY M		URY AT PRK? YES 2	) NO	28d. OEŞCRI	BE HOW II	NJURY OC	CURED	
- 4	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)							Rt. factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				loute Number,		
	29a. CERTIFIER 1 CERTIFYING BUYSICIAN: To the head of the land of													
COMPLEIED	CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.  Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.													
2	296. SIGNATURE AND TITLE OF CERTIFIER  ( ) USerywww MD (OMS)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  JMBERUER MD #205, 7720 WISCONSIN AVE Bethesda Md 20874									(Month, Day, Year)				
2	JM BERUER	F PERSON WHO	#201 7	SE OF DEATH	ISCAAJO	Print)	ue	BoT	lo col	'a M	1 7	200		11.10
ŀ	31 DATE FILED (Month, Day.	Year)	g 32. REGISTRA	R'S SIGNATUR	E	-10 -1		-501/	المامر به	ما ۱۳۰۷ میل	~ ~	1014	-	
	MAR 1 5 199	13	Froia Davids	ar's signatur	lable									



REGISTRAR  1. DECEDENT'S NAME (First				CERTIF	ICATE C	F DEATH	2. DA	REG. NO.	NY .	YEAR	3. TIME OF OEATH
	France	es Kelly						3-17-93	3	TEAN.	1:10 PM
4. SOCIAL SECURITY NUM		5. SEX		s. lest birthday)	IF UNDER 1 YE			TE OF BIRTH		. BIRTHP	LACE (State or Foreign
721-18-067			88 YRS.	-ontine	TS HOURS MAN		9-19-04			ÀSS	
9a. FACILITY NAME (If not is					9b. CITY, TOV	WN OR LOCATION OF	DEATH		9c. COUNT	Y OF DE	ATH
Kensingto		len Nursi	ng Cen	ter	Ke	ensington	1		Mor	ntgo	mery
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY				10c. CI1	TY, TOWN OR LO	CATION					10d. INSIDE CITY
MD	Ca	lvert			Hunting						LIMITS?
10e, STREET AND NUMBER		2.02.0			manoing	101, ZIP CODE	_		10. 017175		1 TYES 2 NO
Box 324 St	innett	Road				2063	0		log. GITIZE	US	
11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN U.S	ARMED	13 WAS			GIN2 (Specify Vec	or No. 1		
11. MARITAL STATUS 1  Never Married 2  Married 3  Widowed 4  Divorced 12. WAS DECEDENT FORCES? 1  IF YES, GIVE WA					If yes	, specify Cuban, Me	cican, Puer ec/fy:	IIC ORIGIN? (Specify Yes or No— n, Puerto Rican, etc.)  14. RACE— Black, W Specify:			- American Indian, White, etc. White
15. DEC	EDENT'S EDU	CATION	16a	DECEDENT'S	USUAL OCCUP	PATION	1	6b. KIND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (		College (1-4 or 5	+)	life. Do NOT u	work done during ise retired.)	most of working					
12				Ho	memaker	5		Н	ome		
17. FATHER'S NAME (First, A	fiddle, Last)					16. MOTHER'S	NAME (Firs	I, Middle, Maiden	Sumame)		
James Ha	nabury					Mary	Maho	oney			
19a. INFORMANT'S NAME (						eet and Number or Ru			n, State, Zip C	ode)	The state of
Marion Cl	air			911	4 01d 0	Germantow	n Roa	ad Bet	hesda	, MI	D 20814
20a. METHOD OF DISPOSIT  1 Surlai 2 Crematic  4 Donation 9 Other	on 3 🗆 Rem	noval from State			of DISPOSITION		-20-9		cation - ci		rn, Stata
21. SIGNATURE OF FUNERA		CENSEE				E AND ADDRESS OF	FACILITY				
12	~										
23. PART I. Enter the d		/		M002	10/00/	usch Fun					ngs, MD
IMMEDIATE CAUSE (Firdisease or condition resulting in death)	nai →	a. OV DUE TO DUE DUE DUE DUE DUE DUE DUE DUE DUE DUE	19est 1908 AS A CON 12l O	ine.	hea	of fa	ilu	dis	eore		Interval Between Onset and Death Inventh
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ING Iry	· 6-0	OR AS A CON	ISECUENCE O	al	horsz	clor	5205			20 year
Carefra	ent condition	ne contributing to	1 00		in the underl	ying ceuse given	in Part i.	24a. WAS AN PERFOR 1 — YES 2	MED?	0	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL					L PLACE OF DEATH	(Check only	one)			
1 YES 2 NO		HOSPITAL:	ER/Outpatien	t 3 🗆 DOA	OTHER:	Home 5 🗆 Residen	ca 8 🗆 Ot	her (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, I		28b. TIN		INJURY AT WORK?	7	ESCRIBE HOW IN	JURY OCCU	RED	
	Pending Investigation	(Mornin, E	yay, lear)	- "		YES 2 NO					
3 Suicide 8	Could not be determined	28a. PLACE ( building.	OF INJURY — A atc. (Specify)	t home, farm,	street, factory, c	office		OCATION (Street a ity or Town, State)	nd Number or	Rural Ro	ute Number,
		ICIAN: To the best of									
2   MED	ICAL EXAMINE	:H: On the besia of a	xamination and	Vor Investigation	on, in my opinio	n, death occured at	the time, de	nte and place, and	d due to the o	cause(a)	and manner as stated.
THE SHOWATURE AND TITLE	OF CENTIFIE	R		2		29c. LICENSE	NUMBER		29d. DATE S	SIGNED (	Month, Day, Year)
Bress	1/2	Unno	71	11/		11)-12	04	7	Man	ch	17,1993
HAD ADDRESS OF	PERSON WE	FOR GET	SE OF DEATH	DO R	FTUF	CDA M	1	20811	-		and the same
31. DATE FILED (Month, Day,	Year)	22. REQISTRA	AR'S SIGNATUR	M. 90.	1776	VIE, IIC	U.	7-00	1		
MAR 19	1993	On lia David	ACA- ATH	Milleria							

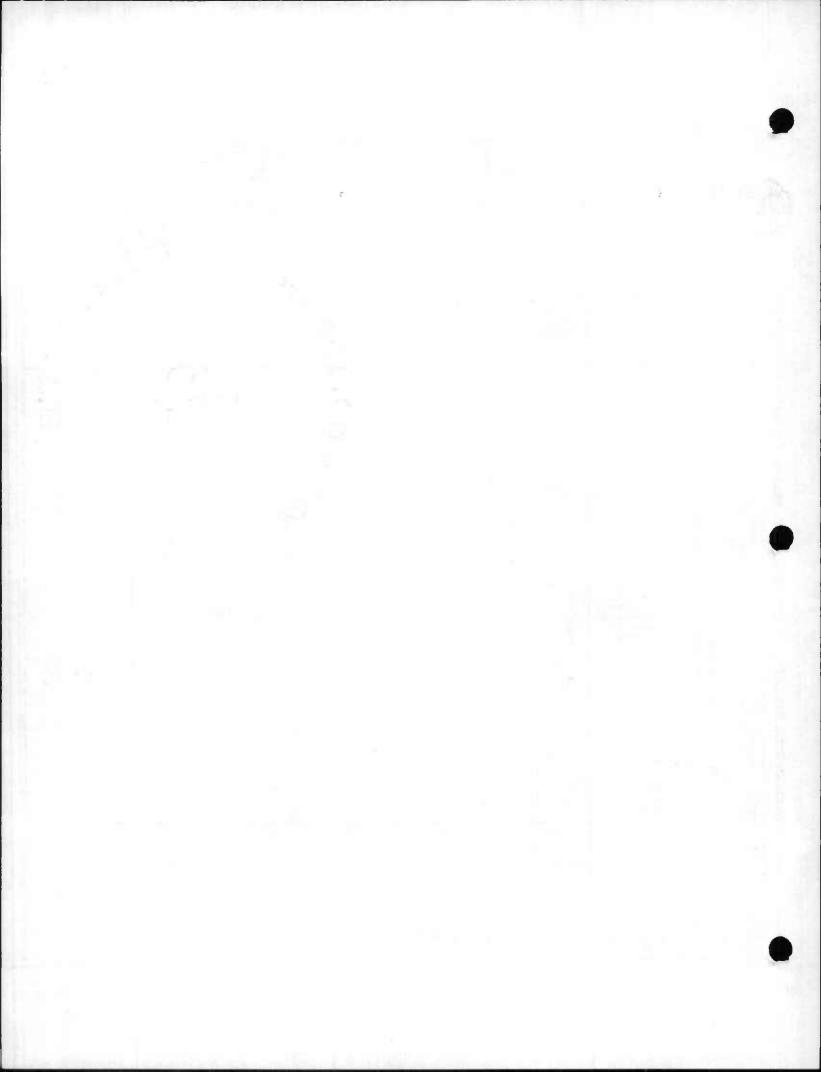
TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT. If Item 28 is merked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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Particular or removal	tem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
N remov	nedical
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Crar	ven
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free death with the State Dent of Health and Mental Hydene prior to hural cremation or sem-	r othe
Mental	jury, o
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ter c	99
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10	Fe

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR Agnes Gwynette Hicks Kicempificate OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) Agne	es Gwynette H	icks Kra	imer ER	2. D	ATE OF DEATH ONTH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 - 46 - 9610	6. AGE (In yrs. last 78	t birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  YRS. MONTHS DAYS HOURS MIN.			ATE OF BIRTH Honth, Day, Year) Ct. 24,	BIRTHPLACE (State or Foreign Country) 1 Maryland			
HC H	98. FACILITY NAME (If not institution, give street and number)  SOUTHERN MARYLAND HOSP, CLINTON  9c. COUNTY OF DEATH P.G.									
DIRECTOR	RESIDENCE OF DECEDENT									
Ë	Maryland St. Mar	7710	Lexi	~le			10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	у 5	TICKT			1  YES 2 1				
ER	314 Espernza Drive		101. ZIP CODE 20653				USA			
FUNERAL	11. MARITAL STATUS 12. WAS	S DECEDENT EVER IN U.S. ARM	MED 13 WAS DECEMBENT OF HISPANIC ORIGINS (See							
BY	1 Never Married 2 Married IF Y  X Wildowed 4 Divorced	rces? 1 Tyes 20 No Yes, give war or dates X	•	If yes, specify Cube  1 YES 25 NO	n, Mexican, Pue Specify:	rto Rican, etc.)	14. RACE — American Indian, Black, White, atc.  Specify: White			
밑	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16a. DEC (Giv	EDENT'S USUAL O	OCCUPATION during most of working		18b. KIND OF BUS	INESS/INDUS	TRY		
COMPLETED	12 -	P# (1-9 Of 3 +) ]	po NOT uso retired. DUSEWIFE			Hor	Home			
BE CO	17. FATHER'S NAME (First, Middle, Last) William Carlton Hick			Vio	olet M.	Burroug	ghs			
5	Patricia G. Holtz	7	7504 Ear	nshaw Dri	or Aural Aoute A	tumber, City or Town andywine	o, State, Zip Co P, Md.	20613		
	20a. METHOD OF DISPOSITION  1 C Burlel 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)	n State 20b. PLACE AP				DATE 20c. LOCATION — City or Town, State 8-26 Suitland, Md.				
	21. SIGNATURE OF FONERAL SERVICE LICENS 1 22. NAME AND ADDRESS OF FACILITY HUNTL FUNCTAL HOME									
Benjamin Matthews M00658 P. O. Box 156, Waldorf										
	23. PART i. Enter the diseases, or complice shock, or heart feilure. List only iMMEDIATE CAUSE (Final disease or condition resulting in death)	y ona ceuse on each lina.					atory smest	, Approximate Interval Between Onset and Death		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other eignificent conditions contri	buting to death but not in	seulting in the underlying cause given in Part i.			24a. WAS AN A PERFORI	MENT	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	/		26. PLACE OF DE	ATH (Chart - 1	y anni				
잃	EXAMINER? HOSP	ITAL: perlant 2 - ER/Outpatient 3	OTHE	R:						
HĂ		a. DATE OF INJURY	28b. TIME OF	rsing Home 5 Rei 28c. INJURY AT		ther (Specify) DESCRIBE HOW IN	JURY OCCUR	FD		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK?		SECONDE NOW INSURT OCCURED				
							CATION (Street and Number or Rural Route Number, or Town, State)			
COMPLETED			eath occurred at the time, data end place, and due to the cause(a) and menner as stated.  Investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.							
BE	296. SIGNATURE AND TITLE OF CERTIFIER	the MI			290_LICENSE NUMBER					
2	30. NAME AND ADDRESS OF PERSON WHO COMPL	ERTELE	27) (Type, Print)	7501	Surel	175 PM	CLINTON 2000			
31. DATE FILED (MONTH), Day Mari)  MAR 25 93  Author Davidson Render										

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	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked or them 22 shows any injury or other traumatic event the medical eventual to med
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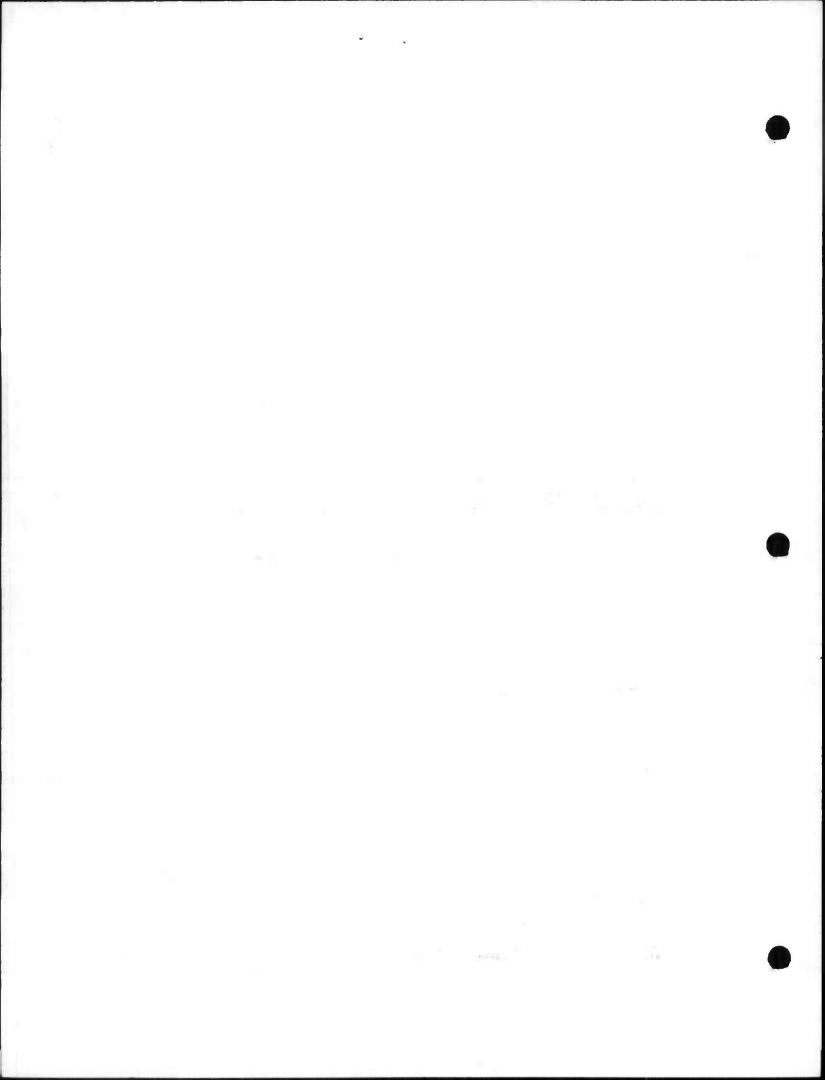
								9	3 09414			
	1 - STATE REGISTRAR	STATE OF MA			MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest) DOROTHY KAGLI	DOROTHY	LOU:	ISE	KAGLE		2. DATE OF DEATH	-1-1	YEAR 3. TIME OF DEST			
	4. SOCIAL SECURITY NUMBER 577-20-8267	5. SEX 1  M 2  F	6. AGE (In yrs. las	,,	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN	/44 O 14 1	919 6	BIRTHPLACE (State or Foreign Country)  Vash. D.C.			
NO.	9a. FACILITY NAME (If not institution, give CHURCH HOSPITA		1.7	BALTI	MORE (	DEATH		Y OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	γ		10c CITY TO	OWN OR LOCAT	ION			Line many arm			
	Maryland Ch	arles			edict		T	10d. INSIDE CITY LIMITS? 1 VES 2 X NO				
ERA		6 .Patux	rant As		101.	2061	S . A .					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. WAS DECI	ENDENT OF HIS	PANIC ORIGIN? (Specify Yellican, Puerto Rican, etc.)		4. RACE — American Indien, Black, White, etc.			
84	1 Never Married 2 Married 3. Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 TYES	2 NO Spi	icity:		Specify: White			
TED	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	18a. DE	CEDENT'S USL	UAL OCCUPATIO done during mos	N st of working	16b. KIND OF BU	SINESS/INDUS				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)				•	A # 11 =					
WO	17. FATHER'S NAME (First, Middle, Last)	-	ome m	aker	18. MOTHER'S	At Ho NAME (First, Middle, Malden						
BE C	Henry W. Brown Leonore Talcott											
5	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Joy Lynn Foard P.O. Box 95, Benedict, Maryland 20612  20c. METHOD OF DISPOSITION OATE 20c. LOCATION — City or Town, State											
	1   Burlel 2 RC Cremation 3   Removat from State 4   Donation 5   Other (Specify)   Lee Crematory 3/26/1993   Clinton, Md.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  AREHART-ECHOLS FUNERAL HOME											
	23. PART I. Enter the diseases, or	complications that	caused the de	sth. Do not a	anter the mod	BOX fe of dying, s	567, LA P	LATA,	MD. 20646			
	ahock, or haart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Responsible to the condition resulting in death)								interval Between Onset and Death			
_	DUE TO (OR AS A CONSEQUENCE OF):											
ERTIFICATION	Sequentially list conditions, If any, leading to immediata Due To (or AS A CONSEQUENCE OF):											
CA	cause. Enter UNDERLYING CAUSE (Disease or injury											
FE	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
O	DADT is Other stantificant and distance conditions as with the stantificant and distance conditions as well as a stantificant and distance conditions as well as a stantificant and distance conditions as well as a stantificant and distance conditions as well as a stantificant and distance conditions are stantificant and distance conditions as a stantificant and distance conditions are stantificant and di											
MEDICAL	Kecter 5/2001/01 PERFORMED?								24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
MED							1 TYES 2	! [] NO	OF DEATH?			
N.												
Sic!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:			THER:	ACE OF OEATH						
PHYSICIAN:	27. MANNER OF OEATH	1 Pripatient 2 ER/Outpatient 3 DOA 4  28s. OATE OF INJURY 28b. TIME (			F 28c. INJU	JRY AT	28d. OESCRIBE HOW I	Other (Specify)  Id. 0E\$CRIBE HOW INJURY OCCUREO				
OL 1 Natural 5 Pending (Month, Day, Year) INJURY WORK?  2 Accident Investigation M 1 YES 2 NO												
m 1	3 Suicide 8 Could not be determined determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								Rural Route Number,			
8	3 Suicide 8 Could not be 4 Homicide determined	building, et	An OFFICIER									
8	4 Homicide determined		n krowledna da	ath once	I the time det	and alast 100 ft						
8	4 Homicide determined  29e. CERTIFIER (Check only 1	ICIAN: To the best of m					ue to the cause(s) end man		cause(s) and manner as stated,			
	4 Homicide determined  29e. CERTIFIER (Check only 1	ICIAN: To the best of m					he time, data and place, an	d due to the o				

PLETED CAUSE OF DEATH (ITEM 2/1) (Typo, Print)

32, REGISTRAR'S SIGNATURE
Julia Davidon Fondelle

WAR 26 93

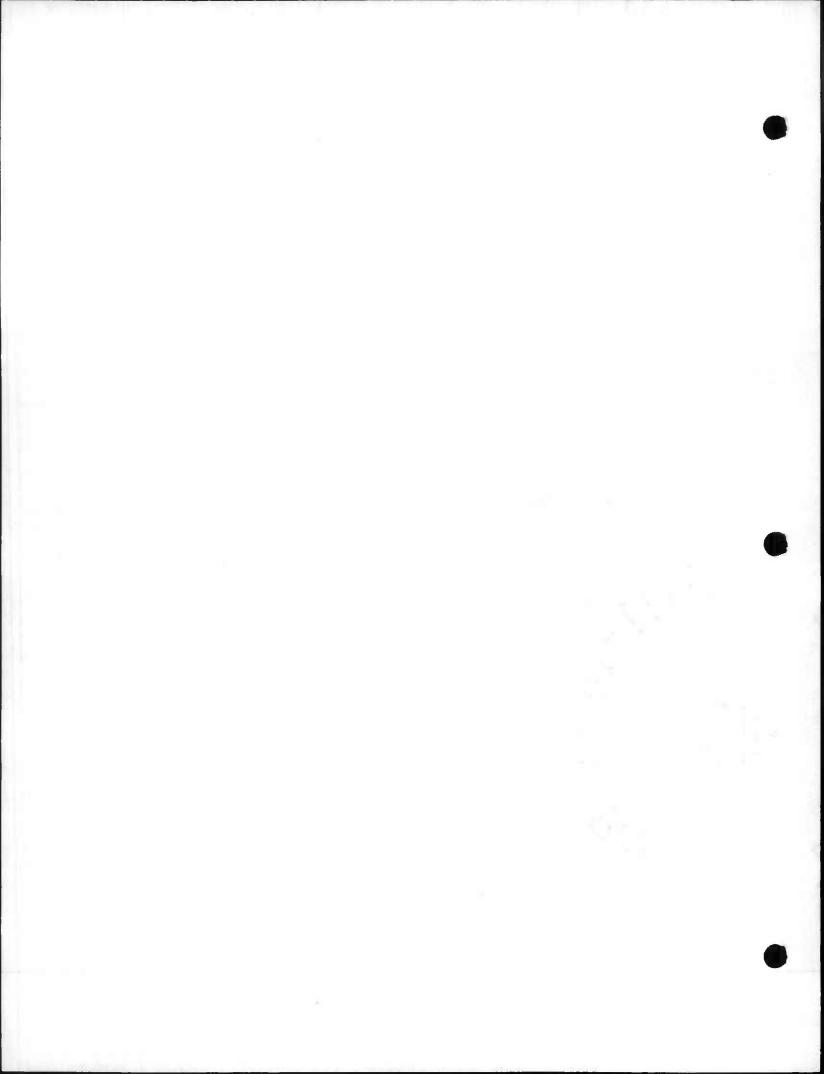
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	93	094
A DATE OF DEATH		

	1 - FOR STATE REGISTRAR	STATE OF MA				F HEALTH AND	MEN	TAL HYGIEN		13	09415	
	1. DECEDENT'S NAME (First, Middle, Last)				11		2. D	ATE OF DEATH			3. TIME OF DEATH	
- 27	Edna Ma	ie			Kr	now les	18	larch &		793	2220 m	
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. i	last birthday)	IF UNDER 1 YE		7. D/	7. DATE OF BIRTH 8. 5 (Month, Day, Year)			PLACE (State or Foreign	
- 9	213-10-8359	1 M 2 X F	78	YRS.	months on	TS HOOKS MIN.		8/ 13/	14		Maryland	
~	9a. FACILITY NAME (If not institution, give									EATH		
DIRECTOR	PENINSULA REGION	ER	R SALISBURY						00			
E	10a. STATE 10b. COUNT	10b. COUNTY 10c. CITY, TOWN DR LOCATION									10d. INSIDE CITY	
	Maryland Wi	comico		Sa	lisbu	У					LIMITS?	
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
Ä	103 Coulbourne	Dr.				21801	1		US	SA		
2	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. WAS	DECENDENT OF HISP/ i, specify Cuban, Mexic	ANIC OR	IGIN? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.	
8	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAI		3		YES 2 X NO Spec		10 1110411, 01017		Specif	y:	
	15. DECEDENT'S EDU	ICATION	160 5	SCEDENT'S	USUAL OCCUI	MITION	_	16b, KIND OF BUS	DINIEGO (III.)		ite	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	e completed)		(Give kind of wille. Do NOT us	work done durin	g most of working		160. KIND OF BUS	SINE 35/IN	DUSTRY		
2	12	College (1-4 or 5+)	se			shirt	facto	rv				
O	17. FATHER'S NAME (First, Middle, Last)		1 00	umber	000	18. MOTHER'S N	AME (Fir	st, Middle, Maiden		) L y		
	Edwin (unk) Duni	n				Lula (	unk	) Eskrid	lge			
BE	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS (Str					p Code)	-	
2	Mildred Cogdell	The state of the s										
	20s. METHOD OF DISPOSITION		20b. PLACI	E AND DATE O	F DISPOSITIO				Dc. LOCATION — City or Town, State			
1XX Burial 2   Cremation 3   Removal from State   Commetery, crematory or other place   Springhill Memory Gardens   3/10   Hebron, Md.												
	Cuton 1			1 21001								
	23. PART i. Enter the diseases, or	complications that		death Don	ot enter the	Snow Hil	. I K	d., Sall	LSDUI	у, м	Approximata	
	shock, or heart failure.	List only one cause	gh each lir	ne.	or officer the	mode or dying, so	OIT BE C	aronac or respi	INIDITY AT	rest,	intervai Between	
- 1	IMMEDIATE CAUSE (Final disease or condition										Onset and Death	
- 1	resulting in death) = a. LutracereBraz Hemorrage, left									10045		
	Sequentially list conditions,  List a cere 13 RA2 Hemorrapage left  Due to (or as a consequence of):  Sequentially list conditions,											
ا ہ	_	Hungata	CUCIVA	. (0	11521	050100	- 1	11:00			Lienar	
NOL		a Higherte	AS A CONS	EDUENCE OF	adios	ascular		) Li Elin			years	
CATION	if any, leading to immediate cause. Enter UNDERLYING	a. Higherte	OR AS A CONS	EDUENCE OF	idios.	ascular		) Li Ecin			years	
LIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONS	EDUENCE OF	·):	ascular		) Lis Eccin			years	
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	M AS A CONS	EDUENCE OF	·):	ascular		) Li Ecci			years	
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	OR AS A CONS	EDUENCE OF	·):					24b	UPCC15	
اي	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e	OR AS A CONS	EDUENCE OF	·):			. 24e. WAS AN PERFOR	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
اي	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	OR AS A CONS	EDUENCE OF	·):			. 24e. WAS AN	AUTOPSY IMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
اي	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	OR AS A CONS	EDUENCE OF	·):			. 24e. WAS AN PERFOR	AUTOPSY IMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE	
AN: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition	e	OR AS A CONS	EDUENCE OF	n the under	lying cause given in	n Part I	. 24e. WAS AN PERFOF	AUTOPSY IMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
اي	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	c. DUE TO (0 d	OR AS A CONSI	EDUENCE OF	n the under	lying cause given in	n Part I	. 24e. WAS AN PERFOR	AUTOPSY IMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
اي	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL	c. DUE TO (0 d	OR AS A CONSI	EDUENCE OF	other:	lying cause given in  8. PLACE OF DEATH (C	n Part I	24e. WAS AN PERFOR 1 YES 2 y one)	AUTOPSY IMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
اي	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	c. DUE TO (0 d	OR AS A CONSI	EDUENCE OF	OTHER: 4   Nursing	lying cause given in  8. PLACE OF DEATH (C)  Home 5  Residence  INJURY AT  WORK?	n Part I	. 24e. WAS AN PERFOR	AUTOPSY IMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	e. DUE TO (0 d	eath but not  ER/Outpetient  JURY  NJURY  At I	EDUENCE OF	OTHER: 4 - Nursing EOF URY M 1	B. PLACE OF DEATH (C Home 5  Residence INJURY AT WORK? YES 2 NO	n Part i	24e. WAS AN PERFOR 1 YES 2  y one)  OESCRIBE HOW I	AUTOPSY IMED?	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	c. DUE TO (0 d	eath but not  ER/Outpetient  JURY  NJURY  At I	EDUENCE OF	OTHER: 4 - Nursing EOF URY M 1	B. PLACE OF DEATH (C Home 5  Residence INJURY AT WORK? YES 2 NO	n Part I	24e. WAS AN PERFOR 1 YES 2 y one)	AUTOPSY IMED?	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1 Natural 5  Pending Investigation 3  Suicide 8  Could not be datermined	e. DUE TO (0 d	ER/Outpetient  NJURY  NJURY  INJURY  At I	BOUENCE OF a resulting i	other:    Cother:	8. PLACE OF DEATH (C) Home 5   Residence - INJURY AT WORK?   YES 2   NO	n Part I	24e. WAS AN PERFOR 1 YES 2  Y one)  Other (Specify)  OESCRIBE HOW II  City or Yown, State)	AUTOPSY IMED?  [X/NO  NJURY OC	CURED  or Rural Ri	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined  29s. CERTIFIER (Check only)	C. DUE TO (D  d	eath but not  ER/Outpetient JURY Year)  INJURY — At It. (Specify)  In knowledge, of	BOUENCE OF Testifing is a pool of the pool	2 OTHER: 4   Nursing E OF 28curry M 1 street, factory,	8. PLACE OF DEATH (C) Home 5   Residence INJURY AT WORK? YES 2   NO office	n Part I	24e. WAS AN PERFOR 1 YES 2  y one)  Other (Specify)  OESCRIBE HOW B  OCATION (Street a City or Town, State)	AUTOPSY IMED?  [X NO NJURY OC NJURY OC Number as sta	CURED or or Rural	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
اي	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINI	C. DUE TO (D  d	eath but not  ER/Outpetient JURY Year)  INJURY — At It. (Specify)  In knowledge, of	BOUENCE OF Testifing is a pool of the pool	2 OTHER: 4   Nursing E OF 28curry M 1 street, factory,	B. PLACE OF DEATH (C Home 5   Residence INJURY AT WORK?   YES 2   NO office  date and place, and du on, death occured at th	n Part I	24e. WAS AN PERFOR 1 YES 2  y one)  Other (Specify)  OESCRIBE HOW B  OCATION (Street a City or Town, State)	AUTOPSY IMED?  [5/NO  NJURY OC  and Number  there as stated due to ti	or or Rural Rivined Andrews (a) the cause(a)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noutle Number,	
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5  Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2  MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	C. DUE TO (D)  d	eath but not  ER/Outpatient  IJURY  Year)  INJURY — At r.c. (Specify)  y knowledge, domination and/o	BOUENCE OF Testifing is a pool of the pool	2 OTHER: 4   Nursing E OF 28curry M 1 street, factory,	B. PLACE OF DEATH (C  Nome 5 Residence INJURY AT WORK? YES 2 NO office  date and place, and du on, death occured at th	Check only 28d. 28f. I	24e. WAS AN PERFOR 1 YES 2  y one)  Wher (Specify)  OESCRIBE HOW II  COCATION (Street a City or Town, State)  cause(a) and mer date and piece, an	AUTOPSY IMED?  [5] NO  NJURY OC  and Number  there as stated due to ti	or Rural Rived.  the cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Dutte Number,  and manner as stated.  (Month, Day, Year)	
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY OF CERTIFIER (Check only one) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY OF CERTIFIER (Check only one) 2 MEDICAL EXAMINITY ONE) 2 MEDICAL EXAMINITY OF CERTIFIER (Check only one) 2 MEDICAL EXAMINITY OF CERTIFIER (Check only one) 2 MEDICAL EXAMINITY OF CERTIFIER (Check only one) 2 MEDICAL EXAMINITY OF CERTIFIER (Check only one) 2 MEDICAL EXAMINITY ONE) 2	DUE TO (D  d	eath but not  ER/Outpatient AJURY Year)  INJURY — At It. (Specify)  Injury and injury Injury — At It.	BOUENCE OF Testifing in the second se	2 OTHER: 4 Nursing E OF 28cury M 1 itreet, factory. d at the time, n, in my opinic	8. PLACE OF DEATH (C) Home 5   Residence INJURY AT WORK? OYES 2   NO office  date and place, and du on, death occured at th	n Part I	24e. WAS AN PERFOR 1 YES 2  y one)  Other (Specify)  OESCRIBE HOW B  COCATION (Street a City or Town, State)  cause(a) and mer date and place, an	AUTOPSY IMED?  [X] NO  NJURY OC  and Number  and due to till  29d, DAT	r or Rural Rinted. the cause(a) TE SIGNED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noutle Number,	
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5  Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2  MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (D  d	eath but not  ER/Outpatient AJURY Year)  INJURY — At It. C. (Specify)  Ty knowledge, C mination and/o	BOUENCE OF Tresulting is a pool of the poo	2 OTHER: 4 Nursing E OF 28cury M 1 itreet, factory. d at the time, n, in my opinic	B. PLACE OF DEATH (C  Nome 5 Residence INJURY AT WORK? YES 2 NO office  date and place, and du on, death occured at th	n Part I	24e. WAS AN PERFOR 1 YES 2  y one)  Other (Specify)  OESCRIBE HOW B  COCATION (Street a City or Town, State)  cause(a) and mer date and place, an	AUTOPSY IMED?  [X] NO  NJURY OC  and Number  and due to till  29d, DAT	r or Rural Rinted. the cause(a) TE SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Dutte Number,  and manner as stated.  (Month, Day, Year)	



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n 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	F. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex	
unial, (	tic ev	
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lygiene	other	
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Ment	njury,	
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death	E H	
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hours	Hem	
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-	REGISTRAN					IVAIL		DLA		Г	IEG. NO.				
	1. DECEDENT'S NAME (First, N	,	ER							2. DATE OF March	16,	1993 <sup>×</sup>	EAR	3. TIME OF DEATH 1:05 PM M	
	4. SOCIAL SECURITY NUMBER 218 34 5114	R	5. SEX 1 M 2 F	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF I	BIRTH By. Year) 6		BIRTHP Country)	Penna.	
	9a. FACILITY NAME (If not insti	itution, give str	reet and number)			9b, CITY	, TOWN	OR LOCAT	ON OF DE	ATH		9c. COUNTY		ATH	
DIRECTOR	Lorien Nursi		me			Col	Lumb	ia				How	ard		
JEC						10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
Ö	Maryland	Howa	rd			Columbia								1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER	Poses T	and.			101. ZIP CODE 21044							S.A.		
ONE ONE	5935 Cedar 1	SHIP E	12. WAS DECEDER	T EVER IN U.S.	ARMED	21044				IIC ORIGIN? (S	Specify Yes o	r No- 14	. RACE	- American Indian,	
B√	1 Never Married 2 Married 3 Process 1 Yes 2 No IF YES, GIVE WAR OR DATES								en, Mexicar Specify	n, Puerto Rica	n, atc.)			hite	
TED	15. DECED (Specify only it	DENT'S EDUC	CATION completed)		DECEDENT'S (Give kind of ite. Do NOT u	work done	CCUPATI during m	ON ost of world	ing	16b. KIND OF BUSINESS/INDUST					
PLE	Elementary/Secondary (0-1:	Ho	memal	ker											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)  James Wilkins						18 MOTHER'S NAME (First Middle, Melden Surna Olive Hutchinson					ımame)			
) BE	19a. INFORMANT'S NAME (Typ	19a, INFORMANT'S NAME (Type/Print) 19b. MAILLE					S (Street			Route Number,		State, Zip Co	ode)		
2	Mrs Carol St				5935	Ceda	r Fa	rm R	load	Columb	lumbia Md 21044				
	20a, METHOD OF DISPOSITIO  1 Burial 2 Cremation  4 Donation 6 Other (S	3 🗆 Remo	oval from Stata	20b. PLAC other	CE OF DISPOSITION (Name of cometery, crematory or place)  Metro Crematory				20c. LOCATION — City or Town, State  CAtonsville Maryland						
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	1:4	-0	22. H	NAME A	ND ADDRE	ss of FAC	e Fune	eral H	lome 1	inc-		
	Har	u	74. U	Vilar	re	4	112	old	Colu	mbia P	Pike E	llico	ott	City 21043	
	23. PART I. Enter the dis- shock, or her iMMEDIATE CAUSE (Fine disease or condition resulting in death)	art Millure. I	List only one ca	dio -	ne.	~~n	the mo		_			itory srres	it,	Approximete interval Between Onset and Death	
z		(F):		C	OP.	ment O				5yrs.					
SATIO	Sequentielly list condition if any, leading to immedicause. Enter UNDERLYIN	EOUENCE													
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST														
	PART II. Other significant	t condition	a contributing to	death but no	t resulting	In the ur	nderivir	o cause	given in	Part I. 24	a. WAS AN AI	ITOPSY	24h	WERE AUTOPSY FINDINGS	
EDICAL						In the underlying cause given in Part I.				PERFORMED?		1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ										_				1 YES 2 NO	
AN	25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF I	DEATH (Ch	eck only one)					
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		na 6 □ R	lasidenca	6 Other (S	(pecify)				
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 P	ending vestigation	26a. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCR	IBE HOW INJ	JURY OCCU	RED		
red BY	3 Suicide 6 C	ould not be	28e. PLACE building	OF INJURY — At , atc. (Specify)	home, ferm,	street, fac	tory, offi	ce		261. LOCATIO	ON (Street and fown, State)	d Number or	Rural Ro	oute Number,	
COMPLETED	(Critical Orlly		CIAN: To the best of	/ //	111					to the cause(				and manner as stated.	
BE CO	29b. SIGNATURE AND TITLE C			1)	//		ориноп,		ENSE NUM			29d. DATE S	SIGNED		
2	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAL	JSE OF DEATH #	TEM 27) (700	e. Print)	_		000	16			1/1-	143	
	CHARLES  31. DATE FILED (Month, Day, Ye		SHEE	OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HEEHAN 10298B BALTIMORE NATIONAL PK21042											
	MAR 1 7 '93	, G	gista Cavid	AR'S SIGNATURE	ec.										

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Tra Carol Swan

CAtomsville arginal

Carry (Titude Funeral Home Inc-4112 old columbia Pike Allicors Are 21043 DIRECTOR

FUNERAL

BY

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permit.

detached for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. page 5 should be filled in by OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

notified at once. Pe by the funeral director, removal. HUS\$ examiner medical 50 completely filled rial, cremation, o the event, and com traumatic the attending physician ar Mental Hygiene prior to other t 0 any Injury, signed by the 23 shows been of b has be Dept. Hem r this certificate ha

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

2

6

marked,

.00

item 28

DIRECTOR: After the hours after death was

HOSPITAL FUNERAL I IMPORTANT: II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Donald Klausmeyer DONALD 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 213-16-6444 1 🙀 M 2 🗌 F

15 03 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS.

YEAR 2:25 Pm 3 8. BIRTHPLACE (State or Foreign

3. TIME OF DEATH

1 YES 2 NO

3/4/20 Maryland 9c. COUNTY OF DEATH

DAY

REG. NO

2. DATE OF DEATH

Columbia

9b. CITY, TOWN OR LOCATION OF DEATH

10d. INSIDE CITY

Howard

Maryland Howard 10e. STREET AND NUMBER

10b. COUNTY

15. DECEDENT'S EDUCATION

10f. ZIP CODE 21227 10g. CITIZEN OF WHAT COUNTRY? U.S.A.

6445 Woodland Forest Drive 11. MARITAL STATUS 1 Never Married 2 Merr 3 Widowed 4 Divorced

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO

IF YES, GIVE WAR OR DATES.

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:

14. RACE - American Indian, Black, White, etc. White

(Specify only highest grade Elementary/Secondary (0-12)

RESIDENCE OF DECEDENT

College (1-4 or 5 +)

16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

**Building Inspector** 

10c, CITY, TOWN OR LOCATION

Elkridge

17. FATHER'S NAME (First, Middle, Last)

18. MOTHER'S NAME (First, Middle, Meiden Surname)

Milton Klausmeyer 19a. INFORMANT'S NAME (Type/Print)

Josephine Gentile 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Donald J. Klausmeyer Jr.

11721 Stonegate Lane, Columbia, Md., 21044

20a, METHOD OF DISPOSITION 

20b. PLACE AND DATE OF DISPOSITION (Name of Meadowridge

20c. LOCATION — City or Town, State DATE 3/18/9B Elkridge, Md.

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Harry 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart/failure. List only one ceuse on each line.

22. NAME AND ADDRESS OF FACILITY HARRY H. WITZKE FUNERAL HOME

112 Old Columbia Pike, Ellicott City, Md. 2104B Approximata

IMMEDIATE CAUSE (Final disease or condition resulting in death)

PNEUMONIA

DUE TO (OR AS A CONSEQUENCE OF):

STROKE DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events. resulting in death) LAST

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.

HEART FAILURE: HYPERTENSION CHRONIC ANEMIA; DEHYDRATION

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

29d. DATE SIGNED (Month, Day, Year)

03-15-93

interval Betwe

10 DAYS

Onset and Death

5 MOHTH

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident

3 Sulcide

4 Homicide

CHRENIC VERTIGO:

5 Pending Investiga

8 Could not be

HOSPITAL: OTHER: Inpetient 2 ER/Outpetient 3 DOA

26. PLACE OF DEATH (Check only one) 4 Nursing Home 5 Residence 6 Other (Specify)

29c LICENSE NUMBER

1)38296

28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 ND

28d. DESCRIBE HOW INJURY OCCURED 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the lime, dete and place, and due to the cause(s) and manner as stated.

John und 30. MANE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LESEPH GIBBONS, MD 9501 OLD ANNAPOLIS RA ELUCOTTCITY 21042

MAR 1 7 93

296. SIGNATURE AND TITLE OF CERTIFIER

82. REGISTRAR'S SIGNATURE



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Total and install

TO BE COMPLETED BY FUNERAL DIRECTOR

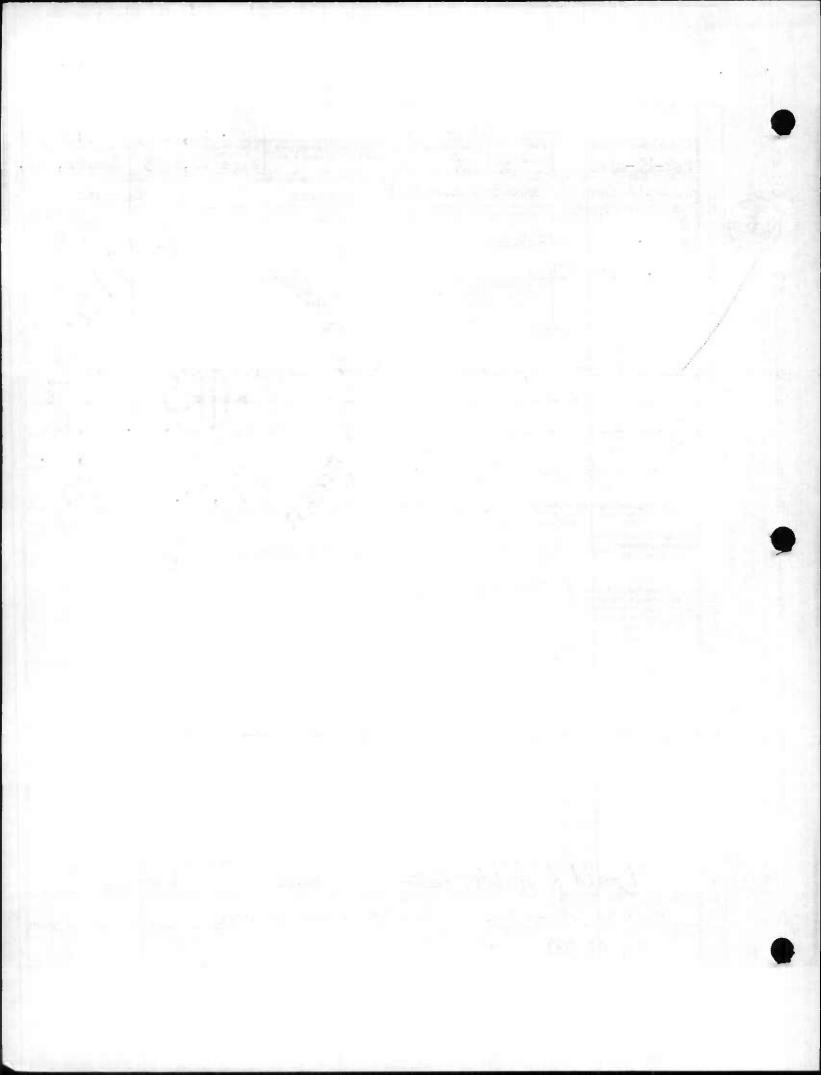
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- STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC			REG. NO	_	1
	rle Ocie	Knotts			MONTH D		AR 3. TIME OF DEATH
			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7992	3:30 P
232-22-8865			ONTHS DAYS	HOURS MIN.	June 12	.1905	Aurora, W
Garrett County	et and number)			R LOCATION OF DI		9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT	Memor. rat	позртият	Oak	1 and		G	arrett
Ga. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ON			10d. INSIDE CITY
	eston	A	urora				LIMITS? 1 YES 2 NO
0e. STREET AND NUMBER			101.	ZIP CODE			OF WHAT COUNTRY?
Rt. 1 Box 232				26705			SA
Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2-NO	If yes, spe	city Cuben, Mexica 2 MO Specifi	NC ORIGIN? (Specify Yes, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUCA (Specify only highest grade or		16a. DECEDENT'S US	SUAL OCCUPATIO	N Laf waddaa	16b. KIND OF BU	SINESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use i	retired.)			Ph name	0
7. FATHER'S NAME (First, Middle, Last)		Hom	emaker			Home	
Amos Snyde	r				ME (First, Middle, Melden lla Henl:		
in. INFORMANT'S NAME (Type/Print)	alles .	19b. MAILING A	DDRESS (Street ar		Pourte Number, City or Tox		e)
Richard Knotts			-				. 26769
De, METHOD OF DISPOSITION  Burlel 2 Cremetion 3 Remov	el from State	20b. PLACE AND DATE OF	DISPOSITION (Na	ne o/	DATE 20c. LO	CATION - City	or Town, State
□ Donation 8 □ Other (Specify)	2 0 1	cemetery, crematory or other					e Run, Wv.
. SIGNATURE OF FUNERAL SERVICE LICE	HSEE ///9	1/1/1	22. NAME AN	Le Fun	eral Home	9	Jan 19
00/11	18 4	W SI			Davis, W		6260
	Hypertensi DUE TO (OR A	erotic card as a consequence of): On as a consequence of): as a consequence of):					
OART II Other significant conditions							1
PART II. Other algnificant conditions	contributing to deat	h but not resulting in	the underlying	ceuse given in	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ICE OF DEATH (Ch	ack only one)		
	HOSPITAL:		OTHER:	5 Residence	8 Other (Specify)		
MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea		TY WOR	RY AT IK? ES 2 NO	28d. DESCRIBE HOW	NJURY OCCURE	D
3 Suicide 8 Could not be determined	28s. PLACE OF INJU building, atc. (S	JRY — At home, farm, stre Specify)	et, factory, office		28f. LOCATION (Street : City or Town, State)	and Number or Re	ural Route Number,
(Check only one)  1 X CERTIFYING PHYSICIA  2 MEDICAL EXAMINER:							use(s) and manner as stated.
b. SIGNATURE AND TITLE OF CERTIFICEN	Ruht	M		29c. LICENSE NUN D30035	IBER		NED (Month, Day, Year) 25–93
NAME AND ADDRESS OF PERSON WHO							
Donald R. Richte	er, M.D.	Rt#7 Box 14	495 Oak	land, MD	21550		
A DO A C 1002	32. REGISTRAR'S S	IGNATURE Pendale					
APR 06 1993							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

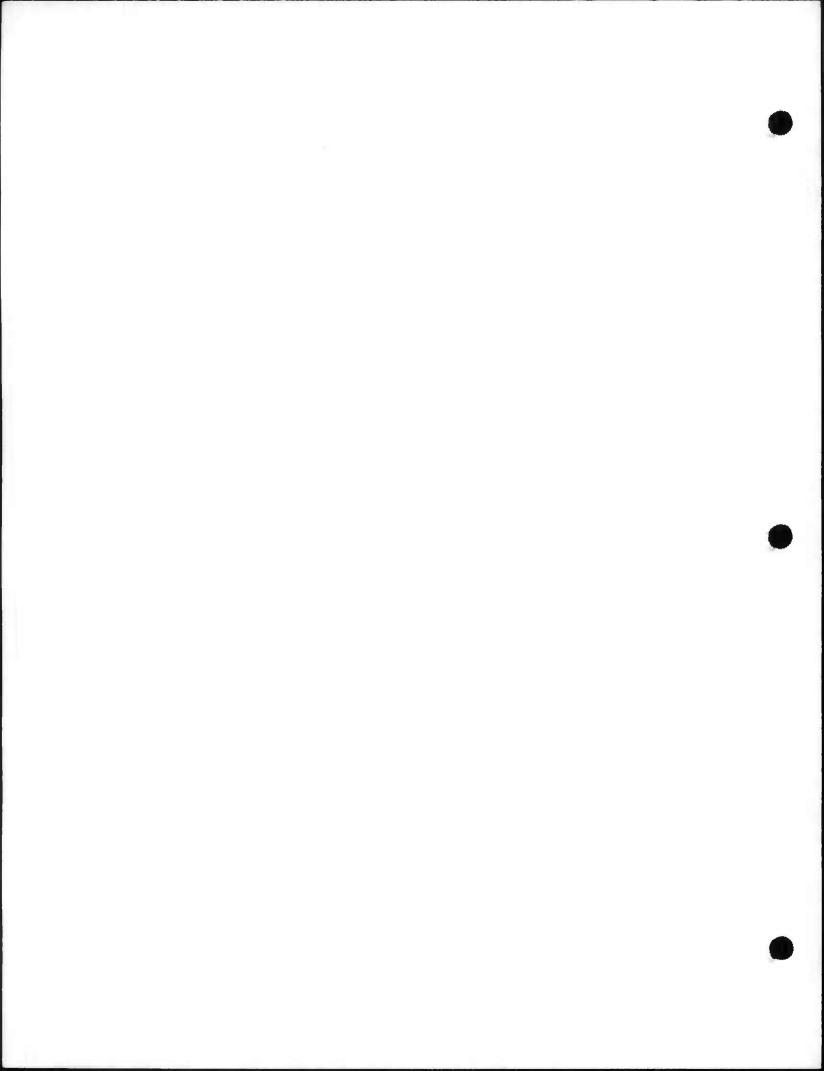
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

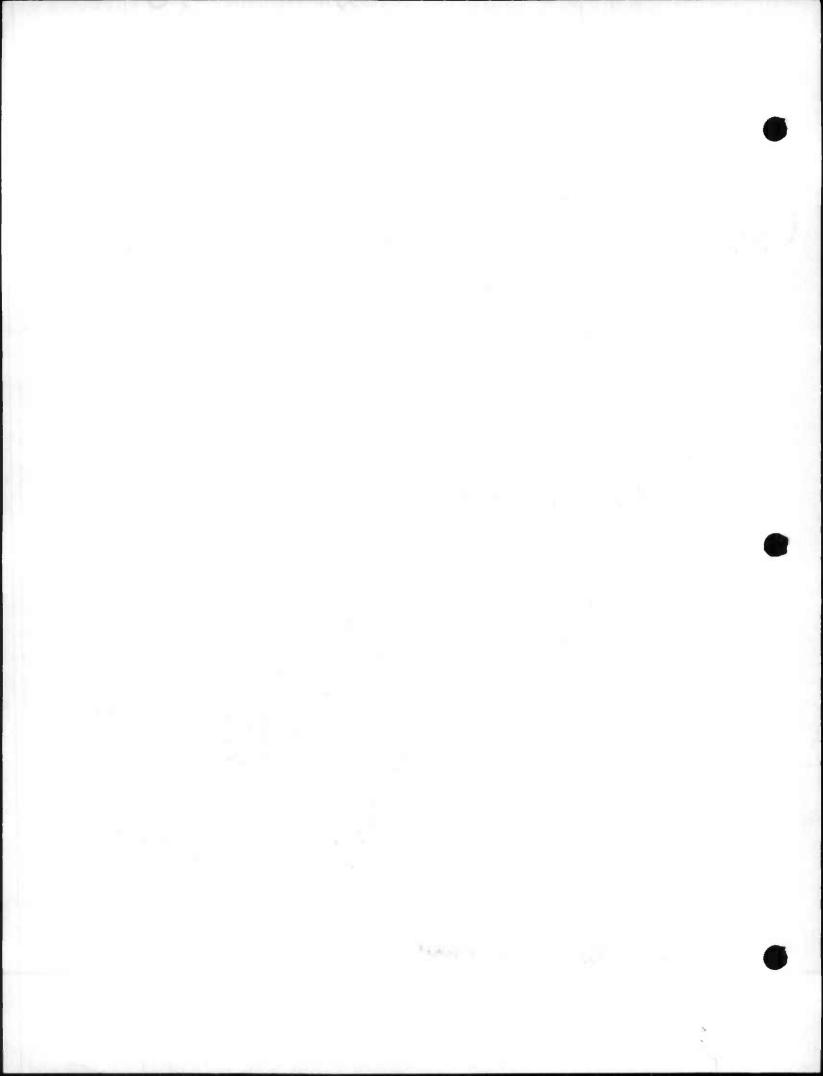


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BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a within a second of the recent of the hospital or attending physician.	L DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pag 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
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0	92	Sign
O. BO	certificate	ding physic tygiene pri
3, P.O. BO	e death certificate	he attending physic Wental Hygiene pri-
RECORDS, P.O. BO	w requires that the death certificate	been signed by the attending physic or. of Health and Mental Hygiene priv
TAL RECORDS, P.O. BO	N: The law requires that the death certificate	ficate has been signed by the attending physic State Dept. of Health and Mental Hygiene priv
OF VITAL RECORDS, P.O. BO	HYSICIAN: The law requires that the death certificate	his certificate has been signed by the attending physic with the State Dept. of Health and Merital Hygiene priv
ON OF VITAL RECORDS, P.O. BO	NDING PHYSICIAN: The law requires that the death certificate	t. After this certificate has been signed by the attending physic r death with the State Dept. of Health and Mental Hygiene prival
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IR ATTENDING PHYSICIAN: The law requires that the death certificate	1. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fighours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	REGISTRAR		CE	RITIC	AIE	PUEAIR		REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	Allen					2. DATE OF	DEATH		YEAR	3. TIME OF DEATH			
	Elizabe	Allen th A KRE	BS			1		17-93	-	TEAH	10:45 P M			
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	birthday) I	F UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF			8. BIRTHPLACE (State or Foreign				
	1		90		ONTHS DAY		(Month, D	lay, Year)		Countr	y)			
- 1	215-10-6526		30				Apr.1	9,19			/land			
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COU	INTY OF D	EATH			
8	Bayenwood Lutheran Village				Hage	erstown			WA:	SHING	STON			
5	Ravenwood Lutheran Village													
Ä	10s. STATE 10b. COUNTY				TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?					
<u>a</u>	Maryland Washington				Hagerstown						1 X YES 2 NO			
7	10e. STREET AND NUMBER				10f. ZIP CODE				10g. CITIZEN OF W					
FUNERAL DIRECTOR	Potomac Towers			21740										
Z	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN II S AR	MED	13 WAS	DECENDENT OF HISPA	NIC ORIGIN?	Specify Ves	or No-	USA 14 BACE	- American Indian			
	1 Never Married 2 Married	FORCES? 1	YES 2 XIN	0	If yes	, specify Cuban, Maxie	an, Puarto Ric				— American Indian, c, Whita, atc.			
B∀	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 🔲	YES 2 NO Spec	elfy:			Speci	White			
	15, DECEDENT'S EDU	CATION	16a DE	CEDENT'S US	TIAL OCCUE	ATION	165 K	ND OF BUS	MILTOG					
2	(Specify only highest grade		(Gi	ve kind of wor Do NOT use i	k done during	most of working	100. K	NO OF BUS	HACOS/IIA	DOSTRI				
"	Elamentary/Secondary (0-12)	Collage (1-4 or 5+)	_				D.	Railroad						
₽ B			2ec.	Secretary										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N								
BE (	Stephen	Williams		Orne		Grace	e /	Allen		Chap	oman			
	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING A	DDRESS (Str	et and Number or Rura	l Route Number,	City or Town	n, Stete, Zi	ip Code)				
9	Elizabeth J.Earle	<b>v</b>	1	056 0	alumb:	ia Rd. Ha	agerete	M Church	n 21	7/10				
	20a, METHOD OF DISPOSITION	,				f cemetery, crematory of		-			wn Stele			
	1 Burial 2 Cremation 3 Rem	oval trom State	Smith	ce)	Croms	tory		Smithsburg, MD 21783						
	4 Donation 5 Other (Specify)	1 1	JOINT CLIS	sourg				SIIIT	riisbi	org,	ID 21703			
	21. SIGNATURE OF THE PAL SERVICE LICENSEE					E AND ADDRESS OF								
	► ////61 D/ W	May	La			RNE FUNEF			N	un oa	705			
	23. PART I. Enter the diseases, or	a silentians that a	arrand the de	oth Donor		Box # 348					Approximate			
	shock, or heart fellure.	List only one ceuse	on each line			mode of dying, so	CH 60 Caldia	C OI Teapi	retory at	Tool,	interval Between			
	IMMEDIATE CAUSE (Finsi		0								Onset and Death			
- 1	disease or condition resulting in death)	10+	000	NSTE	2m	Failure								
	resulting in about,	COULE TO (O	R AS A CONSE	DUENCE OF):										
-	Servicence													
EDICAL CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):													
A	If any, leading to immediate cause. Enter UNDERLYING									1				
윤	CAUSE (Diseese or injury	C. OUE TO (O	R AS A CONSE	SECULENCE OF:										
Ē	that initiated events resulting in death) LAST	·												
<b>L</b>		d												
2	PART II. Other significant condition	s contributing to de	eth but not i	esulting in	the under	lying cause given i	n Pert i. 2	4a, WAS AN		246	. WERE AUTOPSY FINDINGS			
S	Arthicselve	tic Cand	28-Va	Land	m I	men		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ă	JAR CRA						— l¹	YES 2	NO		OF DEATH?			
ME	JAK CKU	anic rand	MAINE	Hear	- 1-4					1	1 YES 2 NO			
ż			)											
ZIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITA				6. PLACE OF OEATH (	Check only one)							
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1   Inputient 2   E	R/Outpetient 3		OTHER: Nursing	Home 8 - Residenc	a 8 🗆 Other (	Specify)						
Ŧ	27. MANNER OF DEATH	26a. DATE OF IN	JURY	26b. TIME		INJURY AT	28d. DESC	RIBE HOW I	NJURY O	CCURED				
	1 Natural 5 Pending	(Month, Day,	rear)	INJU		WORK?								
В	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF	NJURY — At ho	me, ferm, str	eet, factory,	office	26f. LOCAT	ION (Street:	and Numb	er or Rural	Route Number,			
	4 Homicide detarmined	building, at	c. (Specify)				City or	Town, State)						
-														
ш	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.													
PLE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	y knowledga, da	Check only										
OMPLE	(Check only				, in my opini	on, death occured at t	he time, data a	nd placa, ar	nd dua to	the cause(	a) and manner as stated.			
COMPLETED	(Check only one) 2 MEOICAL EXAMINI	ER: On the basis of axe			, in my opini			nd placa, ar	diam'r					
	(Check only	ER: On the basis of axes	mination and/or		, in my opini	29c. LICENSE N	UMBER		29d. DA	TE SIGNE	O (Month, Day, Year)			
BE	(Check only 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CENTIFIE	R: On the beals of axe	mination and/or	Investigation		29c. LICENSE N			29d. DA	TE SIGNE				
	(Check only 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CENTIFIE 30. NAME AND ADDRESS OF PERSON WITH	R: On the basis of sxar	OF DEATH (ITE	M 27) (Type, I	Print)	29c. LICENSE N	UMBER DY26:	2	29d. DA	TE SIGNE	(Month, Day, Year)			
BE	(Check only 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CETTIFIE 30. NAME AND ADDRESS OF PERSON WITH A STATE OF CETTIFIE STATE OF CETTIF	R O COMPLETED CAUSE	OF DEATH (ITE	Investigation	Print)	29c. LICENSE N	UMBER DY26:	2	29d. DA	TE SIGNE	O (Month, Day, Year)			
BE	(Check only 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CENTIFIE 30. NAME AND ADDRESS OF PERSON WITH	R O COMPLETED CAUSE  10 COMPLETED CAUSE  12 REGMETRAR	OF DEATH (ITE	M 27) (Type, 1	orini)	29c. LICENSE N	UMBER DY26:	2	29d. DA	TE SIGNE	(Month, Day, Year)			



		1 - STATE REGISTRAR		CE	RTIF	CATE	OF	DEAT	H	REI	G. NO.	_		
	-	1. DECEDENT'S NAME (First, Middle, Last)	V	,						2. DATE OF DE	ATH DA	Y	YEAR 3	TIME OF DEATH
		Kaymond A								03	16	93		21:00
		189-05-7047	5. SEX 6. AGE	(In yrs. less	birthday) "YRS.	IF UNDER	DAYS	IF UNDER 2	MIN.	7. DATE OF BIF (Month, Day,	Year)		Country)	ACE (State or Foreign
pinous		9a. FACILITY NAME (If not institution, give :			.,,,,,	9b. CITY.	TOWN C	OR LOCATION	N OF DEAT	5/28/	191		Y OF DEA	Penna.
2. 3 sh	TOR	Washington Co.	· ·					rstow						ngton
	DIRECTOR	Pa. Fra	nklin		11.0	r, town o								Dd. INSIDE CITY LIMITS?  YES 2 X NO
		10e. STREET AND NUMBER					_	. ZIP CODE				10g. CITIZI		AT COUNTRY?
anski.	FUNERAL	14648 Molly							1722	5		U	.S.A	•
fing pt	BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 XXN	MED O	100	f yes, sp	ecify Cuban,		ORIGIN? (Spe Puerto Rican, o		or No-	4. RACE — Black, V Specify:	American Indian, White, etc.
attendi		15. DECEDENT'S EDU (Specify only highest grade			ECEDENT'S USUAL OCCUPATION live kind of work done during most of working					16b. KIND OF BUSINESS/INDUSTR			STRY	
ALTIMORE, MARYLAND 2 death. Page 6 may be retained by the hospital tuneral director, page 5 should be detached to axaminer must be notified at once. TO BE COMPLI	APLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ma.	line. Do NOT use retired.)  Laborer					Ga	s C	0.		
	00	17. FATHER'S NAME (First, Middle, Leist)  Warren S. Kennedy  18. MOTHER'S NAME (First, Middle, Meiden Surrame)  Mary Catherine Maur												
	BE	19a, INFORMANT'S NAME (Non/Print)	arren S. Ken		MAII INC	4000500	(Ot		_		_			
	2	19a. INFORMANT'S NAME (TyperPrint)  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  Mary K. Krebs  618 Eliot Rd. Pasadena, Md. 21122												
		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem		b. PLACE A	ND DATE (	F DISPOSI	ITION (Na	me of				CATION — C	ty or Town	, State
		4 Donation 5 Other (Specify)	B	rown	S M1				3/	19/93	Kaj	uffma	n, Pa	١,
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  H. Martin Zimmerman And Son Funeral Home Greencastle, Pa. 17225												
vithin 24 in pletely fille cremation, ent, the		23. PART I. Enter the diseases, pr shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	Marco	e A	Jan.		de of dyin	- 1		r reepii	ratory arre	st,	Approximate interval Between Onset and Death
P.O. BOX 68: th certificate be execute anding physician and ci i Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in deeth) LAST	b											
ORDS, P that the death ed by the atter th and Mental any Injury, o		PART II. Other significant condition	contributing to death but not resulting in the underlying cause given					ven in Pr			AUTOPSY		ERE AUTOPSY FINDINGS	
RECON requires been sign ft. of Healing	4: MEDICAL										YES 2	-	0	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
AL has De	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITÁL:			-		ACE OF DE	ATH (Check	conty one)		_		
F VIT.	PHYSICI	1 TYES 2 THO	1- Impetient 2 ER/Out	Ipstient 3			ing Hom	_		Other (Spec				
O 5 8 8 8	ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)			M	1 🗆 1	RK? /ES 2 🗌		ed. DESCRIBE	HOW IN	IJURY OCCL	RED	
TTENDI TTENDI TTOR: A after d	ETED	3 Suicide 6 Could not be determined	28a. PLACE OF INJUR building, etc. (Spe	Y — At hor	ne, term, s	treet, facto	ory, offic	•	2	City or Town		nd Number o	Rurel Rou	te Number,
	MPL		ICIAN: To the best of my know											nd manner as stated.
물 물 물	BE CO	296. SIGNATURY AND TITLE OF CERTIFIE						29c LICEN						(onth, Day, Year)
668₹	٩	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH OTEN	TH (Type,	81/9 D	100	1	and	24		1/0.	21-2	
		31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGI	NATURE	00 (	1000	4 614		1/0	1001/	, /	0 71.	10	/
		MAR 19 1993	John Bender A					/						



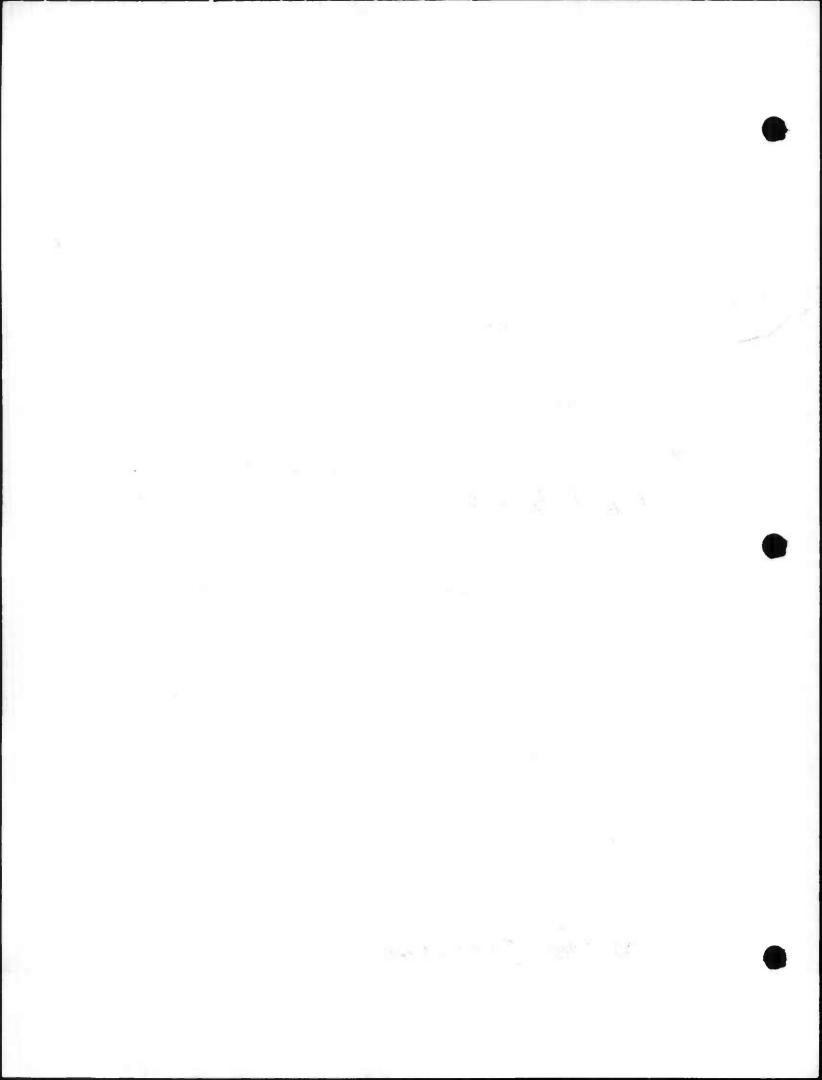
DIVISION OF VITAL RECORDS,

6

15-0020	ending physician.	as the bunal-transit permit. Prom	
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to bunal, cremation, or removal.	st be notified at once.
	I within 24 hours after death. Page 6	mpletely filled in by the funeral director cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ORDS, P.O. BOX 687	that the death certificate be executed	ed by the attending physician and co th and Mental Hygiene prior to bunal	any injury, or other traumatic e
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	Is marked, or item 23 shows
DIVIS	TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTO be filed within 72 hours aft	IMPORTANT: If item 28

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DE			EALTH AND DEATH		GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH		3. TIME OF DEATH	
	EDWARD M.		KR	ROUT			March	15, 19	93 FAR	7:05 a. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. last birt		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF	ITN	a. BIRTI	NPLACE (State or Foreign	
	186-26-7788	1 M 2 🗆 F	65 Y	RS. MONTHS	DAYS	HOURS MIN.	Sept. 2	5,1927	Pei	nnsylvania	
	9a. FACILITY NAME (If not institution, give s	itreet and number)		9b. CIT	Y, TOWN O	R LOCATION OF			NTY OF E		
DIRECTOR	Memorial Hospita	1 & Medica	1 Center	Cun	ber1	and		A11	egan	У	
2	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	v	, [10	c. CITY, TOWN	OBLOCAT	1041					
E	West Va Mine									10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	72.03		Sprin	-	ZIP CODE		100 CIT	TZEN OF	1 TYES 2 NO	
FUNERAL	HC 86 - Box 405									MAI COOKINIT	
S	11. MARITAL STATUS	12. WAS DECEDENT E		13		26763 ENDENT OF NISP	ANIC ORIGIN? (Spe	cify Yes or No-	14. RAC	E — American Indian,	
	1 Never Married 2 Married	FORCES? 1 X	YES 2 NO		If yes, spe		can, Puerto Ricen,		Blac Spec	k, White, atc.	
Э ВУ	3 Wildowed 4 Divorced	W.W.II				Λ				"" White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give ki	ent's usual one	during mos	NN st of working	16b. KIND	OF BUSINESS/INI	DUSTRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT use retired. er/Ope	,		Do	- <del>  </del>			
Ä	17. FATHER'S NAME (First, Middle, Last)		OWII	er/ope	Lacor			staurant			
					1.1	18. MOTHER'S N	AME (First, Middle,	Maiden Surname)			
H	Levi Edward Krout  19a. INFORMANT'S NAME (Type/Print)	<u></u>	10h M	III ING ADDRE	DE /Com at a		Markey I Route Number, City		2 11		
2											
- 1	Vivian Krout: HC 86 - Box 405, Springfield, WV 26763  20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State										
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cremeto Susqueha	ry or other place	)		2 4- 120	Yorktow			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	odsquenc	22	. NAME AN	D ADDRESS OF F	ACILITY	STREET, STREET			
	Nerdy 81.	upchune	レ	\$	O.B	shby tox 126	uneral O-Ft.As	Home,	l,nc	26719	
	23. PART I. Enter the diseases, or a shock, or heart failure.	omplications that c	aused the death.	Do not anta	r the mo	da of dying, su	ch as cardiac or	respiratory ar	rest,	Approximata	
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel  Onset and Death										
	disease or condition resulting in death)										
	DUE TO (OR AS A COMSEQUÊNCE OF)										
NO	Sequentially list conditions, Due to JOR AS A COMSEQUENCE OF:										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING										
임	CAUSE (Disease or Injury that initiated events  OUE TO ION AS A CONSEQUENCE OF										
E	resulting in death) LAST				1					1	
	DART II Other elections are illiance			and a supplement	-						
AL.	PART II. Other significant condition	s contributing to de	eth but not resul	ting in the u	inderlying	cause given in	Part I. 24a. y	MAS AN AUTOPSY PERFORMED?	24b	WERE AUTOPSY FINDINGS AWALABLE PRIOR TO	
PHYSICIAN: MEDIC	- 1000 STOP	Jel) So	19Kre	z jer	40	your	- 10	YES 2 NO		OF DEATH?	
Σ	- polyn	40 Si 15	Men	ee		8		/ /		1 - YES 2 - NO	
AN	25. WAS CASE REFERRED TO MEDICAL										
2	EXAMINER?	HOSPITAL:		OTHE	R:	ACE OF DEATH (C					
₹ ¥	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 E		b. TIME OF	7		8 Other (Speci				
	1 Natural 5 Pending	(Month, Day,		INJURY	28c, INJL WOI	RK?	28d. DESCRIBE	HOW INJURY OC	CUREO		
B	2 Accident Investigation 3 Suicide a Could not be	28a. PLACE OF II	NJURY — Al home, I	arm, street, far			281 LOCATION	Street and Number	ne Buent I	Pourte Mumber	
COMPLETED	4 Homicide 8 Could not be detarmined	building, etc	. (Specify)	,	,,		City or Town	, State)	or moral r	Toda Humber,	
9	29a. CERTIFIER	CIAN. To the heat of a	described and other								
Ā	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my								) and manner as stated	
	29b. SIGNATURE AND TITLE OF CENTIFIES	-							-		
8	Market State	U_				D 19318		29d. DAT	7//	(Month, Day, War)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)		D 13316	,		1/10	775	
Ì	N. Ranjithan		ltown Roa		ber1	and. MD	21502		1		
			SIGNATURE	u, oun	LUCII	TID	21702				
	MAR 1 7 1993	Jan 15	minimum	-0.0							



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1	俣	9	ile.
И	緣	F.	Ŧ
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			Sages
			permit. Pages

retained by the hospital or attending physician. 5 should be detached for use as the burial-transit

DIRECTOR FUNERAL ВҰ

COMPLETED

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76 BE notified

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLET

BE

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4 Homicide

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be hied within 72 hours after death with the State Dept. of Health and Mental Hygiene phor to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
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93 09422 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) MARY LOUISE KRAMPF 2. DATE OF DEATH 3. TIME OF DEATN 1 24Y 93 12:45 рм 6. AGE (In yrs, lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH B. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 XF YRS 217-14-4948 04/17/1921 PA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Allegany Memorial Hospital Cumberland RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? **ALLEGANY** MD OLDTOWN 1 YES XX NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? PACK HORSE TRAIL, ROUTE 1, BOX 3688 21555 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES X NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2XXMarried IF YES. GIVE WAR OR DATES 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) UNK HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FRANK L. BUCY, SR. MYRTLE E. BARNES 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RT 1, BOX 3688, OLDTOWN, MD ROBERT L. KRAMPF 21555 20a METHOD OF DISPOSITION
ACABURISI 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 15545 OATE COOKS CEMETERY 4 Donation 5 D Other (Specify) 3/17/93 RD, HYNDMAN, PA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HARVEY H. ZEIGLER FUNERAL HOME 15545-0636 HYNDMAN, PA 23. PART I. Enter the diseases, or complication that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart reliure. List only one cause on each line. Approximate Intarval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO JOR AS A CONSEQUENCE OF that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PROOF TO COMPLETION OF CAUSE 1 YES 2 OF DEATH? T YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 TYES 2 X NO ng Home 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF TX Hetural 5 Pending Investig 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Team, State)

29s. CERTIFIER (Check only onl)
One)

MEDICAL EXAMINED. On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d DATE SIGNED (M)

D 19318

30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

N. Ranjithan M. J., 517 Oldtown Road, Cumberland, MD

32. REGIST AR'S SIGNATURE MAR 18 199B

4 Could not be



the death certificate be executed within 24 hours after the attending physician and completely filled in by the d Mental Hyglene prior to bunal, cremation, or removal injury, or other traumatic event, the medical	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior bunal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

REGISTRAR			C	ERTIFIC	CATE OI	DEATH		REG. NO.				
1. DECEDENT'S NAME (Fil	st, Middle, Last)	1e						E OF DEATH			3. TIME OF DEATH	Н
JESSIE	Lucil	KIDWEL	.L				MARC		40.	YEAR	10:49	Δм
4. SOCIAL SECURITY NU	MBER	5. SEX 6	. AGE (In yrs.		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	,	0. BIRTH	IPLACE (State or For	
579 28 85		1 🗆 M 2 💢 F	65	YRS.	ONTHS DAYS	HOURS MIN.	Jur	th, Day, Year)	192	7 W∈	m est Vir	gin
Se. FACILITY NAME (If not	institution, give s	treet and number)		1	b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATH	
Cumberla RESIDENCE OF DE 10a. STATE W. Va.	Cumberland Memorial Hospital CUMBERLAND, MD ALLE										GANY	
10a. STATE	10b. COUNTY	-			TOWN OR LOC						10d. INSIDE CITY	
	Mor	gan		P.	aw Par	Ň					1 X YES 2 1	NO
10. STREET AND NUMBER  11. MARITAL STATUS					1	Of. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
	W	incheste	er Rd	•		25434			U.	S.A		
11. MARITAL STATUS		12. WAS DECEDENT E	EVER IN U.S.	ARMED	13. WAS O	CENDENT OF HISP	ANIC ORIGI	N? (Specify Yes			— American India	n,
1 Never Married 2		IF YES, GIVE WAR		JNO		pecify Cuban, Maxi S 2 Kg NO Spec		Rican, etc.)			W White	
15. 0	ECEDENT'S EDU	CATION completed)	16a, 0	DECEDENT'S US	SUAL OCCUPAT	ION	16	b. KIND OF BUS	SINESS/INI	DUSTRY		
Elementary/Secondary		College (1-4 or 5+)		(Give kind of wo		ost or working						
N/A				Seamst	ress			Sewin	o Fa	acto	rv	
17. FATHER'S NAME (First,						18. MOTNER'S N						
Wills	iam H.	Self						M. Ju				
198. INFORMANT'S NAME						and Number or Rura						
Danie	LHook			I	P.O. I	30x 504	, Paw	Paw,	WV	254	134	
20a. METHOD OF DISPOS 1 Provided 2 Creman		and from State	20b. PLAC	E AND DATE OF	DISPOSITION	lame of	DAT	TE 20c. LO	CATION —	City or To	rem, State	
4 Donation 5 Oth		Oval from State	WOC	crematory or other	Cemet	erv	3/15	/93	Paw	Paw	.W.Va.	
21. SIGNATURE OF FUNE	AL SERVICE LIC	CENSEE	100			ND ADDRESS OF	FACILITY			~ C(1)	N. V.C.	
Lam	(1) F	2. Vel	(2)			McKee August				)4.		
23. PART I. Enter the	diseeses, Dr d	complications that c	eused the	death. Do no	enter the m	ode of dying, su	ch as cer	dlec or respi	ratory an	rest.	Approxima	ite
shock, pr	heert feilure.	List Dnly Dne ceuse	on each li	ne.						10.000	Interval Be	tween
IMMEDIATE CAUSE (F	inal	a constant	1.	00	1	Kent	dias				Onset and	Death
resulting in death)	resulting in death)									Syer	-	
	DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA		b DUE TO (O	R AS A CONS	EQUENCE OF):							<u> </u>	
if any, leading to imm cause. Enter UNDERL	YING										j	
CAUSE (Disease or In that initiated events	jury	DUE TO (O	R AS A CONS	EQUENCE OF):							-	
resulting in death) LA	ST											
		•										
PART II. Other signific	A-		eath but not	reaulting in	the underlyl	ng cause given i	n Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FIN	
my	Terse	<u> </u>						1   YE\$ 2	M NO		COMPLETION OF CA	
											1 YES 2 N	0
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL				26.	PLACE OF DEATH (C	Check only o	ne)				
1 TES 2 NO		HOSPITAL: 1 ☐ Inpetient 2 ☐ E	R/Outpatient		THER:	me 5 🗆 Residence	6 □ Oth	er (Specify)				
25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH		28e. DATE OF IN. (Month, Day,		28b. TIME (	OF 28c, If	JURY AT ORK?	28d. DE	SCRIBE HOW I	NJURY OC	CURED		
1 Netural 5 2 Accident	Pending Investigation	(MORAL, Day,	roar)	INJUR		YES 2 NO						*
	Could not be	26e. PLACE OF II	NJURY - At I	home, farm, str	et, tectory, off	ce		CATION (Street a	and Number	or Rural F	loute Number,	
4 Homicide  4 Homicide  29e. CERTIFIER (Check only one) 2 ME	determined	building, etc	c. (Specify)				City	or Town, State)				
29e. CERTIFIER 1 1 CE	RTIFYING PNYSI	CIAN: To the best of my	v knowledge.	death occurred	at the time de	e and place, and de	ue to the co	use(a) and mar	mer ee ete	ind.		
(Check only one) 2 ME		R: On the basis of exam									) and manner as sta	sted.
290. SIGNATURE AND THE	4	12	MO			29c. LICENSE NI	7 2		29d. DAT	E SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS	DE DEBRUM MIT	O COMPLETED dalies	OF DEATH CT	EM 27 /3 0	elect)	17/41	1		-	111	1)	
DR. BRF7A	912	SETON D	PIVE	CUMB	ERLAN	D MD 21	1502					
	V Manuel						Z. V. S.					
31. DATE FILED (Month, De MAR 1		32 AEGISTRAR'S	S SIGNATURÉ									

10d. INSIDE CITY

1 X YES 2 NO

N/A

DIRECTOR

FUNERAL

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COMPLETED

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P

must

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medical

the

event,

traumatic

or other

23 shows any injury,

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

2

579-07-2223

10e. STREET AND NUMBER 711 SHEPPARD STREET N.W. 11. MARITAL STATUS 1 Never Married 2 Married 3 ₩ Widowed 4 Divorced

Elementary/Secondary (0-12)

11TH

17. FATHER'S NAME (First, Middle, Last)

PLEDGER HAMMOCK

19a. INFORMANT'S NAME (Type/Print)

HARRY LEE LYTLE

1 Buriel 2 Cremation 3 L 4 Donation 5 Other (Specify)

15. DECEDENT'S EDUCATION (Specify only highest grade complete

20s. METHOD OF DISPOSITION

1 Description | 2 Commention | 3 Removal from State

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

RESIDENCE OF DECEDENT

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY

20011

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BLACK

USA

GOVT.

CUSTODIAN

18. MOTHER'S NAME (First, Middle, Maiden Surname) ANNA MAE UNKNOWN

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

11328 NARROW TRAIL TERR, BELTSVILLE, MARYLAND 20705 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State SUITLAND, MARYLAND

LINCOLN MEMORIAL

22. NAME AND ADDRESS OF FACILITY
J.B. JENKINS FUNERAL HOME

uawana 7474 LANDOVER RD, LANDOVER, MARYLAND 20785 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on eech line. interval Between

**IMMEDIATE CAUSE (Finei** disease or condition resulting in death)

DUE TO (OH AB A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

PART II. Other significent conditions	contributing to deeth	but not resulting in t	the underlying cause given in Part i.

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

**Onset and Death** 

1 TES 2 NO

25.	WAS	CASE	REFERRED	то	MEDICAL
		MINER	-		
	-		_		

1 STES 2 | NO 27. MANNEB OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

6 Could not be determined

28a. DATE OF INJURY

Inpetient 2 - ER/Outpetient 3 - DOA

26b. TIME OF

OTHER:

28c. INJURY AT WORK? 1 YES 26e. PLACE OF INJURY — At home, farm, street, factory,

28. PLACE OF DEATH (Check only one)

5 - Rasidence 6 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the besis of axamination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated

29b. SIGNATURE AND TIXLE OF CERTIFIER SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

11251

LOCKEWOOD DOWNE, SILVER SPRING MD

29d. DATE SIGNED (Month, Day, Year)

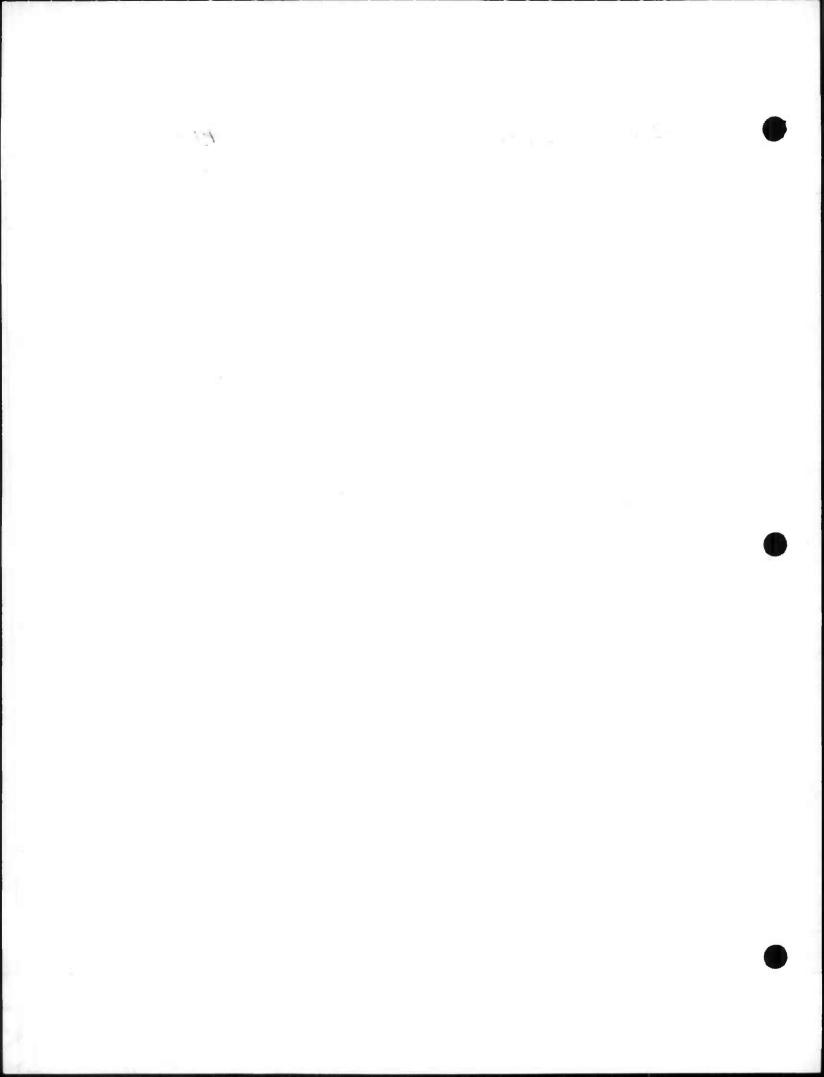
32. REGISTRARY SIGNATURE Randall

24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

detached for use as the burial-transit

BOX 68760, DIVISION OF VITAL RECORDS, P.O.

signed by the attending physician and completely filled in by the funeral director, page 5 should Health and Mental Hygiene prior to burial, cremation, or removal. 0.0 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L DIRECTOR: After this certificate has 2 hours after death with the State De 1 tem 28 is marked, or item 2 THE FUNERAL DIRECT IN THE MILE AND THE THE MILE AND THE M



(James)

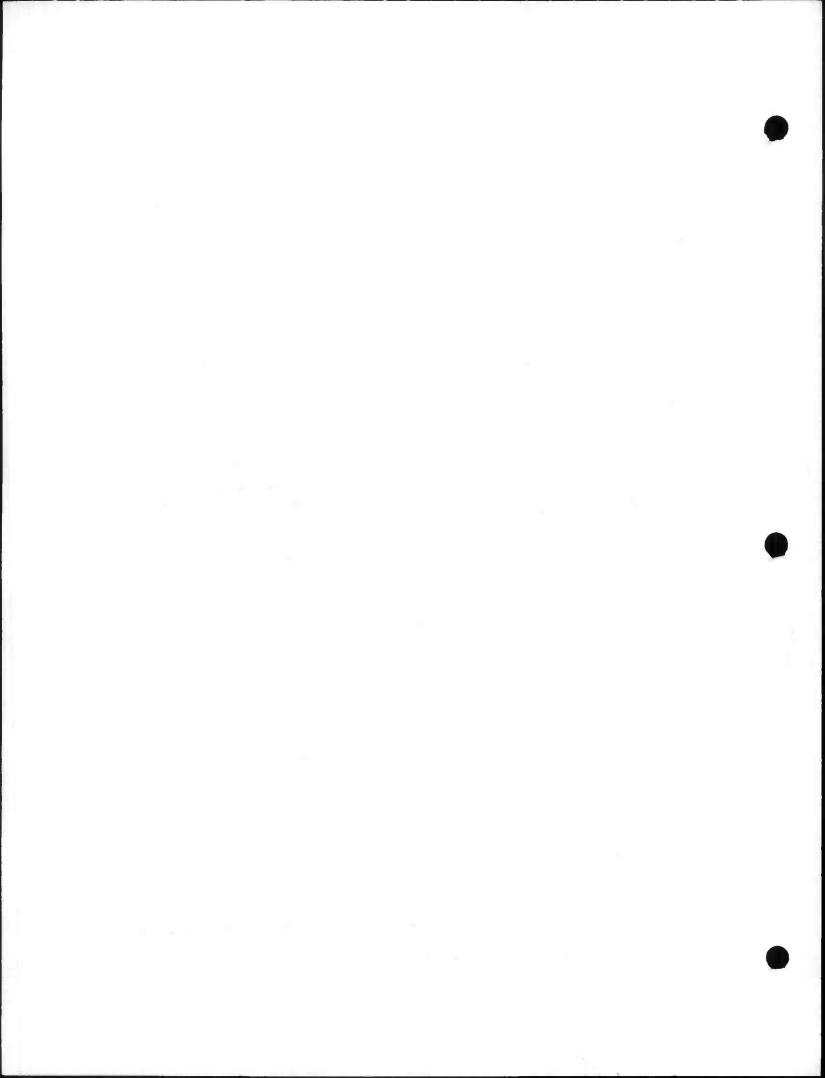
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

- 1	1. DECEDENT'S NAME (First, Middle, L			,			:	2. DATE OF DEATH			3. TIME OF DEATH
	WILLIS	J. Lo	FTMAN					MAR I	1	993	3:00 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		DER 1 YEAR	IF UNDER 24		7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	578-40-8841	1 🖾 M 2 🗌 F	67	YRS. MONTH	B DAYS	HOURS	MIN.	(Month, Day, Year) 1/17/192	6	Countr M i r	nesota
	9a. FACILITY NAME (If not institution, g	ive street and number)		9b. C	TY, TOWN (	OR LOCATION	OF DEAT			NTY OF D	
E I	9123 Elaine Cou	rt		1	Laure	1			Pr	nce	George ts
DIRECTOR	RESIDENCE OF DECEDENT								111	ince	000160 0
H	10a. STATE 10b. CO			10c. CITY, TOW	N OR LOCAT	TION					10d. INSIDE CITY LIMITS?
		nce George	s	Laure	21						1 X YES 2 NO
₹	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	9123 Elaine Cou	rt			2	20708-	1007	7	U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED				DRIGIN? (Specify Yes Puarto Rican, etc.)	or No-	14. RACE	- American Indien,
<u>~</u>	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES	<u> </u>		2 NO		Puarto Hican, etc.)		Speci	
			- 1963								White
2	15. DECEDENT'S (Specify only highest g	rade completed)	(Gh	EDENT'S USUAL te kind of work do Do NOT use retire	ne durina mo			16b. KIND OF BUS	SINESS/INI	DUSTRY	
٦	Elementary/Secondary (0-12) 7th Grade	College (1-4 or 5+)		mber	0.)			Univer		of M	laryland
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1110	IIIDEI						OI M	aryrand
	Alfred Loftma							(First, Middle, Maiden	Surname)		
B	19a. INFORMANT'S NAME (Type/Print)	11	T 10h	MAILING ADDR	ECC /Claust a			Jenarud  Ite Number, City or Tow			
임	Agnes L. Loftma	n						rel, MD		8-10	0.7
	20a. METHOD OF DISPOSITION			ND DATE OF DISP			Dau		CATION —		
į	1  Burlal 2  □ Cremation 3  □ F 4  □ Donation 5  □ Other (Specify)	Removal from Stale	cemetery cren	natory or other play	cel		2/	17/93 Ar1		-	
	21. SIGNATURE OF FUNERAL SERVICE	E UCENSEE	KITTII		22. NAME AN	D ADDRESS	OF FACIL	ITY			
	• 0	() M	'	F	ranci	s Gas	ch's	Sons Fur	neral	Hom	e, P.A.
	Jack 1	tres	rd	4	739 E	Baltim	ore	Ave., Hyan	tsvi	11e,	MD 20781
	23. PART J. Entar the diseeses, shock, or haert fallu	or complications that ire. List only one caus	caused the dec	eth. Do not an	ter tha mo	de of dying	, such a	as cardiec or respi	ratory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final										Onset and Daath
	disease or condition resulting in death)	A CUTE	MYOG	ARDIAL	INF	ARCTI	ION				
		•									
S	Sequentially list conditions,	- L CONG	OR AS A CONSEQ	HEART	FAIL	LURE					
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		TES MO								
윤	CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A CONSED	UENCE DET:	_						
E	resulting in death) LAST	CIOPINA	JARY AL	TERV	NICO	DOF					
S											
¥	PART II. Other significant condi	tions contributing to c	death but not re	sulting in the	underlying	ceuse give	en in Pa	rt I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL								_ 1 _ YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
M											1 TYES 2 ND
ž											
§	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		1		ACE DF DEAT	TH (Check	only one)			
PHYSICIAN:	1 TYES 2 ND	1 🗆 Inpetlant 2 🗆	ER/Outpetient 3	DOA 4 D		5 KResid	enca 8	Other (Specify)			
품	27. MANNER DF DEATH  1 Natural 5 Pending	28a. DATE DF II (Month, Day		28b. TIME OF INJURY	28c. INJ	URY AT RK?	2	8d. DESCRIBE HOW II	NJURY OC	CURED	
⋒	2 Accident Investigati			M	1 🗆 Y		10				
	3 Suicide 6 Could not	building, e	INJURY — At hon tc. (Specify)	na, farm, atreet, f	actory, office	1	21	81. LOCATION (Street a City or Town, State)	ind Number	or Rural R	loute Number,
E 1											
립	29a. CERTIFIER (Check only 1 CERTIFYING PI	IYSICIAN: To the best of m	ny knowledge, dea	th occurred at th	e time, data	and place, an	d due to	the cause(a) and mer	ner aa stel	ed.	
COMPLET	one) 2 MEDICAL EXAM	AINER: On the basis of axe	mination and/or in	weatigation, in m	y opinion, di	eath occured	at the Hir	ne, date and place, an	d due lo li	e cause(a)	and manner as eteted.
	296. SIGNATURE AND TITLE OF CERT	FIER				29c. LICENS	E NUMBE	ER	29d. DAT	E SIGNED	(Month, Day, Year)
B	Chillseyer MD	J				D 25	792	25	M	221	4.1993
9 SUBLIGHT MD  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  TMBERCER MD, #205, 7720 WISCONSON AVE, Rathesda, md 20814  31. DATE FILED (Month, Day, Year)  MAR 1 7 1993  January Sundanne Pandall											11000
- N	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE									
	JM BERCEPL MO	#205, 77.	20 W180	ONSON A	ve, R	2Thes	da.	mol :	180.	4	
	30. NAME AND ADDRESS OF PERSON  TM BERGER MO  31. DATE FILED (Month, Day, Year)	#205, 77.	20 WISC	ONSON A	ve, R	eThes	da,	md 2	2081	4	
	30. NAME AND ADDRESS OF PERSON TM BERCEPL MD 31. DATE FILED (Month, Day, Year) MAR 1 7 199	#205, 77.	20 WISC S SIGNATURE Davidson-A	andell	ve, R	2The S	da,	md z	2081	4	



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	1 - STATE REGISTRAR	STATE OF MARYL		EPARTMEN PTIFICAT			MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH		
		Larry Ker					MONTH D	13 9	3 6:30 P		
	214 - 66 - 2563	XM2□F 4	(In yrs. last bir	YRS. IF UNDI	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, IDay, Year) 4 23		BIRTHPLACE (State or Foreign Country) Tennessee		
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CIT	Y, TOWN O	R LOCATION OF D			Y OF DEATH		
DIRECTOR	JOHNS HOPKINS HOS	SPITAL	<del>-</del>		BALTI	MORE C	ITY	BALTI	MORE CITY		
l m	10s. STATE 10b. COUNTY		10	Oc. CITY, TOWN	OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
=	Maryland Howard			Elkrid	ge				1 X YES 2 NO		
A A	10e. STREET AND NUMBER		-		~ ~	ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?		
FUNERAL	6344 Loudon Avenue					21227			U.S.A.		
∄	11. MARITAL STATUS 12 1 Never Married 2 Married	P. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No 14	I. RACE — American Indian, Black, White, etc.		
×	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D				2 NO Specif			Specify: White		
۵	15. DECEDENT'S EDUCATI	ION	16a, DECED	ENT'S USUAL	OCCUPATIO	M.	16b. KIND OF BU	SINESS/INDI IS			
ETED	(Specify only highest grade corr	npleted)	(Give A	and of work done NOT use retired.	during mos		TOLK KIND OF BO	SINESS/INDOS	int in the second secon		
1 2		College (1-4 or 5+)	-				Miles En	+			
ONCE.	Grade 11  17. FATHER'S NAME (First, Middle, Last)		Welde	EL		40 4407117717	Mika En		ses		
5 5							ME (First, Middle, Maiden	Sumame)			
BB	Mona Lawson  190. INFORMANT'S NAME (Type/Print)					Rosa Wa					
or other traumatic event, the medical examiner must be notified at once.  RTIFICATION  TO BE COM	Nellie M. Savre						Route Number, City or Tow ton, Virgi				
2	20a, METHOD OF DISPOSITION	201		DATE OF DISPO					y or Town, State		
T I	1 ☐ Burial 2 ☐ Cremation 3 ☒ Removal 4 ☐ Donation 5 ☐ Other (Specify)	from State Cer	netery, cremati	II Cem	)	me or			•		
5	21. SIGNATURE OF FUNERAL SERVICE LICENS		Jak Hi				3/18 K1n	gsport	, Tennessee		
盲	1117710	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home, P.A.									
2 C	313 Talbott Ave. Laurel, Maryland 20707										
20	23. PART I. Enter the diseases, or com	plications that cause	d the death	. Do not ente	r the mod	de of dying, suc	h as cardiac or resp	ratory arrea	t, Approximate		
Ě	shock, or heart failure. List	t only one cause on e	each line.					700 - 100 -	Interval Between Onset and Death		
2	IMMEDIATE CAUSE (Final disease or condition Res Disco Force)										
E .	disease or condition										
2 2	- Hypercalcemia and pleural effusion In										
CATION	Sequentially list conditions, if any, leading to immediate										
E S	cause. Enter UNDERLYING METALSCATIC CALLAMOUS CELL CARINOMA OF PLEUTO										
RTIFI(	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	CONSEQUE	NOTE OF):			, A.		1,00		
	resulting in death) LAST	squamou	is cell	carci	rone	a of b	ascot re	nque	9 mo.		
<u> </u>	PART II. Other significant conditions of	ontributing to death t	uit not man	illing in the I	ndorfulna	Anna abaa la	Dord I Or ung as	ALITODOV			
DICAL		on the state of th	Jac Hot Igaa	inting in the t	inderlying	cause given in	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
DIC							1 YES :	NO	OF DEATH?		
shows							_		1 TYES 2 NO		
m Z											
ICI A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHE		ACE OF DEATH (Ch	eck only one)				
YSI		Impatient 2 - ER/Out	patient 3 🗆			5 🗆 Residence	8 Other (Specify)				
	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28	Bb. TIME OF INJURY	28c. INJL WOI		28d. DESCRIBE HOW	NJURY OCCUP	RED		
marked, BY Pt	1 Natural 5 Pending			М		ES 2 NO					
<u>∞</u>   □	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	f — At home,	form, street, fa	ctory, office		281. LOCATION (Street		Rural Route Number,		
2 2	4 Homicide determined						City or Town, State,				
	290. CERTIFIER (Check only	N: To the best of my know	rledge, death	occurred at the	time, date	and place, and due	to the cause(s) and ma	nner as stated			
									cause(s) and manner as stated.		
<b>E</b> O	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI					
8 8		100				ANG. LIVERSE NUI	HOLM		IGNED (Morth, Day, Year) 13 93		
<b>≧</b>   ⊵	30. NAME AND ADDRESS OF PERSON WHO CO	MD.	ATM STEM OF	D. CT Octob				2//	12/12		

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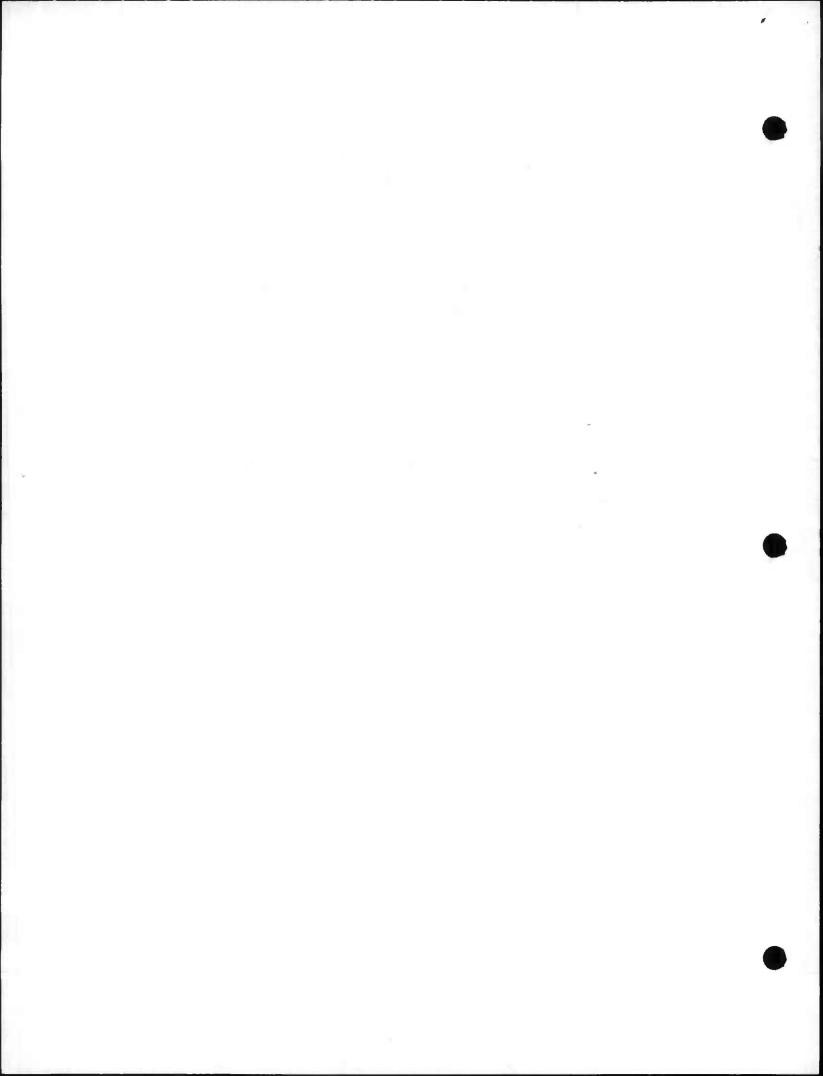
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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
QUONC, MD Johns Hopkins Itospital

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Baltimore, MD



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medic

	1. DECEDENT'S NAME (First								2. DATE OF D	DEATH DAY	- YEAR	3. TIME OF DEATH	
ľ	GERALD	L. LUI	EKE						March 13, 1993 YEAR			5:45 PM	
ľ				s. last birthday)   IF UNDER 1 YEAR   IF UNDER 24 HR				7. DATE OF B	HRTH v. Year)	HPLACE (State or Foreign try)			
	216 09 3680 1 x M 2 🗆 F 80					MONTHS	DATS	HOURS MIN.	April	15,19	ntucky		
	9a. FACILITY NAME (If not in	stitution, give at	reet and number)			9b. CITY	, TOWN	OR LOCATION OF D	EATH	90	DEATH		
۳ ا	Greater 1		Nursing	Home			George						
DIRECTOR	RESIDENCE OF DEC	10L COUNTY			100 CH	ry, town (	OR LOCA	TION				10d, INSIDE CITY	
<u> </u>	Maryland	Howa				Colu						LIMITS?	
	10e. STREET AND NUMBER		LLU			001.01		1. ZIP CODE		10	O CITIZEN OF	WHAT COUNTRY?	
A	6517 Beech		retura				"		046	"		.A.	
FUNERAL	11. MARITAL STATUS	IWOOD I	12. WAS DECEDE	AT EVED IN U.S.	ARMED	12	WAS DEC	CENDENT OF HISPA		analty Van ar i		E - American Indian.	
	1 Never Married 2 4	Married	FORCES?	YES 2			If yes, sp	ecity Cuben, Mexico	en, Puerto Rican		Ste	ck, White, etc.	
B	3 Widowed 4 Divo	orced	IF YES, GIVE	MAN ON DAIES			1 🔲 168	Species Species	y.		Spe	White	
ᇜᅵ	15. DEC	EDENT'S EDUC	CATION	16a.	DECEDENT'S	USUAL O	CCUPATI	ON	16b. KIN	D OF BUSINE	SS/INDUSTRY		
	Elementary/Secondary (1	y highest grade 0-12)	College (1-4 or 5	+)	Itte. Do NOT u	ise retired.)	aunng m	ost of working		Struct	uwal E	ngineer	
릴					VECT	Leu				Struct	urar r	mRrucer	
COMPLETED	17. FATHER'S NAME (First, In	ficidle, Last)						18. MOTHER'S NA	AME (First, Middle	le, Maiden Sun	name)		
BE	Anton A	Lueke						W1111	e T	insley	7		
	19a. INFORMANT'S NAME (	Type/Print)			19b. MAILING	G ADDRES	S (Street	and Number or Rural	Route Number, C	City or Town, S	tate, Zip Code)		
2	Mrs Helen 1	Lucke			6517	Bee	chwo	od Dr. C	olumbi:	a Md.	21046		
	20a. METHOD OF DISPOSIT		oval from State	20b. PLA	r place)			metery, cremetory or	20c. LOCATION — City or Town, State  Baltimore Maryland				
- 1		1 & Burlal 2 Cremation 3 Ramoval from State 4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
	+74a	hey ?	H 7/	to for	,	H	arry	H Witzk	e Fune:			t City 21043	
	23. PART I. Enter the d			Caused the	deeth Do	_						Approximate	
	shock, or h	eart fallure.	List only one ca	use on each I	line.			out or ajing, au		or roupirot	.,	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition										Onset and Death		
- 1	resulting in death)  a. DUE TO (OR AS A CONSCOUENCE OF):												
1	DOE TO LOTT POR A CONTROLLOSS OF J.												
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
¥	If any, leading to immediate cause. Enter UNDERLYING												
프	CAUSE (Disease or Injuthat Initiated events	iry	DUE TO	OR AS A CON	SEQUENCE (	OF):							
F	resulting in death) LAS	T .	d.										
	DACT II Otto - classific	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FIND											
¥ I	PART II. Oyner aigninic				PERFORMED? AVAI					Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDICAL	- One	Conchrovasulas acces							1 {	YES 2	NO	COMPLETION OF CAUSE DF DEATH?	
- 1	1									1 YES 2 NO			
ÿ													
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF DEATH (C	heck only one)				
XS	1 TYES 2 NO		1 Inpatient 2		1 3 DOA	4 Nu	raing Ho	me 5 🗆 Realdence	1				
ᇤ		27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year)						JURY AT ORK?	28d. DESCRI	SE HOW INJU	IRY OCCURED		
BY	2 Accident							YES 2 NO					
	3 Suicide 8 4 Homicide	Could not be determined		OF INJURY — A: j, atc. (Specify)	t home, farm,	, street, rac	ctory, offi	ce		on (Street and own, State)	Number or Rura	I Route Number,	
					- 1								
COMPLETED	const. orny							e and place, and du					
S	2 MEC	NCAL EXAMINE	R: On the basia of	examination and	l/or investigat	lon, in my	opinion,	death occured at the	e time, date and	I place, and d	ue to the cause	(a) and manner as stated.	
BE	296. SIGNATURE AND TITL	E OF CERTIFIER	3			<i>u</i>		29c. LICENSE NU	IMBER	21	d. DATE SIGN	ED (Month, Day, Year)	
				later	W ( S	1		037	015		3/	15/93	
2	30. NAME AND ADDRESS C	F PERSON WH	1 20		(ITEM 27) (Typ		) (an	Colu	wheat	M	7/0	14	
	31. DATE FILED (Months Day			AR'S SIGNATUR		, ,	-/		7	, , , ,		//	
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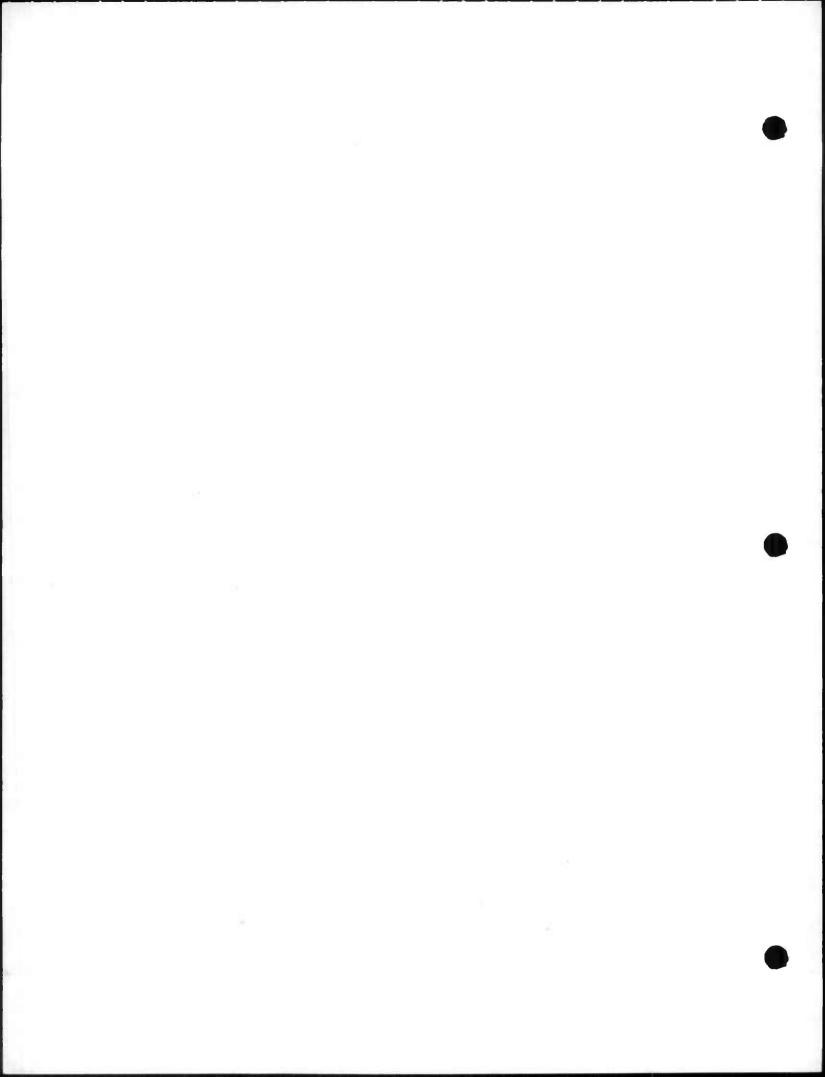
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BALTIMORE, MARYLAND 21215-0020	quires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	n signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 10 should be detached for use as the burial-transit permit.
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY MARCH MARCH 11,1993 3. TIME OF DEATH BETTY J. LONG 2;06 A.M. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 X F 217-28-2240 66 11/30/1926 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOMEWOOD RETIREMENT CENTER WILLIAMSPORT WASHINGTON 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND WASHINGTON SHARPSBURG 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21782 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: RACE — American Indian, Black, White, etc. 1 Never Married 2 Married ВҰ 3 Wildowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) 10 CLERK POST OFFICE be notified at once, 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LEROY FRANCIS MOSE BE EDNA WOLFE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CHRISTINE HAHNE 16113 CLOVERTON LANE, WILLIAMSPORT, MD 21795 20a, METHOD OF DISPOSITION
1 N Burial 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must DATE cemetery, cremetory or other place)
MTN. VIEW CEMETERY 4 Donation 5 Other (Specify) 3/24/93 SHARPSBURG, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Johns 7606 Old National Pike John H. Bast Jr. BAST FUNERAL HOME Boonsboro, MD 21713 medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, Approximata shock, or heart failure. List only one cause on each line. interval Betwe **IMMEDIATE CAUSE (Final Onset and Death** the disease or condition\_ resulting in death) other traumatic event, DUE TO TOR CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO has been Dept. of 6 DIVISION OF VITAL R HOSPITAL DR ATTENDING PHYSICIAN: The law rec PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate t EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 - YES 2 - NO 10 ne 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF INJURY 28c. INJURY AT WORK? marked, 28d, DESCRIBE HOW INJURY OCCURED this c 1 Natural 5 Pending Investiga 1 YES 2 NO BY After t 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) E FUNERAL DIRECTOR: At within 72 hours after de RTANT: If Item 28 Is 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 G 6 Could not be 4 Homicide determined TO THE HOSPITAL DR ATT
TO THE FUNERAL DIRECT
DE filed within 72 hours at
IMPORTANT: If Item 21 CERTIFIER (Check only one)

2 MEDICAL EXAMPLE 2. The best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED (Month, Day, Year) 29C/LICENSE NUMBER 8 1)26806 3 > 2 HO COMPLETED CAUSE OF DEATH JUTEM 27) PIPO. 31. DATE FICED (Month, Day, 32. REGISTRAR'S SIGNATURE Sendent Analysis



1		FOR STATE REGISTRA	V
,	1.	DECEDENT'S I	V

## STATE OF MADVI AND / DEDADTMENT OF UTALTH AND

	1 - STATE REGISTRAR	CERTIF	ICATE OF		MENIAL HYGIE REG. N						
1	1. DECEDENT'S NAME (First, Middle, Last)  Jean Adebell	/	Lee		2. DATE OF DEATH	DAY 12	YEAR 1993	3. TIME OF DEATH 5:404. M			
	220-76-3137 10M2 15 L	20-76-3137 1 M 2 DE LIL YRS. MONTHS DAYS HOURS WIN. 12/12/46									
TOR	9a. FACILITY NAME (If not Institution, give street and number)  Washington County Hospital  RESIDENCE OF DECEDENT		96. CITY, TOWN		ty of DEATH UShington						
DIRECTOR	10e. STATE 10b. COUNTY  Md. Washington	10c. CIT	Y, TOWN OR LOCA	stown				10d. INSIDE CITY LIMITS? 1X YES 2 NO			
BAL (	100. STREET AND NUMBER  1380 Marshall St.			21740	<del></del>	10g. CITIZEN OF WI					
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U. FORCES? 1 YES: 1 F YES, GIVE WAR OR DATE	2 NO	II yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify 1 in, Puerto Rican, etc.)	es or No-	U.S.A  Pa or No- 14. RACE — American Indian, Black, White, etc.  Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	G. DECEDENT'S (Give kind of life, Do NOT us	USUAL OCCUPATION Work done during more retired.)  None	ON st of working	16b. KIND OF B	66. KIND OF BUSINESS/INDUSTRY  None					
BE CON	17. FATHER'S NAME (First, Middle, Lest)  Norris Brooke Lee  Aletha Jane Duvall										
5	19a. INFORMANT'S NAME (Type/Print) Sarah Miller				Proute Number, City or R						
	20s. METHOD OF DISPOSITION 1	ACEANDDATE	OF DISPOSITION (N		DATE 20c. I	OCATION -	- City or To				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	?	Davis	Funeral	CILITY						
N	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  Junty Cevebral How VV hage Massive June 1974 How Conset and Death  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentialty list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO										
CIA	25. WAS CASE REFERRED TO MEMORAL EXAMINER? HOSPITAL:		OTHER:	ACE OF DEATH (Ch							
PHYSICIAN:	1 VES 2 NO 1 Separation 2 ER/Outpation 27. Manner OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	URY AT	8 Other (Specify) 28d. DESCRIBE HOW	/ INJURY O	CCURED				
B	2 Accident Investigation										
COMPLETED	29a. CERTIFIER (Check only					anner as s					
	2 MEDICAL EXAMINER: On the basis of examination at 29b. SIGNATURE AND TITLE OF CERTIFIER ROBERT PAGE	al Ph	ISICION	29c. LICENSE NU				(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ROBERT BYULLY MIN. 145	9 P	Print)	Ave	Hager	etal	13/4	710			
	31. DATE FILED (Month, Dev. 1667)  AR 2 2 1993	IRE	VOIV (C)	, , , ,	1	2101	~VI				

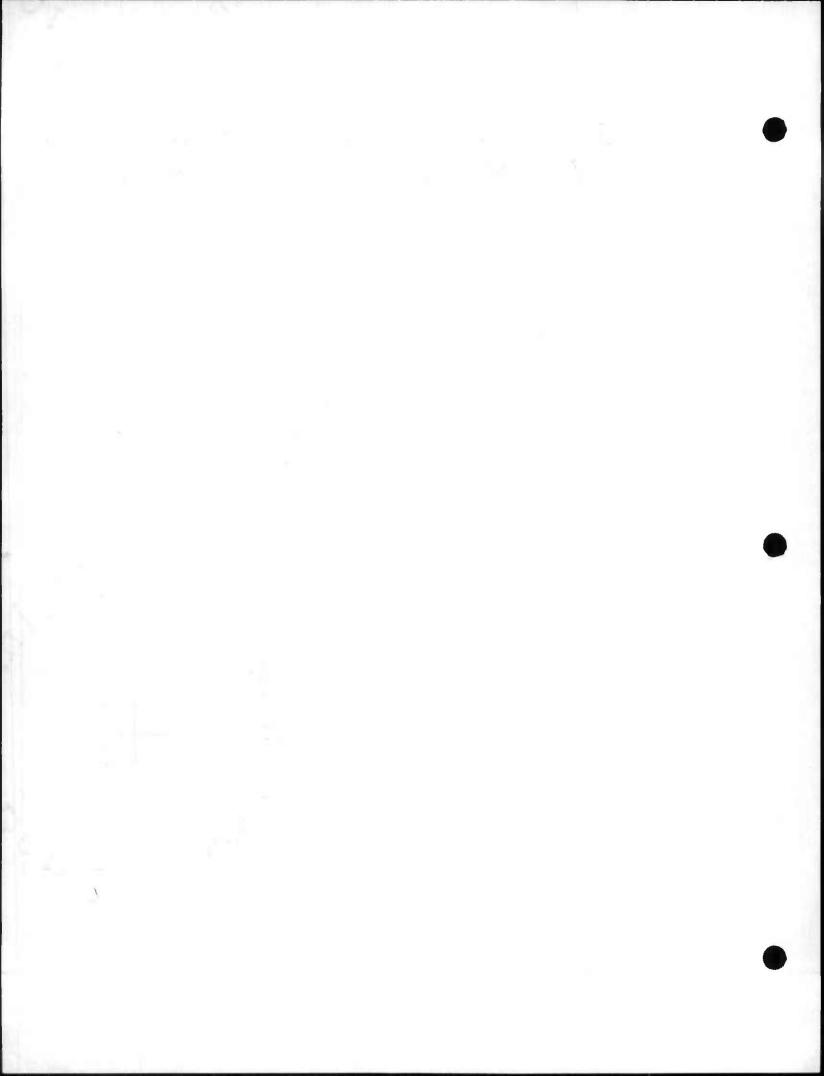
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netlified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



OHMH-18 Rev 1/89

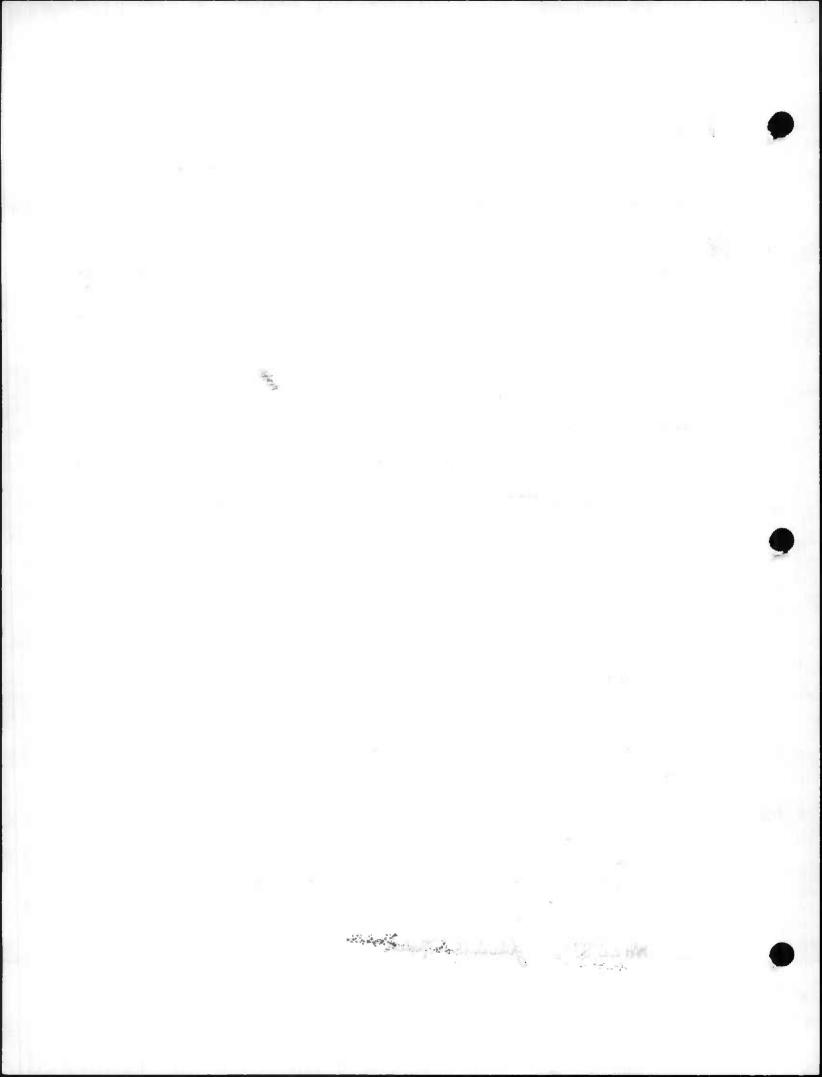
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely filled in by the funeral direct TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.  **IMPROPRIATE HYBER OF SERVICE AND THE PROPRIATE OF THE PROPRIATE HYBER OF THE PROPRIATE THE PROPRIATE HYBER OF THE		3 mg	tor.	120
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and of filed within 27 hours after death with the State Dept. of Health and Mental Hygiene prior to built supportant: If them 28 is marked on them 23 shows any injury or other fraumatic		pol	E Le	8
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the fined within 72 hours after death with the State Dept. of Health and New DEPT.		de	And	2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed to find within 7 hours after death with the State Dept. of Health an autoproparate is them 28 is manded on them 28 element and a finance of the manded on them.		the	N th	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been significant within 72 hours after death with the State Dept. of Healt busing 18 is marked or Wenn 34 shows.		that	d be	Ame
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law required THE FUNERAL DIRECTOR: After this certificate has been see field within 72 hours after death with the State Debt. of hour property of them 28 to mandered or lean 28 than		res	leat	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law I TO THE FUNERAL DIRECTOR: After this certificate has be be fied within 72 hours after death with the State Dept.		nbe.	en de	hos
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The I TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State DR MADDETANT. If Home 28 is empedied to I Home		WE	s be	2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certificate be field within 72 hours after death with the Mann 28 le mandard or History		2	P Pa	E
TO THE HOSPITAL OR ATTENDING PHYSICIAL TO THE FUNERAL DIRECTOR: After this certif be fised within 72 hours after death with the temporariant? History 28 is marked to the		Ä	Crat	len in
TO THE HOSPITAL OR ATTENDING PHYSI TO THE FUNERAL DIRECTOR: After this or be filed within 72 hours after death with MANAGEMENT H. Heart 28. Is marked.		CIA	the th	-
TO THE HOSPITAL OR ATTENDING PROTECTOR: After the fune RAL DIRECTOR: After the feeling without the standard and the standard		13S	is c	1
TO THE HUSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR; After be filed within 72 hours after deal AMENDETANT. 18 Hours 38 Is		6	the state	
TO THE HOSPITAL OR ATTENTO TO THE FUNERAL DIRECTOR: be filed within 72 hours after		DIN	Afte	
TO THE HOSPITAL OR ATTO THE FUNERAL DIRECT DE filed within 72 hours at the property of them 2		EN	OR:	
TO THE HOSPITAL OR TO THE FUNERAL DIR DE filed within 72 hour		A	EG	0 0
TO THE HOSPITAL TO THE FUNERAL De filed within 72		OR	PIN	30.00
TO THE HOSPI TO THE FUNEF be filed within		TAL	3 8	7 2
TO THE FL TO THE FL be filed will		SPI	INE	H
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6 6 8 3		E	王	0
		2	21	3

31. DATE FILED (Morth, Day, Year)

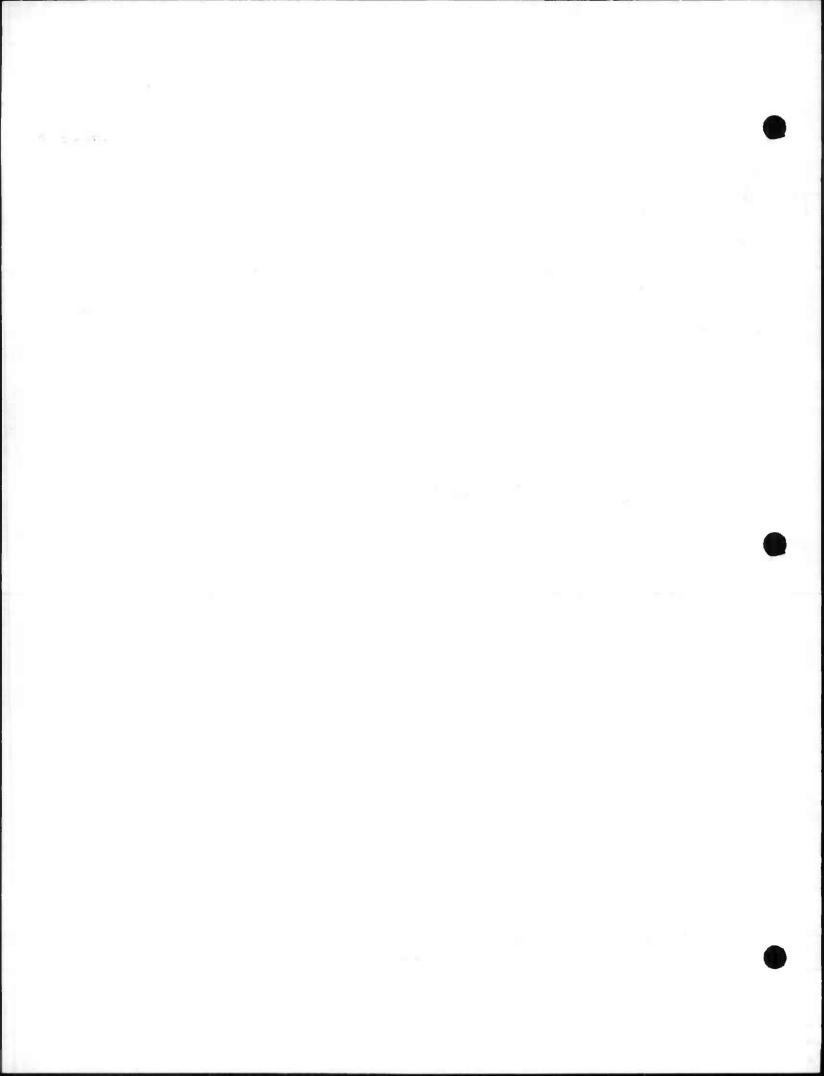
MAR 22 93

	FOR	STATE OF MARYLA	ND / DEPAR	TMENT OF	HEALTH AND I	MENTAL HYGIEN		09430			
	1 - STATE REGISTRAR			CATE OF		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) Blanche Clark	Lamb				2. OATE OF DEATH MONTH	1995	3. TIME OF OEATH  8 4 5 AM			
		5. SEX 8. AGE (III	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan. 3,19	03	MATHPLACE (State or Foreign Jountry) Maryland			
S. S.	90. FACILITY NAME (If not institution, give stress Bel Forest Nursing RESIDENCE OF DECEDENT		enter		OR LOCATION OF DE		of DEATH ford				
5											
DIRECTOR	Maryland	Harford	10c. CIT		deen			10d. INSIDE CITY LIMITS? 1 YES 2 XX0			
FUNERAL	3423 Walnut Road				21001		S.A.				
₩	11. MARITAL STATUS  1 Never Married 2 Merried  XXX Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	NO If yes, specify Cuben, Mexica			NIC ORIGIN? (Specify Yes or No— an, Puerto Ricen, etc.)  14. RACE Black, Specify				
once.				vork done during r e retired.)	nost of working  Manager	Severn	Severn School for Boys Severna Park, Maryland				
com	17. FATHER'S NAME (First, Middle, Lust) Phillip Clar		1000	011100	18. MOTHER'S NA	ME (First, Middle, Melder ora Oliver	Sumame)	Har y rang			
led a	190. INFORMANT'S NAME (Type/Print)	.K, DI.	19b. MAILING	ADDRESS (Stree				le)			
5	Doris L. Connors			JING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  3 Walnut Road, Aberdeen, Maryland 21001							
8	20a. METHOO OF DISPOSITION 1 Buriel 2 Cremation 3 Remove	20b.			emetery, crematory or		OCATION — City				
E	4 Donation 5 Other (Specify)	al from State	Hopewell	Cemete	ery	Por	t Depos	it, Maryland			
examiner	22. NAME AND ADDRESS OF FACILITY  Lee A. Patterson & Son Funeral Home  Perryville, Maryland 21903  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata										
or other traumatic event, the medical examiner must be notified at once.  FITIFICATION  TO BE COM	23. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	elive  Disch		Approximata interval Between Onset and Death							
rtic even	Sequentially list conditions, b.				Here	· Disa	se	1041.			
TATIO	if eny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE O	F):							
or other traumatic	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE O	F):							
	PART II Other elgolificant conditions	contribution to death b	ut not regulting	in the underly	ing cause glass in	Dart I 24- MRC A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS			
3 shows any injury, N: MEDICAL CI	old age.				nig cause given in	PERFC 1 TYES	RMED?	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
r Item 23 s	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF OEATH (C	heck only one)					
YSIC	1 TYES 2 NO	1   Inpatient 2   ER/Outp	atient 3 🗆 DOA	OTHER:	ome 5 🗆 Residence	8 Other (Specify)					
marked, or BY PHY	27. MANNER OF GEATH  1 Vetural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	IURY	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ĒO			
28 IS	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	atreet, factory, of	fice	281. LOCATION (Stree City or Town, State	t end Number or F e)	tural Route Number,			
MPL N	290. CERTIFIER	IAN: To the best of my knowl : On the basis of examination						euse(a) and manner ee stated.			
PORT BE	296. SIGNATURE AND TITLE OF CERTIFIER	M			29c. LICENSE NU D 3260						
2	30. NAME AND ADDRESS OF PERSON WHO Kamrudin Mithani				eet Havr	e de Grace	a Marv	land 21078			

32. REGISTRAT'S SIGNATURE
Julia Savidon Pandallo



													nea. No.			
	8	1. DECEDENT'S NAME (First,		NTDM .								MONT	OF DEATH	¥ 000	YEAR	3. TIME OF DEATH
		JAMES MASO  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  6. SOCIAL		5. SEX				IF UNDER 1 YEAR IF UNDER 24 HRS.				MARCH 9, 1993		1993	0.00074	14: 24 PM PLACE (State or Foreign
6	8	232 22 22		1 X M 2   F	o. Aue (		YRS.	MONTHS	DAYS	HOURS	MIN.	Marc	ch 6,19	17	West	Virginia
經濟	- 0	9a. FACILITY NAME (If not in		treet and number)				9b. CITY	TOWN	OR LOCATE	ON OF DE				NTY OF DI	
	стон	SACRED HE					CU	MBERI	LAND	ALLEGANY			EGANY			
1	m I	10a. STATE	10b. COUNTY	1			10c. CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY
를 2	DIR	WV	Hamp	shire	<u> </u>		L	eve1	S							LIMITS?
it permit.	FUNERAL	10e. STREET AND NUMBER	Boy	50						of. ZIP CODE				_	U.S.	THAT COUNTRY?
020 physician. burial-transit	JNE	Star Rt	., DOX	12. WAS DECEDEN	IT EVER IN	MIS ARM	En	12		25431		NIC OBICI	N? (Specify Yes			- American Indian,
215-0020 attending physician use as the burial-trai	ВУ	1 Never Married 2   3   Widowed 4   Divo		2 NO		1 0	f yes, sp	pecify Cube S 2 NO	in, Mexica	in, Puerto	Rican, etc.)	01 NO-	Black Specif	, White, etc.		
	E	15. DEC (Specify ant)	EDENT'S EDU	CATION completed)		16a. DEC	EDENT'S	USUAL O	CUPATI	ION ost of working	ng	160	b. KIND OF BUS	INESS/IN	DUSTRY	
- O -	COMPLET	Elementary/Secondary (0	College (1-4 or 5	Jollege (1-4 or 5 +)			of work done during most of working Fuse retired.) enter					Construction				
AND the hospital detached for	SON	17. FATHER'S NAME (First, M	iddle, Last)							18. MOTI			Middle, Melden			
# 8 4 Z	BE (			son Lamb	n Lambert								a Eliz			udy
be retain ge 5 sho	5	Merle D.	Lamber	:t		19b.	MAJLING HC	74,	Bo:	and Number x 201	or Aural I	Romn	ey, W		5757	
MOR e 6 ma rector, p		20a. METHOD OF DISPOSITE  1 Burial 2 Crematio  4 Donation 5 Other	n 3 🗆 Rem (Specify)		20b. cem W	PLACE AN Detery, Grem Veste	atory or of	ther plecel	Ce	<sub>eme of</sub> meter	у :	3/12		cation -	City or Too	La Contract
BALTIN er death. Pag the funeral di nal.											er Funeral Home, Inc. ast Main St., Romney, WV 26757					
hours after ed in by the or removal		23. PART I. Enter the di	seasea, or o	complications that	caused	the dea	th. Do n									Approximate
2 = U B		shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  But TO (OR AS A CONSCOUENCE OF):  Interval Between Onset and Death  Onset and Death														
executed within and completely o burial, cremat	_		_	DUE TO	(OR AS A	CONSECU	IENCE OF	F):		6						
~ ~ 5 - 5	CATION	Sequentially list conditi if any, leading to imme	diate	DUE TO	(OR AS A	CONSEQU	IENCE OF	F):								
ficate by physicia ne prior te prior	FICA	CAUSE (Disease or inju		c	(OR AS A	CONSEQU	IENCE OF									
DS, P.O. Bo the death certificate the attending physical d Mental Hygiene pr injury, or other t	CERTIFI	that initiated events resulting in death) LAS	T	4	(4			,								
D.S., F he death the atte Mentai Mury, (		PART II. Other significe	at condition	o contribution to	death b											
7 = 65 -	EDICAL	- Lung	/	An can	death D	ut not rea	luiting i	n the un	deriyin	ig cause g	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
uires tha signed Health a	Ē	-		0/100/				_					1 🗌 YES 2	SINO		OF DEATH?
Sh of head	×								_							1 Nes 2 No
The high Bate D	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			7	071:		LACE OF D	EATH (Ch	eck only o	ne)			
Sician: The certificate In the State	KSI	1 TYES 2 1 NO		1 Impetient 2		entient 3		Y	ing Hon	ne 5 🗆 Re	sidence					
DING PHYSIC After this ce death with the	ВУ РНУ		Pending Investigation	28a. DATE OF (Month, D			28b. TIMI INJ	E OF URY M	W	JURY AT DRK? YES 2	□ NO	28d. DE	SCRIBE HOW II	NURY OC	CURED	
TTENDI TTENDI TTOR: A after de			Could not be determined	28e, PLACE 0 butiding,	etc. (Spec	Al hom	e, tarm, s	treet, fact	ory, offic	ca			CATION (Street a or Town, State)	nd Numbe	r or Rural A	oute Number,
R Page	PLE		IFYING PHYSI	CIAN: To the best of	my knowl	ledge, deat	h occum	d at the t	me, dete	and place	, and due	to the ca	ruse(a) and men	ner as sta	ted.	
HOSPITAL FUNERAL Within 72 FANT: If	COMPLET	one) 2 MEDI	CAL EXAMINE	R: On the besia of a	xamination	n and/or Im	restigatio	n, In my o	pinion, d	death occur	red at the	time, date	a and place, and	d due to th	he cause(a)	and manner as stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TISKE	OF CERTIFIED	2-13-	01	m	7			29c. LICE	ENSE NUM	MBER	2,	29d. DAT	E SIGNED	(Month, Day, Year)
P P 2 3	2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DE	ATH (ITEM	<b>27)</b> (Туре,	Print)			4	410		- 5	) -/	
7		DR. GARY WA		, M.D.,	925	BISHO	P W	ALSH	ROA	AD, C	UMBE	RLAN	ID, MD	2150	2	
		31. DATE FILED (Month, Day, MAR 12	1993	REGISTRA	AR'S SIGN	ATURE										
				M		7										



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the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remova	or othe
Mental	Minne
and	700
Health	2 044
ō	P.
Dept.	23
State	Ham
the	40

										9	3 0	9432	
	1 - FOR STATE REGISTRAR	STATE OF I		DEPAR					MENTAL HYG				
	1. DECEOENT'S NAME (First, Middle, Lest) EDNA RUTH	LOPER							2. DATE OF DEA		YEAR	B:25 A.	
	4. SOCIAL SECURITY NUMBER 220-10-2000	5. SEX	A DIRECT PLANT OF OTHER 24 INC.							7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State Country)			
O. B.	9e. FACILITY NAME (If not institution, give 808 VALLEY VIE	N DRIVE	83			r, town o		ION OF DE					
DIRECTOR	PESIDENCE OF DECEDENT  10e. STATE  10b. COUNT  A 7	r legany			y, town	OR LOCAT	ION					Od. INSIDE CITY LIMITS? YES 2 X NO	
	100. STREET AND NUMBER 808 Valley Vie				avai		ZIP COD			10g. CITIZEN OF WHAT USA			
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. AF YES 24	RMED NO		If yes, spe	ENDENT C	OF HISPAN	n, Puerto Rican, et	IC ORIGIN? (Specify Yes or No—  14. RACE — Americ Black, Whita, et Specify: Whil.			
COMPLETED	15. OECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5	(G	CEDENT'S She kind of a Do NOT us  reti	work done se retired.)	CCUPATIO during mos	N st of working	ng		F BUSINESS/IN		ice	
BE CON	17. FATHER'S NAME (First, Middle, Last)  Job M. Detri	.ck					18. MOT		ME (First, Middle, M n Hixon	aiden Surname)	_		
TO E	19s. INFORMANT'S NAME (Type/Print)  Mr. Karl Loper		19			S (Street ar			Route Number, City o	r Town, State, Z	ip Code)		
	20s. METHOD OF DISPOSITION  1 M Burlel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify)  20s. PLACE AND DATE OF DISPOSITION (Name of Specify, Cremetion, Specify)  20s. LOCATION - City or Town, State Cumberland, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22s. NAME AND ADDRESS OF FACILITY												
	· Openes 7	Scary	selli			Scar	pel: perla	li Fu	uneral H MD 2150	2			
	23. PART V Enter the diseases, or shock, or heart feliure.  iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. List only one cau	t caused the de	1	( )	0.000			has cardiac or			Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	(OR AS A CONSE	OUENCE O	r):	P	w	Au	ve Ac	Sm	Pro	6 gn	
MEDICAL	PART II_Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.    24e, WAS AN AUTOPSY PERFORMED?   1   YES 3   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   NO   NO   NO   NO   NO   NO												
PHYSICIAN:	25. WAS CASE REFERENCE TO MEDICAL EXAMINER? Properly released	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE				8 Other (Specify	)			
ву РН	27. MANNER OF OEATH  1 Assurant 5 Pending 2 Accident Investigation	27. MANNER OF OEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Pending  28d. INJURY AT WORK?  1 YES 2 NO								OW INJURY O	CUREO		
	3 Suicide 6 Could not be 4 Homicide detarmined	building,	F INJURY — At he etc. (Specify)						261. LOCATION (S City or Town,	State)		ite Number,	
COMPLETE	(Check only one) 2 MEDICAL EXAMIN	R: On the basis of a										and manner as stated.	
TO BE	30. NAME AND ADDRESS OF PERSON WA	1633.	RUD	M	)		29c. LICI	ENSE NUM	IBER / 35		TE SIGNED (A	forth, Day, Year)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED DR. VICTOR MAZZOCCO, o cause of death (ITEM 27) (Type, Print)
912 SETION DRIVE, CUMBERLAND, MD 21502 MAR 17 1993

No. 2007

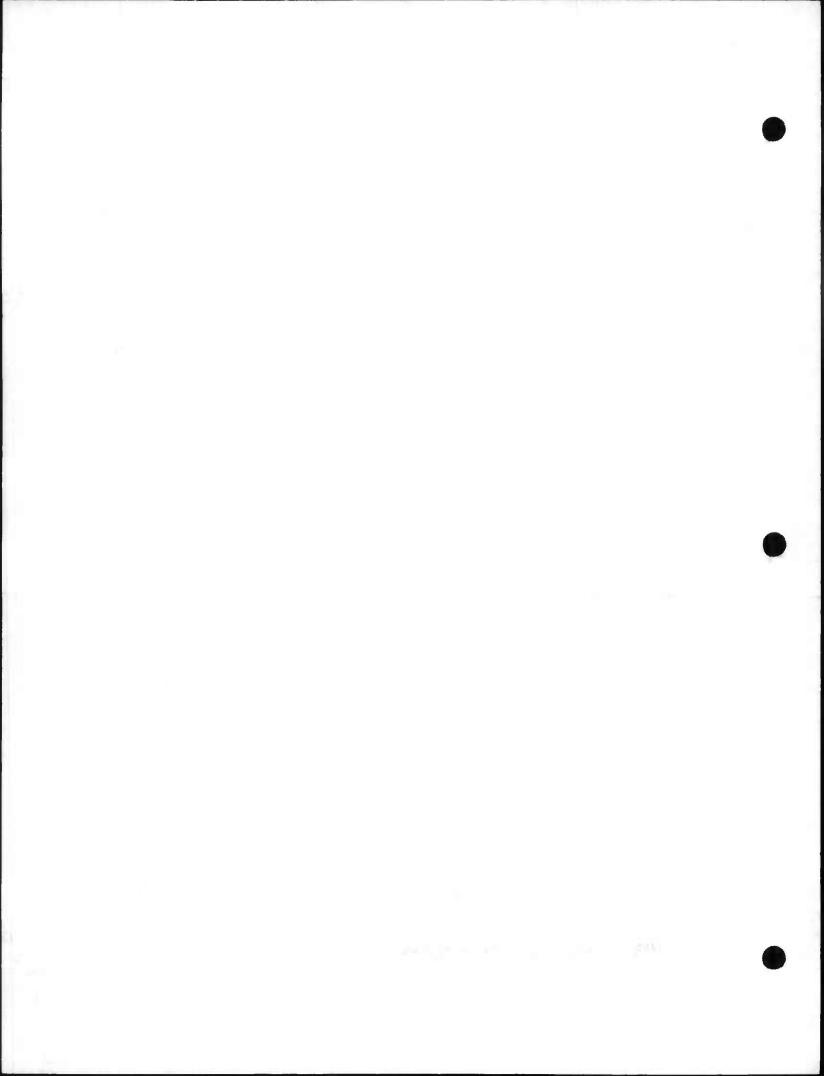
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit parties within 72 hours after death with the State Deut, of Health and Mental Hydlene prior to buriat, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

5

31. DATE FILED (Month, Day, Year)
MAR 1 7 1993

2. REGISTRAR'S SIGNATURE

	REGISTRAR	CERTIF	ICATE C	)FD	EAT	Н	REG. NO				
- 3	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH			3. TIME OF DEAT	ГН
	JAMES NMI LAKE						MARCH 15		YEAR	9:32	- A M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs.	last birthday)	IF UNDER 1 YEA	AR IF	F UNDER 2	24 HRS. 7.	DATE OF BIRTH			LACE (State or Fo	A
1	<b>216092586</b> ¹⅓™2□F 76	YRS.	MONTHS DAY		DURS	ми. 1	(Month Day, Year) 2-24-19	16	Country	land	
~	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOV					9c. COU	YTY OF DE	ATH	
DIRECTOR	SACRED HEART HOSPITAL RESIDENCE OF DECEDENT		Cumberland ALLEG							Y	
EC	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION			tod. INSIDE CI				,
	Maryland Allegany	0.	ldtown	ì						LIMITS?	NO
AL	10e. STREET AND NUMBER			101. ZII	P CODE			10g. CITI	ZEN OF WI	AT COUNTRY?	
FUNERAL	Route 1 Box 29				21	555		USA			
Į.	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2	ARMED					PRIGIN? (Specify Yes	or No-	14. RACE	- American Indi White, etc.	an,
ВУ	3 Widowed 4 Divorced USN WW II	-				Specify:	or to thous, etc.,			Black	
	15. DECEDENT'S EDUCATION 16a.	DECEDENT'S	USUAL OCCUP	MOLTA			166. KIND OF BUS	SINESS/IND		Diack	
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of	f working		TOO. KIND OF BO.	344C33/114D	UŞ INI		
COMPLETED		ruck	Driv	er			Trucl	cina			
Š	17. FATHER'S NAME (First, Middle, Last)			10	. мотн	ER'S NAME (	First, Middle, Maiden				
BE	John Henry Lake				Ec	dith	Holmes				
10 B							Number, City or Tow				
F	Elizabeth Singleton	305 A	rch S	t.	Cun	nberl	and, Md	. 21	502		
	Elizabeth Singleton 305 Arch St. Cumberland, Md. 21502  20e. METHOD OF DISPOSITION 1 2 Cremetton 3 Ramovel from State 1 Donation 5 Other (Specify) Camberland, Maryland  20b. PLACE AND DATE Of DISPOSITION (Name of Specify) Camberland, Maryland Rocky Gap Vet. Cemetery 73 Cumberland, Maryland										
1		ky Ga						berl	and,	Maryl	and
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Lea Lea	SUI	re-	Stein	n,iNc.	230	Ba 1 t	imore	Αv
	· Enta. My.		Cum	bei	rla	nd, Mo	d. 2150	2			
	23. PART t. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each ill	death. Do	not entar the	moda	of dyin	ig, such as	cardiac or respi	ratory arr	est,	Approxim	
	IMMEDIATE CAUSE (Final	tia.								Onset and	
	disease or condition a. A cute	when	vary &	me	boli	0-1	youtener	-		nein	to
	DUE TO (OR AS A CONS	SEQUENCE O	f):								
ON	Sequentially list conditions, DUE TO (OR AS A CONS	EQUENCE O	Б.							-	
FA	if any, leading to immediate cause. Enter UNDERLYING	EODENCE O	r):								
FI	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONS	SEQUENCE O	F):							<del> </del>	
CERTIFICATION	resulting in death) LAST										
	DAGY It Other significant and fill and a significant									1	
MEDICAL	PART It. Other significant conditions contributing to death but no	-					DEDECO		-	WERE AUTOPSY F AMAILABLE PRIOR	TO
ă	(Aggretenum)	Jeven	e pery	N. C.	1-	neway	1 TYES 2	<b>₽10</b>		COMPLETION DF ( OF DEATH?	CAUSE
Σ	Empleserva			-	an	en				1 _ YES 2 _ :	NO
AN	25. WAS CASE REFERRED TO MEDICAL		26	DI ACE	E OE DE	ATH (Check o	netu essi				
PHYSICIAN:	EXAMINER?  1 Section 1 Sec	3 [] DOA	OTHER:		-						
H	27. MANNED OF DEATH 26s. DATE OF INJURY	28b. TIN	E OF 28c.	INJURY	AT		Other (Specify)  1. DESCRIBE HOW I	NJURY OCC	URED		
ВУ Р	1 Netural 5 Pending (Month, Day, Year)	IN.	JURY 1 [	WORK?	2 🗌	NO					
	3 Suicide 28a. PLACE OF INJURY — At	home, farm,	street, factory, o	office		261	LOCATION (Street I	and Number	or Rural Ro	ute Number,	
	4 Homicide detarmined building, etc. (Specify)						City or Town, State)				
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge,	death occurr	ed at the time, o	dete and	d place, a	and due to ti	he cause(a) and mar	mer as stat	ed.		
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/o									and manner as s	tated.
EC	296. SIGNATURE AND TITLE OF CERTIFIER			P		NSE NUMBER				Month, Day, Year)	
m	Cellocus					1417			1170		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT						~				
- 1	1068 NATIONAL HWY-REAR	1	AVAL	<u>_</u>		un	215	02			

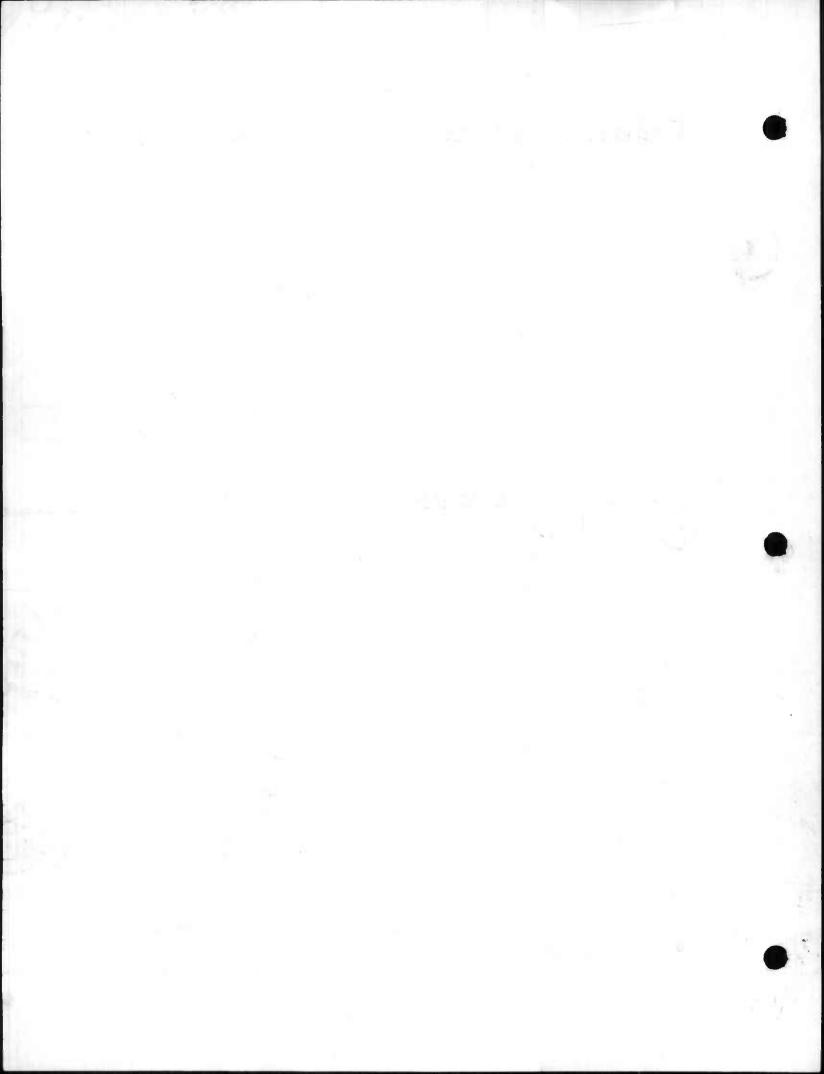


	1 - STATE REGISTRAR	S	TATE OF MAR					EALTH AND DEATH	MENTA	L HYGIENI	E 90	U	17474
	1. DECEDENT'S NAME (First, MIC		dorar	d					2. DATE MONT	OF DEATH	4 9	EAR 3	3. TIME OF DEATH  9:00 A M
9	4. SOCIAL SECURITY NUMBER 020-09-1940		M 2   F	NGE (In yrs. In 187	ot birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	6-3	OF BIRTH h, Day, Year) 10-1905	4	BIRTHP	chusettes
TOR	Sinai Hospita  RESIDENCE OF DECEM	a1	nd number)			9b. CITY,		ltimore	EATH		Ba1		
DIRECTOR	10a. STATE 10	Anne Ar	undel		10c. CITY, TOWN OR LOCATION Severna Park						LIMITS		10d. INSIDE CITY LIMITS? X 1 YES 2 NO
FUNERAL	103 Riggs Ave	9					101.	21146			10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
B∀	11. MARITAL STATUS 1 Never Married 2XXX Mar 3 Widowed 4 Divorced	rried	WAS DECEDENT EV FORCES? 1 T F YES, GIVE WAR	YES 2 X		11	yes, spe	ENDENT OF HISPA Icity Cuban, Mexico 2/TX NO Specifi	an, Puerto		or No-  14. RACE — American Indian, Black, White, etc.  Specify: Caucasian		White, etc.
COMPLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12) 12+	ENT'S EDUCATIO gheat grade comp Col	N (eted) (lege (1-4 or 5+)	(C)	CEDENT'S No kind of w Do NOT us Strib	ork done d retired.)	uring mos	nager Home Products					
BE CON	17. FATHER'S NAME (First, Middle, Last)  Edmund E. Morand  19a, INFORMANT'S NAME (Type/Print)					18. MOTHER'S NAME (First, Middle, Meiden Surname) Bertha Boyle							
5	The state of the s									21	146		
	1   Burlel 2   Cremation 3   Removal from State   Cometery, crematory or other place)   Cometery, crematory or other place)   Baltimore, Maryland   Crematory   Cr												
	22. NAME AND ADDRESS OF FACILITY Barranco & Sons Severna Park, MD 495 Ritchie Hwy. Severna Park, MD 21146  24 PART ). Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	PART I. Enter the dises shock, or heart MMEDIATE CAUSE (Final disease or condition resulting in death)	t fallure. Lies	only one cause of	n esch line	Ð.						ratory arres	i,	Approximate Interval Between Onset and Death
CERTIFICATION	MMEDIATE CAUSE (Final desease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  CARDIO RESPIRATORY ARREST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other algorificant of DEHYDK HYDD 77	resulting in the underlying cause given in Part I			Part I.	PERFORMED?			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MI EXAMINER?	но	SFITAL:			OTHER	1:	ACE OF DEATH (Ch					
BY PHYS	1 VES 2 NO  27. MANNED OF DEATH  1 Natural 5 Pen 2 Accident Inve		Anpatient 2 ER  28a. DATE OF INJU (Month, Day, Y	IRY	28b. TIM	7	28c. INJU	JRY AT RK?		CRIBE HOW IN	JURY OCCUP	IED	
	3 Suicide 8 Cou	uld not be ermined	28e. PLACE OF IN- building, stc.	IURY — At he (Specify)	ome, ferm, s	treet, facto	ory, office			ATION (Street e. or Town, State)	nd Number or	Rurel Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
TO BE	29b, SIGNATURE AND TITLE OF	did	MAIN ETTE AND THE		**************************************			SINAT A		MAL			(Month, Day, Year) 4-93
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  OVALMAD RID - SINAI HOSDITAL OF BALTIMORE INC.												

31. DATE FILEO (MORTH, Day, 1687) MAR 2 3 1993 39. REGISTRAR'S SIGNATURE Julia Davidson-Kondage

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

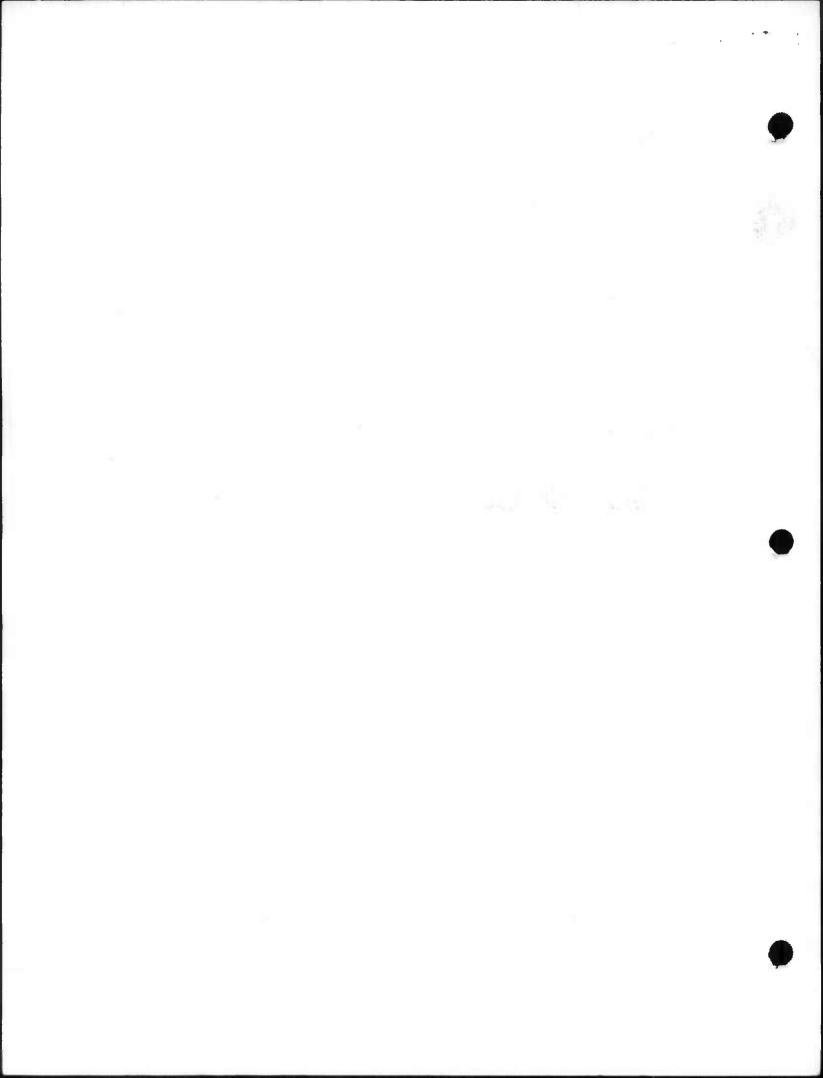
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT O	F HEALTH AND MENTAL	HYGIENE
CERTIFICATE (	OF DEATH	REG. NO.

REGISTRAR				CERT	IFIC	AIEU	F DEA	H		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH	v .	YEAR	3. TIME OF DEATH
William	W. Ma	son								rch 16	-		2:30 A M
4. SOCIAL SECURITY NUMBI		5. SEX	6. AGE (I	n yrs. lest birtho		UNDER 1 YEA	-	R 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
213 22 53	275	1 🔀 M 2 🗌 F		55 YR	S. MOI	THS DAY	8 HOURS	MIN.		i, Day, Year) 30/192	7	Count	" rvland
9a. FACILITY NAME (If not ins		treet and number)		3.5	9b	CITY, TOW	N OR LOCAT	ION OF DE		30/192		INTY OF D	
		· ·									F.1		_ 4
202 Mumfor		eet				Sno	ow Hi	<u>LT</u>			L W	orce	ster
10a. STATE	10b. COUNT	Y		10c.	CITY, TO	OWN OR LO	CATION						10d. INSIDE CITY
Marvland	Talon.	cester			C.	ow H	11						LIMITS?
100. STREET AND NUMBER	WOL	cester			31.	IOW II.	10f. ZIP CO	DE			10a CIT	IZEN OF 1	WHAT COUNTRY?
	. 3 . 01-										log. or		
202 Mumfo	ora St							21863				US	
11. MARITAL STATUS	No and a si	12. WAS DECEDEN FORCES? 1				13. WAS I	DECENDENT specify Cut	OF HISPAI	NIC ORIGIN In, Puarlo f	? (Specify Yea	or No-	14. RAC	E — Americen Indian, k, White, etc.
1 Never Married 2 🔯 1 3 Widowed 4 Divor		IF YES, GIVE V	WAR OR DA	TES		1 🗆 1	YES 2 X NO	Specif.	y:			Spec	
			46 -	1966		!							White
15. DECE (Specify only	highest grade	CATION completed)		18e. DECEDEN	d of work	done during	ATION most of work	ing	18b.	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-	12)	College (1-4 or 5	+)	life. Do NO									
12				Ret:	ired	l Air	Force	5		Ų.	S. G	over	nment
17. FATHER'S NAME (First, Mi	ddle, Last)						18. MO	THER'S NA	ME (First, I	Middle, Maiden	Surname)		
Peter E	. Mas	on						Anni	e Pa	yne			
19a. INFORMANT'S NAME (Ty				19b. MAII	LING AD	DRESS (Stre	et and Numb			ber, City or Tow	n, Stete, Zi	ip Code)	
Myrtle M.										l, Mar			1863
20a. METHOD OF DISPOSITI			20h	PLACE OF DIS								- City or To	
MXBurial 2 Cremation	n 3 🗆 Rem	oval from State	200	other place)			-	-					
4 Donation 8 Other	_	Duna.		vete	rans	Ceme	E AND ADDR			Hu	rroc	K, M	aryland
21. SIGNATURE OF FUNESAR	SERVICE LI		-			Denr	is Fi	inera	L Ho	me			
1 Almin	, 0	m Sur	-			110	Frank	clin	St.	Snow	H:11	. Md	. 21863
IMMEDIATE CAUSE (Findisesse or condition resulting in death)  Sequentially list condition from, leeding to immediate. Enter UNDERLYII	ons, fliete	b. (	2	CONSEQUENCE CONSEQUENCE	6-	AN	315						Onset and Daati
CAUSE (Disease or inju- thet initieted events reaulting in daeth) LAS		d.	(OR AS A	CONSEQUENC	CE OF):								
PART II. Other significan	nt condition	s contributing to	death b	ut not result	ing in t	ha undari	ying cause	givan In	Part i.	24a. WAS AN PERFOR		241	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										1 TYES 2			COMPLETION OF CAUSE
													OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					28	. PLACE OF	DEATH (C)	heck only or	тө)			
EXAMINER?	-	HOSPITAL:	FR/Out-	atlant 2   D		THER:	Home & 🗆	Doeldono	0 ( Out -	e (Snack)			
27. MANNER OF DEATH		28e. DATE OF			TIME O		Home 5  INJURY AT	neartwiice	¥	SCRIBE HOW I	MUDBA U	CCUBED	
	Pending	(Month, I	Day, Year)	290	INJUR	r	WORK?		20d. DE	COURT HOM I		SOUNED	
	nvestigation						YES 2	□ №	200				
	Could not be determined	28e. PLACE ( building	of INJURY, atc. (Spec	— At home, fs	erm, atro	et, factory, o	office			ATION (Street or Town, State)		er or Rurel	Route Number,
cond day		ER: On the best of											a) and menner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	1///					29¢. LI	CENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
	(	Mall -					1	124	92	4	•	3/1	7/97
30. NAME AND ADDRESS OF	PERSON WI	O COMPLETED CAL	ISE OF DE	ATH (ITEM 27)	(Type, Pri	int)		7 - 1					
Ritchie ( 31. DATE FILED (Month, Day,	C. Sho	emaker.	M.D.	. 1604	Mar		St. Po	ocomo	oke C	ity, M	aryl	and	21851
MAR 17	1993	Tulio S	an a srun	ATURE	D	٠							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

											Q	13	0943	36
	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAF ERTIF	RTMEN	T OF H	HEALTH DEA	AND I		HYGIEN REG. NO	IE .			
	1. DECEDENT'S NAME (First, Middle, Last)				1 /	. 11			2. DATE OF	DEATH			3. TIME OF DE	HTAS
		RICHARD	EWING		M	ille	r		Mar	de	18 19	dy	08	10.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF	BIRTH	, ,		HPLACE (State or	Foreign
	215-03-3918	1 M 2 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, I	-16-1	1 1	Count	(\psi	
	9e. FACILITY NAME (If not institution, give str	reet end number)			9b, CIT	Y. TOWN (	OR LOCATI	ON OF DE		-10-1	9c. COUNTY OF GEATH			
8	PENINSULA GENERAL	HOSDITAL												
18	RESIDENCE OF DECEDENT	HOSTITAL				SAL	ISBUR	Y, M	1D		W	COM	CO	
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE C	TY
	Md, Wo	rcester			I	Berli	in						LIMITS?	NO
FUNERAL	10e. STREET AND NUMBER					101	. ZIP COD	Ε			10g. CIT	IZEN OF	WHAT COUNTRY	7
出	78 Martinique C	ircle		21811						USA			A	
5	11. MARITAL STATUS	12. WAS DECEDENT			13.	WAS DEC	ENDENT (	OF HISPAN	ANIC ORIGIN? (Specify Yee or No-		14. RAC	E — American In	idlen.	
BY F	1 Never Married 2 Married	IF YES, GIVE W	YES 2 1	w W∏II		If yes, sp	2 NO	ın, Mexice	n, Puerto Ric	an, etc.)		Blac Spec	k, White, etc.	14-0
	3 Widowed 4 Divorced		, , , , , , , , , , , , , , , , , , ,	AMA TT	-		-	,,,,,,	· ·			- Gove	"Whit	e
田田	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	/G	CEDENT'S	work done	during mo	ON ost of working	na	16b. K	IND OF BUS	SINESS/IN	DUSTRY		
<u>"</u>	Elementery/Secondary (0-12)	College (1-4 or 5+	Ma	Do NOT us	se retired.)									
₩ B					Exec	cutiv	<i>r</i> e			Ir	ısura	nce		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	. 26 277							ME (First, Mid					
BE	Harry Conwa	y w ille							rude A	,		_		
196. MALINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Mary Lee Miller 4583 Ocean Pines Berlin, Md., 21811														
	20e. METHOO OF DISPOSITION 1  Burlel 2 Cremetion 3 Remo	val from State	20b.PLACE A	ND DATE	OF DISPO	SITION (No	me of		OATE		CATION -	City or To	wn, State	
	4 Donation & Other (Specify)			sbur	v Cr	cemat	orv		320	Sa	alisb	urv.	Md	
	21. BIGHATORE OF FURERAL SERVICE LICE	NSEE /			22.	NAME AN	ND ADORE	SS OF FAC	CILITY			41.7		
	John d //	Pist				Ullr	ich	Fune	ral H	ome	Ber	lin,	Mc.	
	23. PART I. Enter the diseases, or co	omplications that	caused the de	ath. Do r	not ente								ApproxI	mata
	anock, or naurt landra. L	ist only one caus	se on aach iina					mg, acci	i da caraia	C OI TOSPI	natory an	reat,	interval	Between
	IMMEDIATE CAUSE (Final disease or condition	00.10	-	and.	0	100	21	-					Onset a	nd Death
	resulting in death)	. Acute	OR AS A COUSE	WENCE OF	a M	Mari	cum							
_	_	332.10 (		OLNOL O	, ,.	*								
CERTIFICATION	Sequentially list conditions,	OUE TO (	OR AS A CONSEC	UENCE OF	F):									
¥	if any, leading to immediate cause. Enter UNDERLYING				•								į	
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (	OR AS A CONSEC	UENCE OF	F):									
듄	resulting in death) LAST													
뜅														
AL	PART II. Other aignificant conditions					nderiying	g cause (	given in	Part i. 24	In. WAS AN		24b	WERE AUTOPSY AVAILABLE PRIO	
MEDICAL	um reported	conger	lik he ar	an	lun				_   1	YES 2			COMPLETION OF	
MA I	shede /rent	brial m	renlau	dis	me				- 1				1 YES 2	] NO
ä		,							_					. 56
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Che	ock only one)					
Sic	1 TES 2 XNO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		e 5 🗆 Re	sidence	6 Other (S	ipecify)				
27. MANNER OF DEATH 286. OATE OF INJURY AT (Month, Day, 16er) 286. TIME OF INJURY AT WORK?						URY AT		26d. OESCR		NJURY OC	CURED			
1 No Natural 5 Pending (Molini, Jey, real) INJ					M		ES 2	NO						
	3 Suicide 6 Could not be	28e, PLACE OF	INJURY — At hor	ne, ferm, s	street, fac	tory, office					ind Number	or Rural F	loute Number,	
里	4 Homicide determined	bunding, e	tc. (Specify)					İ	City or 1	lown, State)				
ا بر	290. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of a	ny knowledge de	ith occur	ed at the	lime date	and also	and div	to the commit	al and :				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER												and means -	ninted
	29b. SIGNATURE AND TITLE OF CERTIFIER			Jugano		_pmort; Of				o prace, en	- uue to ti	ceuse(e	, and menner se	stated.
BE	ATAMIA (	11/1/10	mels?	mg			29c. LICE	NSE NUM	20LI		29d. DAT	E SIGNED	(Month, Day, Yea	r)
5	30 NAME AND ADDRESS OF DEDSONWING	COMPLETED CALLS	vua,	. ~				1010	207			0 -	10-13	

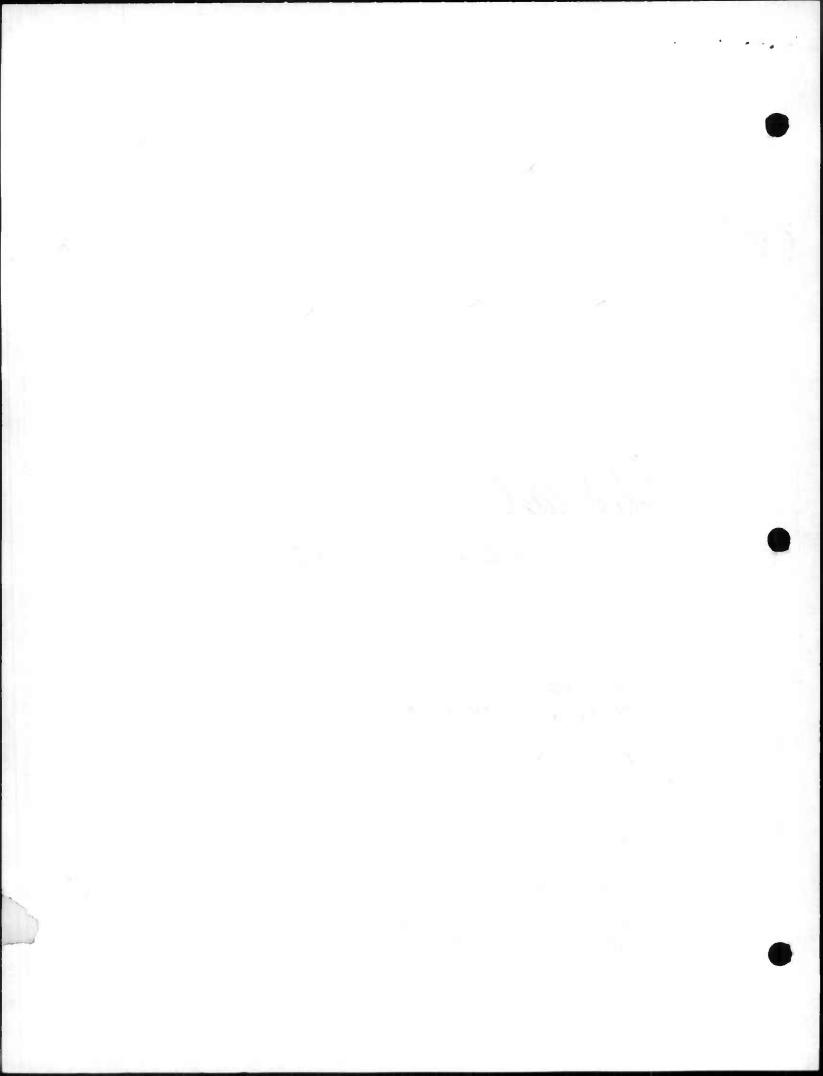
md.

21801

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTALES ALEANURE

AR 1 9 1993



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SW.	las t	23
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing. Jurs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent, of Health and Mental Hotelere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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MAR 2 4 93

							9	3 09437				
	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	DEPARTMEN									
			ENTIFICAT	EOFL	EATH	REG. NO.		T				
	1. OECEDENT'S NAME (First, Middle, (est)	rl Willian	n Magri	uder		2. OATE OF DEATH	93	AR 3. TIME OF DEATH				
8	4. SOCIAL SECURITY NUMBER 5. SE	8. AGE (In yrs. la			F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		SIRTHPLACE (State or Foreign Country)				
. 1	220 10 0000	M2 □ F 67	YRS. MONTHS	DAYS	OURS MIN.	1/19/2	6 M	D "				
HO	98. FACILITY NAME (If not institution, give street and 59 TINBER	RIDGE 1			TMIN	STER	9c. COUNTY	PRRS LL				
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION	1			10d. INSIDE CITY				
E I	MD Carr	011	Wes	stmin	ster			1 YES 2 NO				
	10e. STREET AND NUMBER			10f. Z	P CODE		10g. CITIZEN	OF WHAT COUNTRY?				
E	59 Timber Ridge	Drive		2	1157		US					
FUNERAL	The state of the s	WAS DECEDENT EVER IN U.S. AI ORCES? 1 YES 2	RMED 13	. WAS DECEN	OENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indien, Black, White, atc.				
BY F	1 Never Married 2 Merried  3 Widowed 4 Divorced	YES, GIVE WAR OR DATES		1 TES 2				specify black				
	15. DECEDENT'S EDUCATION	17 11 00 00	ECEDENT'S USUAL	OCCUPATION		16b, KIND OF BUS						
	(Specify only highest grade comple	ege (1-4 or 5 +)	Give kind of work done b. Do NOT use retired.	e during most o	of working		011120011112001					
COMPLETED	Lienteniary (3-12)		orker			C & E	Tele	phone				
Š	17. FATHER'S NAME (First, Middle, Last)			1	8. MOTHER'S NAM	ME (First, Middle, Meiden						
BE	Lester Wa	ller			Cecili	a Mag	ruder					
TO E	19e. INFORMANT'S NAME (Type/Print)	11				Route Number, City or Tow	n, State, Zip Coo	ie)				
p-m	Ann G. Magruder				hapel			sor. MD				
	20g: METHOO OF DISPOSITION 1.42 Burlal 2 Cremetion 3 Removai fr	rom State other p			,,		CATION — City					
	4 Donation 5 Other (Specify)				Cemet		ings.	Mills. MD				
	A CONTROL OF TOTAL ALL DELIVED ENGINEER	•				ral Home	& Ch	apel				
	Robert K.	Pritts. Si	g. 4	412 W	ashing	ton Rd.	West	minster, MD				
	23. PART i. Enter the diseases, Dr compi ahock, or heert fellure. List o			er the mode	of dying, such	h ae cerdiec Dr reap	iratory arrest,	Approximate interval Between				
	iMMEDIATE CAUSE (Finel disease or condition	CACTOR	111 -	م ميد	(11)	10-01-0	2011	Onset and Deeth				
	resulting in death)	GASTRO	NIES	)110	14L )	JE1901	LA HAY	5=				
	DUE TO (OR AS A CONSEQUENCE OF):  LIVER FRILURE  DUE TO (OR AS A CONSEQUENCE OF):  16 YEARS  DUE TO (OR AS A CONSEQUENCE OF):											
<u>o</u>	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF):	UKE				10 JIME				
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	RENAC	FRI	LUP	E			104EAR				
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):			<b>X</b> _		10 10-00				
CERTIFICATION	d	YIMBEI	(3) P	1=1	LITU	<b>'</b> >		OTHE				
	PART II. Other algnificant conditions cor	itributing to deeth but not	resulting in the t	underlying o	euse given in			24b. WERE AUTOPSY FINDINGS				
MEDICAL						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
MEC								1 YES 2 NO				
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	ОТНЕ		CE OF DEATH (Che	ack only one)						
YSI	1 YES 2 NO 10	Inpatient 2 - ER/Outpatient		ursing Home		8 Other (Specify)						
	27, MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJUR WORK	7	28d, DESCRIBE HOW	INJURY OCCUR	ED				
ВУ	2 Accident Investigation	28e. PLACE OF INJURY — At h	nome form street to		2 🗌 NO	281. LOCATION (Street	and Number or I	Rumi Bouts Number				
8	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)		ictory, ornes		City or Town, State		we note numer,				
	29e. CERTIFIER 1 CERTIFIING PHYSICIAN:	To the best of my knowledge, o	testh occurred at the	time date or	of place, and drive	to the cause(s) and	Roor do elete-4					
COMPLET	(Oriota Oriny	the basis of examination end/or						suse(e) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER	10.00			9c. LICENSE NUA			GNED (Month, Quy, Year)				
BE	Dune 81	Daller	MIT	7_	DII	496	> 3	121/42				
2	30. NAME AND ADDRESS OF PERSON WHO COM	IPI ETED CAUSE OF DEATH (IT	EM 27) (Time Print)		Oi . T .	110 - 61	10 11	100				

4. SOCIAL SECURITY NUMBER

NONE

Ajay Dashottar

Sowbhagyam

9a. FACILITY NAME (If not institution, give street and number)

Doctors Community Hospital

1 M 2 X F

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

Lanham

MANDA

6. AGE (In yrs. last birthday)

86 YRS.

2. DATE OF DEATH DAY 03 14

7. DATE OF BIRTH
(Month, Day, Year)
May 5, 1906

-	LEI	RESIDENCE OF DECE	DENT									
Se	DIRECT	10e. STATE	10b. COUNTY			10c. CITY, TO	OWN OR LOC	ATION				10d. INSIDI
\$	ā	Maryland	Prince	e George's		Seab	rook				-	1 X YES
ermi	甘	10e. STREET AND NUMBER					1	Of. ZIP CODE		10g. CIT	IZEN OF W	THAT COUNT
nsit p	E	9407 Good Li	ick Roa	ad				20706			Indi	la
215-0020 attending physician. se as the burial-transit permit. Pages	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 N 3XXWIdowed 4 Divorce	larried	12. WAS DECEDENT EVE FORCES? 1 VI IF YES, GIVE WAR OF	es XX	RMED NO	If yes, i	ECENDENT OF HISPANIC ppecify Cuban, Mexican, I ss 2XXNO Specify:			Black	- America i, Whita, etc.
	ETED.		DENT'S EDUCA		16a. Di	ECEDENT'S USL	IAL OCCUPAT	TION	16b. KINO	OF BUSINESS/IN	DUSTRY	
D 2 spital o	APLET	Elementary/Secondary (0-1	1	College (1-4 or 5+)	- //	Evange.	tired.)	not or working	Pri	vate Mi	nistr	Э
Z 2 2 2	BE COMPL	17. FATHER'S NAME (First, Mid Paul Kalaha						18. MOTHER'S NAME Mary		Maiden Sumeme) AILABLE		
	TO B	Mrs. K.S. Sa						end Number or Rural Rouck Rd., Seak				20706
The say		20a. METHOD OF DISPOSITIO	- 3 🗌 Herryth			AND DATE OF D				20c. LOCATION -		3540
ALTI death. P funeral		21. SIGNATURE OF FUHERIAL	Lel 1	Maire	c	22. NAME AND ADDRESS OF FACILITY Rendon/Hale Lanham Funeral Ho				Home		
FECORDS, P.O. BOX 68760, equires that the death certificate be executed within 24 hours aften signed by the attending physician and completely filled in by if Health and Mental Hygiena prior to burial, cremation, or remotews any injury, or other traumatic event, the medical	CERTIFICATION	23. PART I. Enter the disastrock, or her immediate CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events resulting in death) LAST	ns, ate	st only one cause of	S A CONSE	equence of):		ACC i			Test,	Appr Inter Onse
	MEDICAL	PART II. Other algnifican	contributing to deet	n but not	resulting in ti	ne underlyl	ng ceuse given in Pa		WAS AN AUTOPSY PERFORMED? YES 2X NO	24b.	WERE AUTO MAILABLE I COMPLETIO OF DEATH? 1 YES	
TA The te h	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HQSPITAL:			26. I	PLACE OF DEATH (Check	only one)			
VI SIAN: or it	YSI	1 TES 2 NO		1 X Inpetient 2 - ER/C	utpatient :			me 5 🗆 Residence 8 (	Other (Spec	offy)		
ON OF VI. DING PHYSICIAN: After this certifica death with the St death with the St s marked, or It	ву Рн	27. MANNER OF DEATH  1 Netural 5 Per Property Inc.	ending vestigation	28s. DATE OF INJUF (Month, Day, Yes		28b. TIME OF	W	JURY AT /ORK? YES 2 NO	d. DESCRIBE	HOW INJURY OC	CURED	
IS TEN TEN TO BE SEED			ould not be termined	28e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify)						(Street and Numbe n, State)	or Rural R	oute Number
DIV HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours STANT: If Item	COMPLETE	1						te and place, and due to				) and menne
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	29b. SIGNATURE AND TITLE O		w, m				29c. LICENSE NUMBE D25977		29d. DAT	TE SIGNED	(Month, Day,
FFA	P	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE OF	DEATH (ITE	EM 27) (Type, Prin	ne)				1 0	,

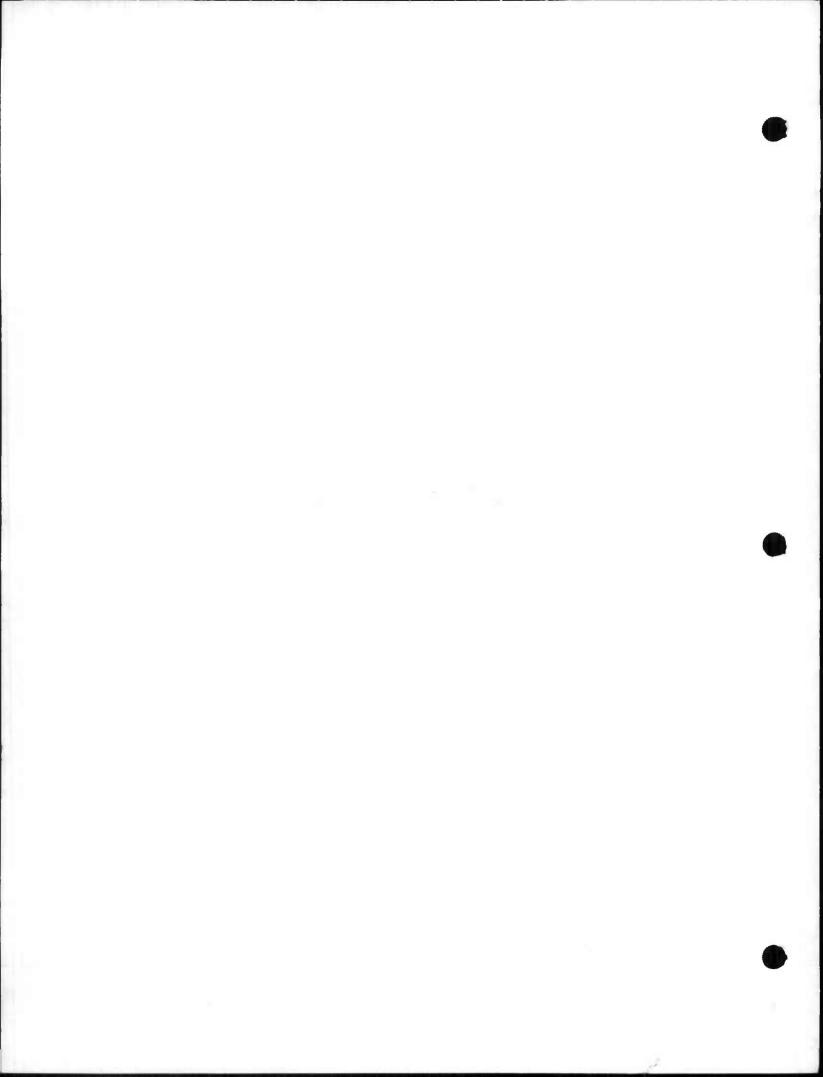
7207 Hanover Parkway Suite A

32. REGISTAR'S OFGRATURE PANDELL

Greenbelt, MD

20770

3. TIME OF DEATH 1993 7:40P 8. BIRTHPLACE (State or Foreign Country) India 9c. COUNTY OF DEATH Prince George 10d. INSIDE CITY LIMITS? 1 YES 2 NO ZEN OF WHAT COUNTRY? India 14. RACE — American Indian, Black, White, etc. Specify: Indian USTRY nistry nd 20706 City or Town, State Maryland **lome** aryland 20706 Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED or Rural Route Number, e cause(a) and menner as stated. E SIGNED (Month, Day, Year)



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	Filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical	ļ
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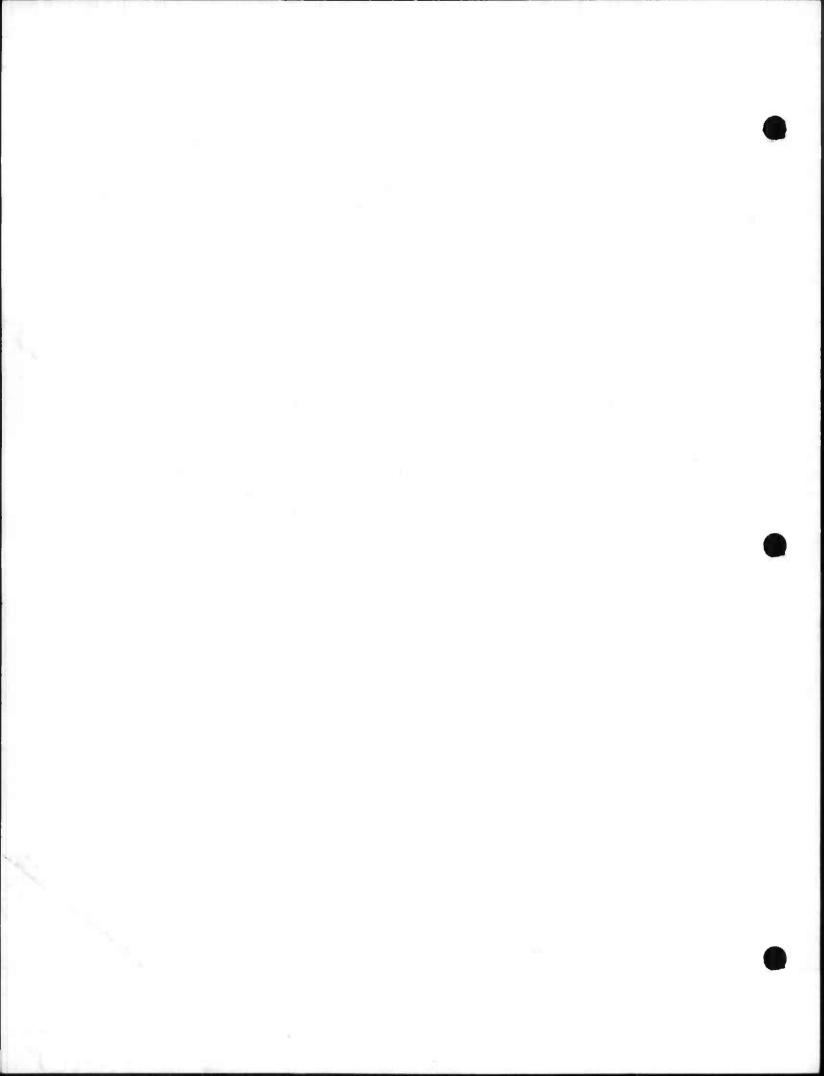
		1 - STATE REGISTRAR	SIAIE UF MARTL		RIMENT OF H			AL HYGIENI REG. NO.	E 7	3 (	19439
		1. DECEDENT'S NAME (First, Middle, Last)		~				E OF DEATH		3, Т	TIME OF DEATH
		Mitchell Mitchell	MORTON				MON	TH DA		EAR	
		4. SOCIAL SECURITY NUMBER		'In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 2	4 HRS. 7. DAT	E OF BIRTH	177		8:20P E (State or Foreign
pinous		223-16-3167 9e. FACILITY NAME (If not institution, give st		77 YRS.	MONTHS DAYS	HOURS	11	ith, Day, Year) 1/28/15	\	Country) Lirgir	nia
ž	Œ		ees and number)				N OF DEATH			Y OF DEATH	
(Alles	DIRECTOR	Doctors Hospital			<u>Lanha</u>	m			Pring	e Geo	orges
總清	I W	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d.	INSIDE CITY
(30.00)	1 2	Md Princ	e Georges	RI	adensbur	ď				1 [3	LIMITS? YYES 2 NO
	A A	10e. STREET AND NUMBER	- ucor yes			1. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
usit	FUNERAL	4913 Newton Street	+			20710	1		II.S.		
020 physician. burlal-transit	3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC	CENDENT OF	HISPANIC ORIG			. RACE — A	merican Indian,
20 PE		1 Never Married 2 Married	FORCES? 1 YES		If yes, ap	ecify Cuben, 2 DVNO	Mexican, Puerto Specify:	Rican, etc.)		Black, Whi Specify:	ite, etc.
215-0020 attending physic se as the burial	B (	3 Wildowed 4 Divorced				X					lack
atter	8	.15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION Work done during mo	ON ost of working	16	b. KIND OF BUS	INESS/INDUS	TRY	
2121 tal or atto	LEI	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)						
MARYLAND 2121 retained by the hospital or atte 5 should be detached for use a	₽ P	12		Truc	k Driver			Privat	e		
A deta	COMP	17. FATHER'S NAME (First, Middle, Last)				10. MOTHE	ER'S NAME (First	Middle, Maiden	Sumame)		-
A P	5 m	Mathew F. Morton				Lu	icv.?				
MAR retained 5 should	TO BI	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number o	or Rural Route Nu	mber, City or Town	n, State, Zip Co	ode)	
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may be	20 10	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo		PLACE AND DATE	OF DISPOSITION (No		DA		CATION — CIT		State
Page 6		4 Donation 5 Other (Specify)	Cem	Fort I i			3/1	7 River	ntwood	bM as	
BALTIMORE,  set death. Page 6 may be the funeral director, page wal.	CASIMITAL	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE / /		22. NAME A		S OF FACILITY			-	
death. e funera		► 6:111 N	1110/11/		I E.M.	Puale	ev Fune	ral Hom	ne		
B after d after by the imoval.				,						007	
	2	23. PART I. Enter the diseases, pr.c.	omplications that caused	the death Do	3200	R.I.	Ave M	t Raini	ier Md	207	
In the			omplications that caused	I the death, Do	3200	R.I.	Ave M	t Raini	ier Md	207	Approximata Interval Between
24 hours filled in to ion, or rer		immediate cause (Final	omplications that caused list only one cause of each	I the death. Do ach line.	3200 not enter the mo	R.I.	Ave M	t Raini rdlac or respi	ier Md ratory arres	t,	Approximate
1 24 hours y filled In b		snock, or neart failure. L	. Oveli	Bulu	3200 not enter the mo	R.I.	Ave M	t Raini rdlac or respi	ier Md ratory arres	t,	Approximata Interval Between
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<ol> <li>P.O. BOX 68760,</li> <li>death cartificate be executed within 24 hours the attending physician and completely filled in the Mental Hygiene prior to builal, cremation, or res</li> </ol>	L CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	3200 not enter the mo	R.I.  Dode of dyin  Elleration	Ave M g, such as ca Such as ca V · S a S	t Raini rdiac or respir	AUTOPSY MED?	24b. WER	Approximata Interval Between Onset and Death  E AUTOPSY FINDINGS LABLE PRIOR TO PUETTON OF CAUSE
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OF VITAL RECORDS, P.O. BOX 68760, P.Y. BOX 68760, P.Y. BOX 68760, P.Y. BOY 68760, P.Y. BOY 68760, P.Y. BOY 68760, P.Y. BOY 68760, P.Y. BOY 68760, P.Y. BOY 68760, OF 1	BY PHYSICIAN: MEDICAL CERTIFICATION	SHOCK, DE Peart Failure. I SIMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PARTH-Other significant conditions  PARTH-Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation	DUE TO (OR AS A  DUE TO	CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  AT DOA  28b. Tim (N.)	3200 not enter the mo	g cause gi	ven in Part I.  ATH (Check only of idence 6 Oth	24a. WAS AN PERFORM 1 YES 2	AUTOPSY MED?  NO	24b. WER AMAI COM OF 0	Approximata Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
ISION OF VITAL RECORDS, P.O. BOX 68760, TESION OF WITHOUS TRENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. TOR: After this certificate has been signed by the attending physician and completely filled in taffer death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or respectively.	ED BY PHYSICIAN: MEDICAL CERTIFICATION	SHOCK, DE PEART Failure. I SMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PARTITIOTHER significant conditions  PARTITIOTHER SIGNIFICANT CONDITIONS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  AT DOA  28b. Tim (N.)	3200 not enter the mo	g cause gi	AVE M g, such as ca  V S a, S  ven in Part i.  ATH (Check only of idence 6 □ Other only of idence 6 □ Other only of idence 6 □ Other only of idence 6 □ Other only of idence 6 □ Other only of idence 6 □ Other only of idence 6 □ Other only of idence 6 □ Other only of idence 6 □ Other only of idence 6 □ Other only of identification of i	t Raini rdiac or respir	AUTOPSY MED?  NO	24b. WER AMAI COM OF 0	Approximata Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
ISION OF VITAL RECORDS, P.O. BOX 68760, TESION OF WITHOUS TRENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. TOR: After this certificate has been signed by the attending physician and completely filled in taffer death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or respectively.	ETED BY PHYSICIAN: MEDICAL CERTIFICATION	SHOCK, DE PEART Failure. I SMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PARTIL Other significant conditions  PARTIL Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined.	DUE TO (OR AS A  DUE TO	CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  AT DOA  28b. Tim (N.  At home, farm,	3200 not enter the mo	g cause gi	AYE M  g, such as ca  V S a, S  wen in Part i.  ATH (Check only of deence 6 — Only of Check only of	24a. WAS AN. PERFORI 1 YES 2  CATION (Street e y or Town, State)	AUTOPSY MED?  NO  NUMBER OF	24b. WER AMAII COM OF 0	Approximata Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the 25 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or representation.	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PARTINOTHER SIGNIFICANT CONDITIONS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Panding Investigation  3 Suicide 6 Could not be determined.	DUE TO (OR AS A  DUE TO	consequence of conseq	3200 not enter the mo	g cause gi	AYE M  g, such as ca  V s a, S  wen in Part i.  ATH (Check only of the color of the	24a. WAS AN. PERFORI 1 YES 2  Per (Specify)  SCRIBE HOW IN  CATION (Street e y or Town, State)	AUTOPSY MED?  NO  NUTRY OCCUP and Number or	24b. WER AMAL COM OF 0 1	Approximata Interval Between Onset and Death Onset and Death E AUTOPSY FINDINGS LABLE PRIOR TO PLETTON OF CAUSE EATH?  YES 2 NO
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the 25 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or representation.	PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PARTINOTHER SIGNIFICANT CONDITIONS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Panding Investigation  3 Suicide 6 Could not be determined.	DUE TO (OR AS A  DUE TO	consequence of conseq	3200 not enter the mo	g cause gl	AYE M  g, such as ca  V s a, S  wen in Part i.  ATH (Check only of the color of the	24a. WAS AN. PERFORI 1 YES 2  Per (Specify)  SCRIBE HOW IN  CATION (Street e y or Town, State)	AUTOPSY MED?  NO  NUTRY OCCUP and Number or	24b. WER AMAL COM OF 0 1	Approximata Interval Between Onset and Death Onset and Death E AUTOPSY FINDINGS LABLE PRIOR TO PLETTON OF CAUSE EATH?  YES 2 NO

min lus 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Creenhelt Md 2,770 OTR PK.

Julia Davidson-Handare

31, DATE FILED (Month, Day, Year) MARY 1753 1993

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BALTIMORE, MARYLAND 2121 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as he find within 72 hours after death with the State Deut of Health and Mental Hydiene prior to build. Certification, or removal	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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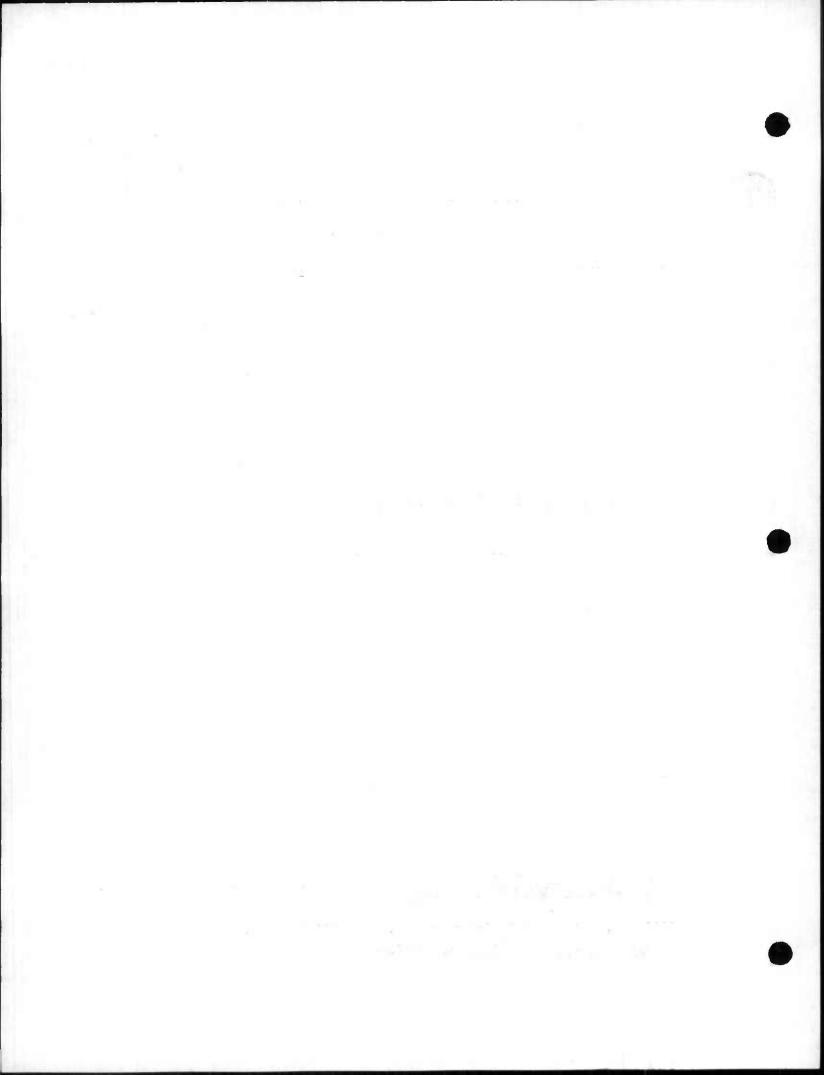
	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) Amelia  NWOSU  2. DATE OF DEATH MONTH DAY VEAR MArch 10 1993 9:16 A M								
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   IF UNDER 24 HRS.   7. DATE OF BIRTH   Gounty   1								
POR	Sa. FACILITY NAME (If not institution, give street and number)  Sb. CITY, TOWN OR LOCATION OF DEATH  Prince George RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  1 DYES 2 NO								
FUNERAL	104 STREET AND NUMBER  109. CITIZEN OF WHAT COUNTRY?  NIGHT OF WHAT COUNTRY?								
BY FUN	11. MARTINE STATUS  1 Never Married 2 Married  1 Oroccs? 1 Yes 2 NO  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO  14. RACE — American Indian, Black, White, etc.  15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— H yes, specify Cuban, Mexican, Puerto Rican, etc.)  16. RACE — American Indian, Black, White, etc.  17. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— H yes, specify Cuban, Mexican, Puerto Rican, etc.)  18. RACE — American Indian, Black, White, etc.								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give lind of work done during most of working life. De NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY								
E COMP	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)  19. MASES - 11.C. DEC. D.1.1  10. MASES - 11.C. DEC. D.1.1								
TO BE	196. INFORMANT'S NAME (Type/Print)  196. MAULING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)  196. MAULING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)  196. MAULING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)								
	20s. METHOD OF DISPOSITION 14D Burdal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State								
	·W. H BOCON 3447-1485TN, WASH. D. C. DOOR								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feliure. List only one ceuse on each line.  Approximate Interval Between Onset and Death disease or condition								
7	resulting in death)  a. Due to the AFA-CONSEQUENCE OF:								
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. Disease or injury								
CERTIFICATION	that initiated events resulting in death) LAST								
DICAL	PART II. Other significant conditions contributing to death but not esuiting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PROPRIOR ANALABLE PRIOR TO COMPLETION OF CAUSE OF BEATH?								
AN: ME	1 VES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO NEDICAL  EXAMINERY  1 YES 2 JAN   28. PLACE OF DEATH (Check only only)  OTHER:  1   Nursing Home 5   Residence 6   Other (Specify)  27. MANNER OF DEATH  280. DATE OF INJURY  280. TIME OF 280. INJURY AT 280. DEGCRIBE HOW INJURY OCCURED								
ED BY P	1Matural								
COMPLETE	4 Hogificide determined  29s. CERTIFIER (Check only only only only only only only only								
BE CO	296. Signature and title of Centrum  296. Date signed (Moyn, Gin; their)								
٥	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
	MAR 1 5 1993 Gina Davidson-Randelle								



1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT	OF HEA	LTH AND	MENTA	L HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last DOLORES J						2. DATE	OF DEATH		YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	MOORE S. SEX S. AGE	(In yrs. last birthday)	IF UNDER	4 4545		03	1	3 199	93	9:25 A
215-36-4545		54 YRS.	MONTHS		UNDER 24 HRS.	(Mon	OF BIRTH		Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEAT										
FORT WASHINGTON	MEDICAL CEN	TER	FOR	T WAS	HINGTO	N		PG		
10e, STATE 10b, COUN	TY			R LOCATION	TON				10	d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		FUI	KI WA	SHING.						YES 2 NO
9104 LOCKSLEY R	OAD			101. ZIP	0744			10g. CITIZE		T COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. W	AS DECENDE	ENT OF HISPA	NIC ORIGI	N? (Specify Yes	or No- 1	USA RACE —	American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR E				Cuban, Maxica NO Specif		Hican, atc.)		Const.	Black
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S (Give kind of	work done d	CUPATION	warking	168	. KIND OF BUS	SINESS/INDUS		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	se retired.)							
17. FATHER'S NAME (First, Middle, Last)	4 YEARS	IADMIIN	Heen		OFFI(		Middle, Maiden	GOVT.		
NATHANIEL MOO	RE, SR.						ANE DU			
19a. INFORMANT'S NAME (Type/Print) LOUMANDA JANE MO	ORE	19b. MAILING 7802 A	ADDRESS NNY I	Street and Nu	mber or Rural. FOREST	Route Num	ber, City or Town	LAND	20747	7
20e. METHOD OF DISPOSITION 1 Surfat 2 Crematton 3 Raid 4 Donation 5 Other (Specify)	noval from Stata Cer	b. PLACE AND DATE of	OF DISPOSIT	TION (Name of	PARK	DAT	E 20c. LO	CATION - CIF	y or Town,	State
21. SIGNATURE OF EUNERAL SERVICE L	ICENSEE ,	ATIONAL	22. N	AME AND AD	DRESS OF FA	CILITY			MAH	RYLAND
- I wawan	a L B	raxtor					AL HOM		VT.ANT	20785
23. PART i. Enter the disease, or shock, or heart failure	complications that cause List only one cause on a	d the death. Do n	ot enter t	he mode o	f dying, suc	h as cen	fiec or respi	ratory erres	t,	Approximate
IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	CARCINOMA		BREAS	Т						Interval Between Onset and Death 6 Months
	VI	A CONSEQUENCE OF				<u> </u>				o monens
Sequentially list conditions,	bDUE TO (OR AS /	A CONSEQUENCE OF								
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	W/ 9-2-5-1	,							
thet initiated eventa resulting in deeth) LAST	DUE TO (OR AS /	CONSEQUENCE OF	7:							
	d									
PART II. Other significent condition	na contributing to deeth b	out not resulting i	n the und	leriying ceu	ise given in	Part i.	24a, WAS AN PERFOR	AUTOPSY MED?		RE AUTOPSY FINDINGS ILABLE PRIOR TO
				<del></del>		-	1 TES 2	NO NO		WPLETION OF CAUSE DEATH?
									1 [	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				OF DEATH (Che	eck only on	e)			
1 YES 2 NO	1 Inpatient 2 ER/Out			ng Home 5	Rasidencs	8 🗆 Othe	(Specify)			
1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJI	E OF 2 URY M	NORK?		28d. DES	CRIBE HOW IN	JURY OCCUR	ED	
3 Suicide 8 Could not be	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)							Number,		
4 Homicide determined						City	or Town, State)			
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my know ER: On the basis of examination	ledge, death occurre n and/or investigation	d at the tim	ne, data and p	eleca, and due	to the cau	se(a) and mani	ner as stated.	ause(s) and	manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE					LICENSE NUM			29d. DATE S		
William	Xateen	init		(	C-16	129		▶ 3	14/0	23
30. NAME AND ADDRESS OF PERSON WE William J. Oetge			100	0 011	oton	MN	20735			
MAR 1 9 199	n 9131 Piscat 32. REGISTRAR'S SIGN 3	ATURE Rande	<b>22</b>	- 0111			~V/))			

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



1 -	FOR STATE REGISTRAR
	TIEGISTIAN

1 - STATE REGISTRAR		STATE OF I		CERTIF				MENI	REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)			OLITTI	IOAIL	-	DEATH	2. DA	TE OF DEATH			3. TIME OF DEATH
	Olin	Ashby	Malor	ne, Sr.				MO	rch 14.	, 1993	YEAR	4.5 4.5
4. SOCIAL SECURITY NUME	ER	5. SEX		yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTH			12:15 AM
579-03-307	77	1 📉 🖟 2 🗌 F		74 YRS.	MONTHS	DAYS	HOURS MIN.	Ju	ly 6,19	18	Countr	
9a. FACILITY NAME (If not in	stitution, give si	treet and number)			9b. CITY.	TOWN C	R LOCATION OF D		<u> </u>	9c. COUN		
5008 Share	n Road	E					o Sprinc					
RESIDENCE OF DEC						Calif	o phrmi	12		FI II.	ice (	George's
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY
Maryland	Prince	e George	S	Car	mp Sp:	ring	gs				- 1	LIMITS?
10e. STREET AND NUMBER						101	ZIP CODE			10g. CITIZ	ZEN OF W	HAT COUNTRY?
-5008 Shar	on Roa	ad				1	20748			U.	S.A.	
11. MARITAL STATUS	_	12. WAS DECEDEN	T EVER IN	J.S. ARMED	13. W	AS DEC	ENDENT OF HISPA	NIC ORI	GIN? (Specify Yea			— American Indian, White, etc.
1 Never Married 2		FORCES? 1					cify Cuban, Maxic 2 (4)NO Speci		to Rican, etc.)		Specific	
3 Widowed 4 Divo	rced	1943-1	980					,			eron.	asian
15, DEC (Specify only	EDENT'S EDUC	CATION completed)	1	8a. DECEDENT'S (Give kind of	USUAL OCC	CUPATIO	IN st of working	1	16b. KIND OF BUS	INESS/IND		
Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT u	se retired.)	-	_					
12th		2		Deputy	Comp	tro.	ller		U.S. (	Gover	nmer	it
17. FATHER'S NAME (First, M		0					18. MOTHER'S N.	AME (Firs	t, Middle, Maiden S	Sumame)		
Nedith	C. Ma	alone						Rosa	a Lee V	wboov	ard	
19a. INFORMANT'S NAME (7)	vpe/Print)			19b. MAILING	ADDRESS	Street a	nd Number or Rural	Route No	amber, City or Town	, State, Zip	Code)	
Rosalie	Malone	2			Same a		10 A-F					
20a. METHOD OF DISPOSITI	ON		20b.P	LACE AND DATE	OF DISPOSIT	ION (Ne	me of a	10	ATE 20c. LOC	ATION — C	City or To	vn, Stata
4 ☐ Donation 5 ☐ Other	n 3 ⊔ Remo (Specify)	oval from Stata	cemete	ery, crematory or o	ther plece)		3		uzi	nton		
21. SIGNATURE OF PUNERA	L SERVICE LIC	ENSEE		RESULTA	22. N	AME AN	Metery D ADDRESS OF F	CILITY				ome, Inc.
▶ 1 / A / A	To											inton Md207
CKKU	W)	,	-							_		HICOT PAZO /
23. PART Enter the di shock, or he	sesses, or coart failure. I	complications the	t caused t	he desth. Do i	not anter t	he mo	da of dying, su	ch as c	ardiac or respir	atory arre	est,	Approximate
IMMEDIATE CAUSE (Fin					2							Interval Between Onset and Death
disease or condition	<b>+</b>	Car	150	02/	200	00	-	13	1000	-/		1
		DUE TO	(OR AS A(E)	ONSEQUENCE O	F)	1				-		
		De	Cee	and	_	1	Leca	_	Ca	_	- 0 -	_
Sequentisity list conditi if any, leading to immed	diata	DUE TO	IDR AS A D	ONSEQUENCE O	h:							
cause. Enter UNDERLYI CAUSE (Disease or inju												
that initiated events		DUE TO	OR AS A O	ONSEQUENCE O	1:							
resulting in death) LAS	ı L	£										1
PART II. Other significa	at condition	a contribution to	double but	not resulting	la sha and	. 4.6			1		1	
B. C.	in curomitori	s commouning to	deeth but	not resulting	/-		cause given in	Part I.	24a, WAS AN A PERFORE		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
o seco	3	100			-	_		_	1   YES 21	NO NO		COMPLETION OF CAUSE OF DEATH?
age	15								1			
												1 [] YES 2 [] NO
								-				1 NES 2 ( NO
25. WAS CASE REFERRED TO	MEDICAL.					26. PL	ACE OF DEATH (C	woll only	one)		_	1 C YES 2 C NO.
25. WAS CASE REFERRED TO EXAMINER?	) MEDICAL	HOSPITAL:	ER/Outpeti	ent 3 🗆 DOA	OTHER:						_	1   YES 2   NO
EXAMINER?	O MEDICAL	1 C Ingettent 2 C	INJURY	25b, TM	4 D Numin	ng Home	STY AT	6 [] Ot		JURY OCC	URED	1   YES 2   NO
EXAMINER?  1 VES 2 SEC.  27. MANNER OF DEATH  S U	Pending	1 [] Inpolient 2 [	INJURY	25b, TM	4 🗆 Numir	ng Home Bc. INJL WOI	STY AT	6 [] Ot	her (Specify)	JURY OCC	uned	1   YES 2   NO
EXAMINER?  1 VES 2 DE  27. MANNER OF DEATH    Mount 5     2   Accident	Pending nvestigation	1 ☐ Inputient 2 ☐ 36s. DATE OF (Month, D	F INJURY —	29b, Tite Bb.	4 🗌 Numin E OF 2 URT M	ng Home Bc INJL WOR	INT 2 NO	8 🗆 Ot	ber (Specify) ESCRIBE HOW IN	_		
EXAMINER?  1 VES 2 DEATH  27. MANNER OF DEATH  2 Accident  3 Suicide 4	Pending	1 ☐ Inputient 2 ☐ 36s. DATE OF (Month, D	INJURY 2	29b, Tite Bb.	4 🗌 Numin E OF 2 URT M	ng Home Bc INJL WOR	INT 2 NO	6 🗀 Ot 286. 0	her (Specify)	_		
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EXAMINER?  1 VES 2 ED  27. NANNER OF DEATH  Accident  3 Suicident  4 Homicide  29e. CETTIFIER (Check only one)  2 MEDI	Pending Investigation Could not be letermined IFYING PHYSIC CAL EXAMINER OF CERTIFIER	28s. DATE OF (Month, D. 28s. PLACE Of building, D. 28s. On the basis of e	FINJURY — etc. (Specify my knowled xamination a	At home, farm,	Murain  E OF 3  Weren, factor  and at the timen, in my opi	BE INJU WORLD TO LANGUE TO LA	and place, and due	6 On 286. 0	ber (Specify) ESCRIBE HOW IN DOCATION (Street ar Ity or Tokal, Sent) Couse(a) end mani	ner as state	or /funar /fi	nute Mundes; and manner ea stated.
27. NAHNER/ DEATH  Thousand 5   Accident 3   Suicide 4   Huministe 29e. CERTIFIER (Check only one) 2   MEDI 29b. SIGNATURE AND TITLE	Pending meetigation Could not be fetermined  IFYING PHYSIC CAL EXAMINER OF CERTIFIER	28s. DATE OF (Month, D. 28s. PLACE Of building, D. 28s. On the basis of e	FINJURY — etc. (Specify my knowled xamination a	At home, farm,	Murain  E OF 3  Weren, factor  and at the timen, in my opi	BE INJU WORLD TO LANGUE TO LA	and place, and due	6 On 286. 0	ber (Specify) ESCRIBE HOW IN DOCATION (Street ar Ity or Tokal, Sent) Couse(a) end mani	ner as state	or /funar /fi	nute Mundes; and manner ea stated.
27. MANNEN O DEATH  Ackdom  Green on one of the control of the con	Pending meetingation Could not be fetermined  IFYING PHYSIC CAL EXAMINER OF CERTIFIER PERSON WHO	28s. DATE OF (Month, D. 28s. PLACE Of building, CAN: To the best of a complete of a co	THUUTY  THE (Specify)  The property of the pro	At home, farm,	E OF THE LINE OF T	BE INJU WORLD TO LANGUE TO LA	and place, and due	6 On 286. 0	ber (Specify) ESCRIBE HOW IN DOCATION (Street ar Ity or Tokal, Sent) Couse(a) end mani	ner as state	or /funar /fi	nute Mundes; and manner ea stated.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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<sup>"</sup>1993

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Josephine Κ. Mottern 1511 March 10 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) 219-56-1949 1 🗌 M 2 📉 F 64 Germany January 24,1929 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5710 Spruce Drive DIRECTOR Clinton Prince George's RESIDENCE OF DECEDENT the burial-transit permit. Pages 1, 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Prince George's 1 TYES 2 NO Clinton FUNERAL 100. STŘEET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 5710 Spruce Drive 20735 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 YEO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ Specify: 3 Widowed 4 Divorced use as t Caucasian COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade College (1-4 or 5+) for Elementary/Secondary (0-12) School Nurse detached P.G. County Schools 12th N/A be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) page 5 should be Anna Majr Benno Ziegler BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bruce E. Mottern Same as 10 A-F 20s METHOD OF DISPOSITION
1 | Auriel 2 | Cremation 3 | Removal from State
4 | Donallon 5 | Other (Specify) \_\_\_\_\_ 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must funeral director, "Resurrection Cemetery 3 12 93 Clinton, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md207B5 the 1 medical 23. PAB 1. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. à Approximata interval Between 0 filled **IMMEDIATE CAUSE (Final** Onset and Dasth the state of disease or condition resulting in death) event, and com burial. traumatic CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) 9 if any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE been signed by pt. of Health and 3 shows any in 1 TYES 2 THO OF DEATH? 1 TYES 2 T NO Dept. 25. WAS CASE REFERRED TO MEDICAL certificate har the State D 26. PLACE OF DEATH (Check only one) OTHER: 1 - YES 2 70-110 1 Dipatient 2 ER/Outpetient 3 DOA 4 □ Nursing Home 5 Bresidence 6 □ Other (Specify) (HOSACE 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) offer this ce eath with the marked, 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation BY 1 YES 2 NO After 1 death 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide 99 COMPLETED 6 Could not be 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: hours after item 28 is 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(e) and manner as stated. TO THE FUNERAL OF THE FUNERAL DE FIED WITHIN 72 HO 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 29h, SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER WA STATE 29d. DATE SIGNED (Month, Day, Year) STAFF SURGEON, HEMC 025209 MD00024562 2 S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Andrews Air Force Base Md. DEVI OF SURCEL Malcolm Grow Hospital First Floor 9 32. DEGISTRADE SIGNATURE PANDELL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE O	F DEATH	***********	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last)	PRITC		McINT			E OF DEATH		YEAR	3. TIME OF DE	EATH
	DOROTHY	BRITCHARD		MCINTIER			03 11 199			7:15	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday				E OF BIRTH oth, Day, Year)		8. BIRT	HPLACE (State of	r Foreign
	Unavailable	1 M 2 K F	60 yrs.	MONTHS DAY	B HOURS MIN,	Ser	ot. 14,	193	2 G	eorgia	
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOW	N OR LOCATION OF				INTY OF	DEATH	
DIRECTOR	386 CONOWINGO	ROAD.	<del> </del>	Conov	vingo			CE	CIL		
3EC	10e. STATE 10b. COUNTY	4	10c, C	ITY, TOWN OR LO	CATION					10d. INSIDE C	TY
	Maryland	Cecil		Conowi	.ngo					LIMITS?	□X NO
AL	100. STREET AND NUMBER		1		101. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY	n
Ë	Box 36				21918			U	.S.A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1		13. WAS (	ECENDENT OF HISPA	NIC ORIG	IN? (Specify Yes	a or No—	14. RAC	E — American In	ndlan,
ВУ	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			epecify Cuben, Mexic ES 2 NO Speci		Rican, atc.)		Spec		
		<u> </u>	<del></del>						W	hite	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. OECEDENT' (Give kind o	S USUAL OCCUP	NTION most of working	18	b. KIND OF BU	SINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)									
ME	17. FATHER'S NAME (First, Middle, Last)		Waitre	ess				aurà	nt		
					18. MOTHER'S N.						
BE	Otha N. Pritchar  19a. INFORMANT'S NAME (Type/Print)	a					Knigh				
2		(-: -1)			et and Number or Rural			m, State, Zi	p Code)		
	Rita Kennington	(sister)			lham, GA		1779				
	1 NBurial 2 Cremation 3 Rame	oval from State	20b. PLACE AND DATE cemetery, crematory or	other place)		OA		CATION —			
	4 Donation 5 Other (Specify)	ENSEF	Newton (		AND ADDRESS OF F	1000	New	ton,	Bak	er Co.,	_GA
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	23. PART i. Enter the diseases, or o shock, or heert feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR	on eech line.								Between
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CERTIFICATION	Sequentially list conditions,	U-	AS A CONSEQUENCE								
¥	If any, leading to immediate cause. Enter UNDERLYING	(	THE PLANTAGE OF THE PLANTAGE O	O. J.						i	
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE	OF):						-	
E	reaulting in deeth) LAST	4									
DICAL	PART II. Other significant condition	s contributing to dea	th but not resulting	In the underly	Ing cause given in	Part I.	24a, WAS AN PERFOR		248	AWAILABLE PRI	
ă	ENVI POINTEN-	AL HIT	PIPEICHI	1#			1 YES 2	no 🗆		COMPLETION O	OF CAUSE
Σ							/			1 YES 2	□ NO
Ž											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only o	one)				
ΥS	1 YES 2 NO	1 Inpatient 2 ER		4 - Nursing H	ome 5 🗆 Residence	8 ty Oth	er (Specify)	IN A	UTO		
표	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Ye	JRY 28b. TI	JURY	NJURY AT WORK?	28d. OE	SCRIBE HOW I	NJURY OC	CUREO		-
B	2 Accident Investigation				YES 2 NO						
COMPLETED	5 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF IN. building, atc.	JURY — At home, farm, (Specify)	, street, factory, o	fice		CATION (Street a or Town, State)		r or Rural	Route Number,	
9	29a. CERTIFIER	CIAN. To the best of and									
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8	2 MEDICAL EXAMINE	0		non, in my opinior	, centri occured at the	time, dat	e and place, an	id due to ti	ne cause(i	and menner a	a stated.
BE	290. SIGNATURE AND TUTLE OF CENTIFIES	10. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1		29c. LICENSE NU					Month, Day, Ye	
2	www Feb	water	4		O.C.M	.E.		▶ 0	3/12	2/1993	<u> </u>
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	31. DATE FILED (Month, Day, Year)	THE RECUSTRANS						4			
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BALTIMORE, MARYLAND 21215-0020	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIDECTION After this negligible has been closed by the extendion checking and completely filled to be because about the description of the second discount of th
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IYSICIAN: The law requires that the death certificate be executed within	is cartificate has been sinned by the attendion obscirion and complete
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR Joseph James Marz Sr. AKA Joseph

6. AGE (In yrs. last birthday) SMarch 1993 12:45 James Mraz 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 🔀 M 2 🗌 F 578-03-8777 March 10 1911 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3208 Carlton Ave. DIRECTOR Temple Hills, Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Prince George's Maryland Temple Hills 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3208 Carlton Ave. 20748 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES ΒY 1 YES 2 NO Specify: Caucasian COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY (Specify only highest grade Elementary/Secondary (0-12) Unknown College (1-4 or 5+) Unknown Building Inspector U.S. Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Unavailable Mraz Unavailable BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joseph J. Marz, Jr. 610 Willow Way Prince Frederick Md. 20678 20e METHOD OF DISPOSITION
1 D Burlel 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Resurrection Cemetery 3 12 93 Clinton Maryland

22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc.
6633 Old Alexander Ferry Rd. 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE Clinton, MD 20735 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between **IMMEDIATE CAUSE (Final** Onset and Death of the Bladder disease or condition\_ arcinoma resulting in death) Lyears DUE TO (OR AS A CONSEQUENCE OF PHYSICIAN: MEDICAL CERTIFICATION Sequentisity list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, isoding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events QUE TO (OR AS A CONSEQUENCE OF). resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES ZXNO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO 4 ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 5 Pending Investige 1X Natural BY 1 YES 2 NO 2 Accident 3 Sulcide 28s. PLACE OF INJURY — At home, term, street, factory, oHice building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 1X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 600 March 10, 1993 33050 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. David Page, M.D., 6357 Oxon Hill Rd., Oxon Hill, MD 20745 311. HEGISTRAR'S SIGNATURE Randoll 7 1993 MAR 1

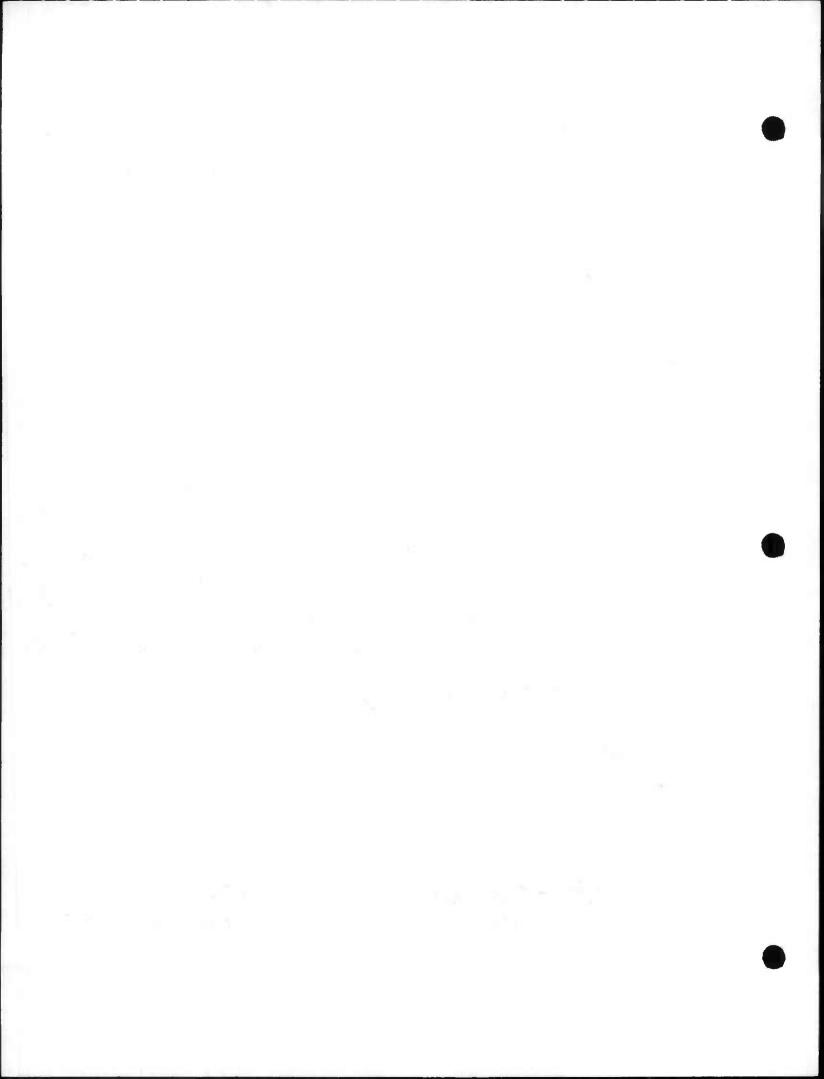
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	REGISTRAR		CERTIF	CALE	OF DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  Maya	Louise) A	lague tro			2. DATE OF DEATH	DAY	9 YEAR	3. TIME OF OEATN
	4. SOCIAL SECURITY NUMBER , Vs. SED	1 1 405	(In vrs. lest birthday)				12	12	[
	9			MONTHS DA		7. DATE OF BIRTN (Month, Day, Yea	7	6. BIRT	NPLACE (State or Foreign try)
		(	84 YRS.			Was	hington, DC		
_	9a. FACILITY NAME (If not institution, give street and			96. CITY, TO	WN OR LOCATION OF DE	ATN	9c. CO	UNTY OF E	DEATH
5	Greater Laurel-Belts	sville Ho	spital	Laur	e1		Pı	rince	George's
5	RESIDENCE OF DECEDENT								
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	r, TOWN OR L	DCATION				10d. INSIDE CITY LIMITS?
ā	Maryland Prince (	George's	Gre	enbelt					1 € YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?
5	2 E Gardenway				20770				
Z		S DECEDENT EVER	IN II S ADMED	12 440	20770 DECENDENT OF NISPAN			S.A.	
피	1 Never Married 2 Married FO	RCES? 1 YES	2 NO	If yes	s, specify Cuban, Maxica	n, Puerto Rican, etc.	TOB OF NO-	Blac	E — American Indian, ik, Whita, etc.
B	3 🔀 Widowed 4 🗌 Divorced	YES, GIVE WAR OR D	DATES	1 🗆	YES 2 K NO Specify	:		Spec	
	15. DECEDENT'S EDUCATION		44- DEGERATION					1	White
	(Specify only highest grade complete	ed)	16a, DECEDENT'S (Give kind of v	vork done durin	g most of working	16b. KIND OF	BUSINESS/IN	IDUSTRY	
7		ge (1-4 or 5+)					_		
M	Total Grade		Salespe	rson		Woodi	es Dep	artm	ent Store
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Ma	den Surname)		
BE	Charles E. Talbot				Elsie	Mae Gi	11		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural F	loute Number, City or	Town, State, Z	(ip Code)	
2	Shirley J. Oppermann	1	P.O. 1	30x 10	04, Mechan	icsville	. MD	2065	9
	20a. METHOD OF DISPOSITION	201	b. PLACE AND DATE O	F DISPOSITIO	N/Name of		LOCATION -		
	1 🔀 Burlai 2 🗆 Cremation 3 🗀 Ramoval from 4 🗆 Donation 6 🗆 Other (Specify)	m Stala cer	netery, cremetory or of t. Linco	her place)	1 to 2 7				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEF		C. Lincol	11 Cellie	EAND ADDRESS OF TA		entwo	υα,	Maryland
		4 ,	1	Fra	e and address of fac ncis Gasch	s Sons	Funera	1 Ho	me. P.A.
	Yark	non	2						, MD 20781
	23. PART Enter the diseases, or complic	ations that ceuse	d the deeth. Do n	ot enter the	mode of dving, such	es cerdiec or re	spiratory e	rrest	Approximete
- 1	shock, or heert fellure. List on	ly one ceuse on e	each line.				op.i.a.tory o	,	Interval Between
- 1	IMMEDIATE CAUSE (Final disease or condition	1/00	culitis						Onset and Death
	resulting in death) a								5 months
		DUE TO (OR AS	A CONSEQUENCE OF	):	1	10 +			
Z	Sequentially list conditions,	Cere	bral V	ascu	lar acc	ident			day
Ĕ	if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	): _ /	1.				0
2	CAUSE (Disease or injury	COVI	ondry	ante	ery dis	ease			2 years
<b>E</b> I	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	r /			1,1	•	
CERTIFICATION	d	A60	com one	y pa	in-nuk	nown +	10/0	94	2 weeks
	PART II. Other eignificent conditions contr	thutten to death b	had mad manufate - 1					VQ	
EDICAL	S/-	40	sut not resulting i	n the under	ying cause given in		AN AUTOPSY FORMED?	246	AWAILABLE PRIOR TO
ă	- Otero	la del	rengeu	C9		1 🗆 YES	2 🗌 NO		COMPLETION OF CAUSE OF DEATN?
M	Unin	ary TV	rendeu	ectio	n				1   YES 2   NO
÷ I						_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			2	B. PLACE OF DEATH (Che	ck only one)			
잃	EXAMINER?	PITAL:	neticet 2 DOS	OTHER:					
¥∥		s. DATE OF INJURY	28b. TIM		Home 5 Residence		***		
	1 Natural 5 Pending	(Month, Day, Year)	INJI	JRY	WORK?	28d. DEŞCRIBE HO	W INJURY O	CCURED	
À	2 Accident Investigation				YES 2 NO				
	3 Suicide 5 Could not be 4 Homicide detarmined	building, atc. (Spe	f — At home, farm, a	treet, tactory,	offica	281, LOCATION (Str. City or Town, St	eet and Number ate)	er or Rural I	Route Number,
COMPLETED	4 Notificios detarminad								
2 1	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To	the best of my know	viedge, death occurre	d at the time,	date and place, and due	to the cause(s) and	menner as st	thad	
ੋਂ∥	one) 2 MEDICAL EXAMINER: On the								a) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER	1 11	10						
B	Tan H	CVI	118	10	29c. LICENSE NUM	BER	29d, DA	TE SIGNED	(Month, Day, Year)
<u>و</u>	mai	1/1/1	Men	1 W	1 039	222		2/12	173
	The Marie		ATH (ITEM 27) (Type,	Print)	(0.0.0)	1	(M)		
	Timothy MCCI.	rin 3	Il Priv	ice (	Lorge St	· Laure	, MD	2	0701
	31. DATE FILED (1987) 4000 32	REGISTRARIO SIGN	Son- Handal	2.	<i>y</i>				
	MIAR 1 / 1993	guna waved	Man-Marian						
		/							



ITEMS: 23 PART I, 27, PER MEO G-698 4/8/93 t.t

		1 - FOR STATE REGISTRAR	OF MARYLAND C	/ DEPARTI	MENT OF H	EALTH AND M	REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)  JAMILA R			McBR		2. DATE OF DEATH DA		3. TIME OF DEATH	
5		4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2			F UNDER 1 YEAR ONTHS DAYS 4 20	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT 16.	8.	BIRTHPLACE (State or Foreign Country)  ALTIMORE: MD	
	TOR	98. FACILITY NAME (If not institution, give street and number 611 62th AVE	ber)	9	b. CITY, TOWN O	n LOCATION OF DEA Leasant		9c. COUNTY		
Pages	DIRECTOR	10a. STATE 10b. COUNTY  MD Prince George	rge's		town or Locati				10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
n. ansit permit.	VERAL	3317 Walters Lane, #4				20747		1.173	OF WHAT COUNTRY?	
1215-0020 or attending physician. r use as the burial-transit	BY FUNER	1 Never Married 2 Married FORCES	ECEOENT EVER IN U.S. A S? 1 YES 2 C GIVE WAR OR DATES		If yes, spe	ENDENT OF HISPANIC selfy Cuban, Maxican, 2 NO Specify:	C ORIGIN? (Specify Yea Puerto Rican, atc.)	or No.— 14.	. RACE — American Indian, Black, Whita, atc. Specify: Black	
or att	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-		(Give kind of world life. Do NOT use n	SUAL OCCUPATION is done during most		16b. KIND OF BUS	SINESS/INDUST		
YLAND 2 by the hospital be detached to	_	N/A 17. FATHER'S NAME (First, Middle, Last) Derrick James Herd					(First, Middle, Meiden Sumeme) te Frederiqua Mc Bride			
MARY retained b	TO BE	19a. INFORMANT'S NAME (Type/Print)	1			nd Number or Rural Ro	oute Number, City or Yown	n, State, Zip Coo	ite, Zip Code)	
ORE, I 6 may be ctor, page 5		Joregette F. Mc Bride  20a. METHOD OF DISPOSITION 1 (XBurla) Cremation 3   Removal from St		EAND DATE OF	DISPOSITION (Nar	ma of		CATION — City	or Town, Stata	
ALTIM death. Page funeral dire	a value de la compani	Comment of Succession   Control (Specify)								
24 hours aft / filled in by tion, or remo		ivediting in duttil)	EUMONIA	na.						
DX 687 be executed cian and control for to bunial,	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSE	EOUENCE OF):						
the death certificate the death certificate to the attending physical Mental Hygiene principle.	CERT	that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):								
RECORDS, I requires that the death seen signed by the attraction of Health and Mental should be the service and Indian the Indian the service and Indian the service and Indian the service and Indian the service and Indian the service and Indian the ser	MEDIC	PART II. Other significent conditions contribute	ing to death but not	resulting in t	the underlying	ceuse given in Pa	art 1. 24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
TAL The law the has beate Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? AUZYES 2 NO 1 to topetta	AL;	3 DOA 4	THED.	ACE OF OEATH (Check				
NO OF VI.  THE THIS CERTIFICATE  THE STATE OF THE STAT	у РНУ	27. MANNER OF DEATH 26a. D/M	PATE OF INJURY Month, Day, Year)	28b. TIME O	OF 26c. INJU	URY AT 2	26d. DESCRIBE HOW IN	JURY OCCUR	EO	
VITENDI VITENDI CTOR: A after d		2 Accident investigation 3 Suicide 6 Could not be detarmined  28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
DIV HOSPITAL OR / FUNERAL DIREC within 72 hours		29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the 2X MEDICAL EXAMINER: On the bas							ause(s) and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 is	TO BE C	296. GIGNATURE AND TITLE OF PERTIFIER	l			O.C.M.E			GNED (Month, Day, Year) - 6 - 1993	
		30. NAME AND ADDRESS OF PERSON WHO COMPLETE  APPLY D	7 / .	111 Pe		ceet, Ba	altimore,	, Mar	yland 21201	

Wall of Sand

	1 - STATE REGISTRAR				CERTIF	ICAL	E OF	DEAT	IH .		REG. NO	h .		
- 1	1. DECEDENT'S NAME (First, Middle,	Last)									OF DEATH			3. TIME OF OEATH
- 8	RAYFORD						03 11 93			5:00 A'				
- 23	4. SOCIAL SECURITY NUMBER	17. 73(1)-3783 (1897-00-1			yrs. last birthday)		R 1 YEAR	IF UNDER		7 DATE	OF BIRTH		a. BIRT	HPLACE (State or Foreign
	578-42-8906 1XXM 2 □ F			5	9 YRS.	MONTHS	DAYS	HOURS	MIN.	July	26,	1933	Sou	th Carolina
_0	9a. FACILITY NAME (If not institution,	give street a	nd number)			9b. CIT	Y, TOWN C	R LOCATE	ON OF DE	ATH		9c. COU	NTY OF	DEATH
8	PRINCE GEORGE'S HOSPITAL CENTER					CHEVERLY					DD INCE OFFICE			
ן יַּל	RESIDENCE OF DECEDEN  10a. STATE 10b. CO	T				10c. CITY, TOWN OR LOCATION				111211012 01			GEORGE'S	
DIRECTOR			Coommo	~										10d. INSIDE CITY LIMITS?
	Maryland Pri	ince (	George	es .	Upper Marlboro							T 40. 00		1 X YES 2 NO
₽	12204 Chesterton Drive					20772				U.S.A.				WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS		WAS DECEOEN	TEVER IN I	S ADMED	12	WAS DEC			IIC OBIGIN	17 (Specify Ye			
	1 Never Married 2 Married	F	FORCES? 1	YES	2 NO	13.	If yes, sp-	ecify Cubs	n, Mexicar	n, Puerto F	rr (Specify 16: Rican, etc.)	s or No-	Blac	E — American Indian, ck, White, etc.
B	3 Widowed 4 Divorced	9/	21/195	56 - 9	7/13/19	58	1 U YES	2 XNO	Specify	r:			Spec	Black
COMPLETED	15. DECEDENT'S (Specify only highest	EDUCATION	N Interf	1	6a. DECEDENT'S	USUAL C	CCUPATIO	N at of wastrin		16b.	KIND OF BU	SINESS/INI	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	-	llege (1-4 or 5 -	+)	Iffe. Do NOT	se retired.)	during inc	St OF WORK	·v					
₩.			years		Adminis	strat	cor			- 0	iovt			
8	17. FATHER'S NAME (First, Middle, Las	82)									Viddle, Maiden	Surneme)		
BE	Julius Myers				_					John				
ᅙ	19a. INFORMANT'S NAME (Type/Print)										ber, City or Tow			
- 1	Mae Myers		_						Dr.	Uppe	er Mar			
	20a, METHOD OF DISPOSITION 1/A Burial 2 Cremation 3	Removal fr	rom State		LACE AND DATE					DATI		CATION —		
- 1	4 Departion 5 Other (Specify)			For	t Linco	incoln Cemetery 3-15-93 Bladensburg, MD							g, MD	
	21. MONATURE/OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY J.B. Jenkins Funeral Ho							ral Home	
	Jummy 6	- 1	lea	مرا	u.	7	7474	Land	lover	Rd.	Land	over.	MD	
	23. DART I. Enter the diseases, shock, or heart fall	or compl	lications tha	st caused to	he death. Do	not enter	the mo	de of dyi	ng, such	as card	liac or resp	iratory an	rest,	Approximate
- 1	MMEDIATE CAUSE (Final													
- 1		1	7.1		1	X	/	1	1	1				Onset and Death
1	disease or condition resulting in death)	4	Duli	nwi	iay	5	n	bē	le	n				
	disease or condition	4	Duli spue to	nwi	UN OHSEQUENCE O	5	m	bē	Sy	n		_		
NO	disease or condition		Duli TO	nwi	iay	3	n O A	6ē	S	n	í	-		
ATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	r. 9	DUE TO	nwi	iay	Sy Control of the second of th	m Og	bê Sa	St	n	1			
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	[.}	DUE TO DUE TO	OR AS A CO	iay	y	m	6ê 00!	le fl	ne Inc	w	-		
RTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	[.4	DUE TO SUE TO	OR AS A CO	ONSEQUENCE O	y	m	6 E	li	Joe Joe	m,	-		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		Duli To	MOD OF AS A OF AS A OF AS A OF	OMBEQUENCE O	y of	m	62 201 2 1	le le	ne loc	m,	-		
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events			MOD OF AS A OF AS A OF AS A OF	OMBEQUENCE O	y of	ow Onderlying	DOI DOI DOI DOI DOI DOI DOI DOI DOI DOI	W Silven in 1	Part I.	24a. WAS AN		246	
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST			MOD OF AS A OF AS A OF AS A OF	OMBEQUENCE O	y of	onderlying	Ce y	W Joven in I Face	Part I.			248	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST			OF AS A CO	OMBEQUENCE O	y of	on Onderlying	SOL SOL Solution	My Silven in It	Pert I.	PERFO		246	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST			OF AS A CO	OMBEQUENCE O	y of	onderlying	DOL Y	Mary In In In In In In In In In In In In In	Part I.	PERFO		248	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	AL C	SI	OF AS A CO	OMBEQUENCE O	In the u	161 / 101 28. PI	DOI DOI DOI DOI DOI DOI DOI DOI DOI DOI	tau	Part I.	PERFOI		248	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions or the condition of the condition	AL HO	SPITAL:	OF AS A CO	OMBEQUENCE O	In the u	161 161 28. PL	Ph	EATH (Cha	A only on	PERFOI		248	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions or the condition of the condition	AL HO	SPITAL:	ION AS A CO	ONSEQUENCE OF THE CONTROL OF THE CON	In the un	26. PL R: rsing Hom 28c. INJ	ACE OF D	EATH (Cha	di only on	PERFOI	RMED?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions or the condition of the condition	AL HO	SPITAL: Inpetient 2 28a, DATE OF (Month, D	ION AS A CO	ONSEQUENCE OF THE PROPERTY OF	or He 4 Number of Jury M	26. PL R: rsing Hom 28c. INJ WO 1   1	ACE OF DO	EATH (Che	di only on	PERFOI  1  YES 2  e)  r (Specify)	RMED?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions in death con	AL HO	SPITAL: Inpetient 2 28a. DATE OF (Month, D	ION AS A CO	ONSEQUENCE OF CONSEQU	or He 4 Number of Jury M	26. PL R: rsing Hom 28c. INJ WO 1   1	ACE OF DO	EATH (Che	8 Other	PERFOI  1 YES :	RMED? 2 NO RNJURY OC	CURED	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in death) LAST  PART II. Other aignificant conditions in death) LAST  25. WAS CASE REFERRED TO MEDIC. EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigat   Pendi	AL HO	SPITAL: Inpetient 2 28a. DATE OF (Month, D	(On AS A C)  (On AS A C)  (On AS A C)  (On AS A C)  (On AS A C)  (On AS A C)  (On AS A C)  (On AS A C)  (On AS A C)  (On AS A C)	ONSEQUENCE OF CONSEQU	or He 4 Number of Jury M	26. PL R: rsing Hom 28c. INJ WO 1   1	ACE OF DO	EATH (Che	8 Other	PERFOI  1 VES 2  (Specify)  CRIBE HOW I	RMED? 2 NO RNJURY OC	CURED	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions in death) LAST  PART II. Other algnificant conditions in death) LAST  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigat  2   Accident   Investigat  3   Suicide 8   Could no determine the conditions of the conditions of the country of the count	AL HO	SPITAL: Inpetient 2 28s. DATE OF (Month, D	(OR AS A CO (OR AS A CO) (	ONDEQUENCE OF THE PROPERTY OF	OTHE 4 Number of at the	28c. INJ WO 1 \_ \text{V}	ACE OF D	EATH (Che seldence) NO	ok only on 8 Others 28d. DES	PERFOI  1 VES :  (Specify)  (Specify)  ATION (Street or Town, State)	RMED? 2 NO INJURY OC and Number	CURED or Plural	b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
OMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions in death) LAST  PART II. Other algnificant conditions in death) LAST  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigat  2   Accident   Investigat  3   Suicide 8   Could no determine the conditions of the conditions of the country of the count	AL HO	SPITAL: Inpetient 2 28s. DATE OF (Month, D	(OR AS A CO (OR AS A CO) (	ONDEQUENCE OF THE PROPERTY OF	OTHE 4 Number of at the	28c. INJ WO 1 \_ \text{V}	ACE OF D	EATH (Che seldence) NO	ok only on 8 Others 28d. DES	PERFOI  1 VES :  (Specify)  (Specify)  ATION (Street or Town, State)	RMED? 2 NO INJURY OC and Number	CURED or Plural	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions in death) LAST  PART II. Other algnificant conditions in death) LAST  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigat  2   Accident   Investigat  3   Suicide 8   Could no determine the conditions of the conditions of the country of the count	AL HO 1 -	SPITAL: Inpetient 2 28s. DATE OF (Month, D	(OR AS A CO (OR AS A CO) (	ONDEQUENCE OF THE PROPERTY OF	OTHE 4 Number of at the	28c. INJ WO 1 \_ \text{V}	ACE OF DO  S DREW  BRY AT  RK?  AN and place,  eath occur	EATH (Che seldence) NO	do only on 8 Other 28d. DES 281. LOC. City to the cautime, date	PERFOI  1 VES :  (Specify)  (Specify)  ATION (Street or Town, State)	RMED? 2 NO INJURY OC and Number	r or Rural	b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in death) LAST  PART II. Other algnificant conditions in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigat 2 Accident Investigat 3 Suicide 8 Could no determine (Check only one) 2 MEDICAL EXAMINERS.	AL HO 1 HO 1 HO 1 HO 1 HO 1 HO 1 HO 1 HO	SPITAL: Inpetient 2 28a. DATE OF (Month, D 28a. PLACE O building.  To the best of the basis of a	COR AS A CONTROL OF INJURY ay, Year)  Implementation as the control of injury and injury	ONSEQUENCE OF CONTROL	OTHE  OTHE  A D N  Street, fac	28c. INJ WO 1 \_ \text{V}	ACE OF DO  S DREW  BRY AT  RK?  AN and place,  eath occur	EATH (Chy seldence) NO	do only on 8 Other 28d. DES 281. LOC. City to the cautime, date	PERFOI  1 VES :  (Specify)  (Specify)  ATION (Street or Town, State)	RMED? 2 NO INJURY OC and Number	r or Rural	Onset and Death  b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number;  a) end manner as stated,
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigated Investigat	AL HO 1 HO 1 HO 1 HO 1 HO 1 HO 1 HO 1 HO	SPITAL: Inpetient 2 28a. DATE OF (Month, D) 28a. PLACE Of building. To the best of the basis of a	death but  CHASA C  CONTROL OF INJURY  OF INJURY  etc. (Specify)  Imp knowled  EXEMPLE 18 C  TOTAL A C  TOTAL	ONNEQUENCE OF THE CONTROL OF THE CON	OTHE  OTHE  A D N  Street, fac	28c. INJ WO 1 \_ \text{V}	ACE OF DO  S DREW  BRY AT  RK?  AN and place,  eath occur	EATH (Chy seldence) NO	Ak only on 8 Others 28d. LOC. City of to the caustime, date	PERFOI  1 VES :  (Specify)  (Specify)  ATION (Street or Town, State)	RMED? 2 NO INJURY OC and Number	r or Rural	Onset and Death  b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number;  a) end manner as stated,

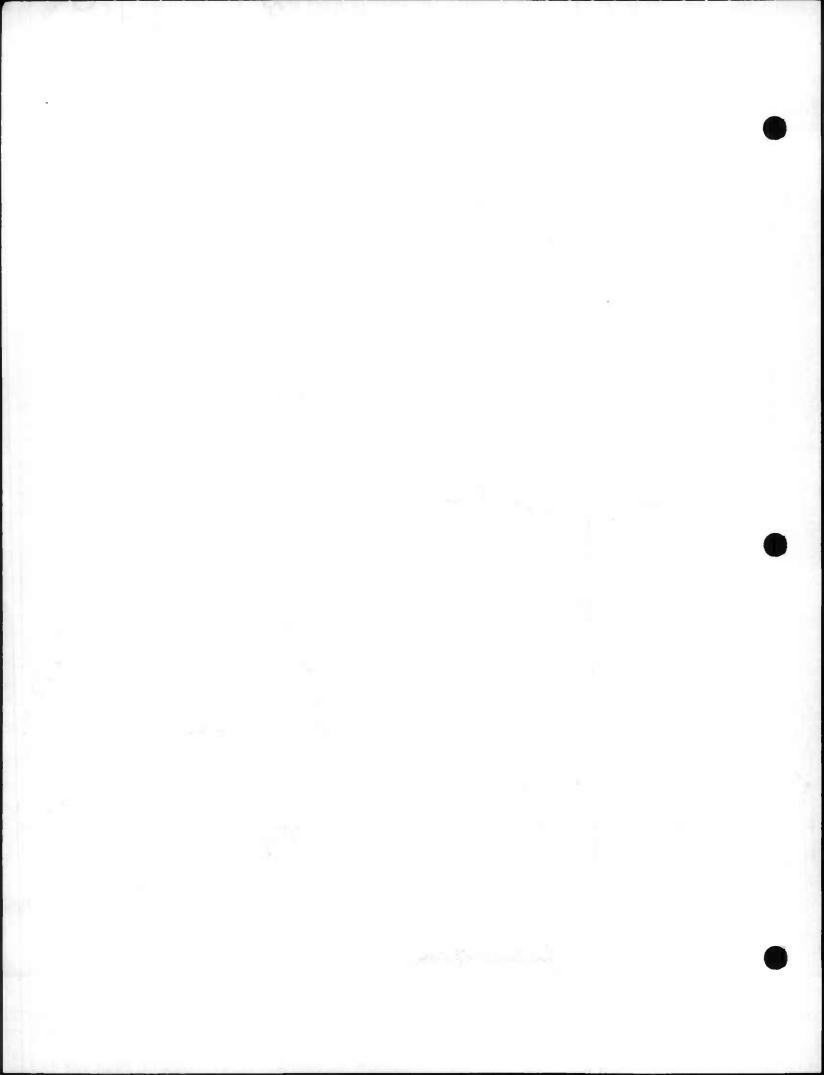
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Ibe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

MAK 1 5 1993

July Saindson Randell



Wash.

93

9c. COUNTY OF DEATH

3. TIME OF DEATH 8:30

DC

8. BIRTHPLACE (State or Foreign

REG. NO

11

151

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

1 -

FOR STATE REGISTRAR

GREGORY MOORE

1 M 2 F

5. SEX

IF UNDER 1 YEAR

IF UNDER 24 HRS.

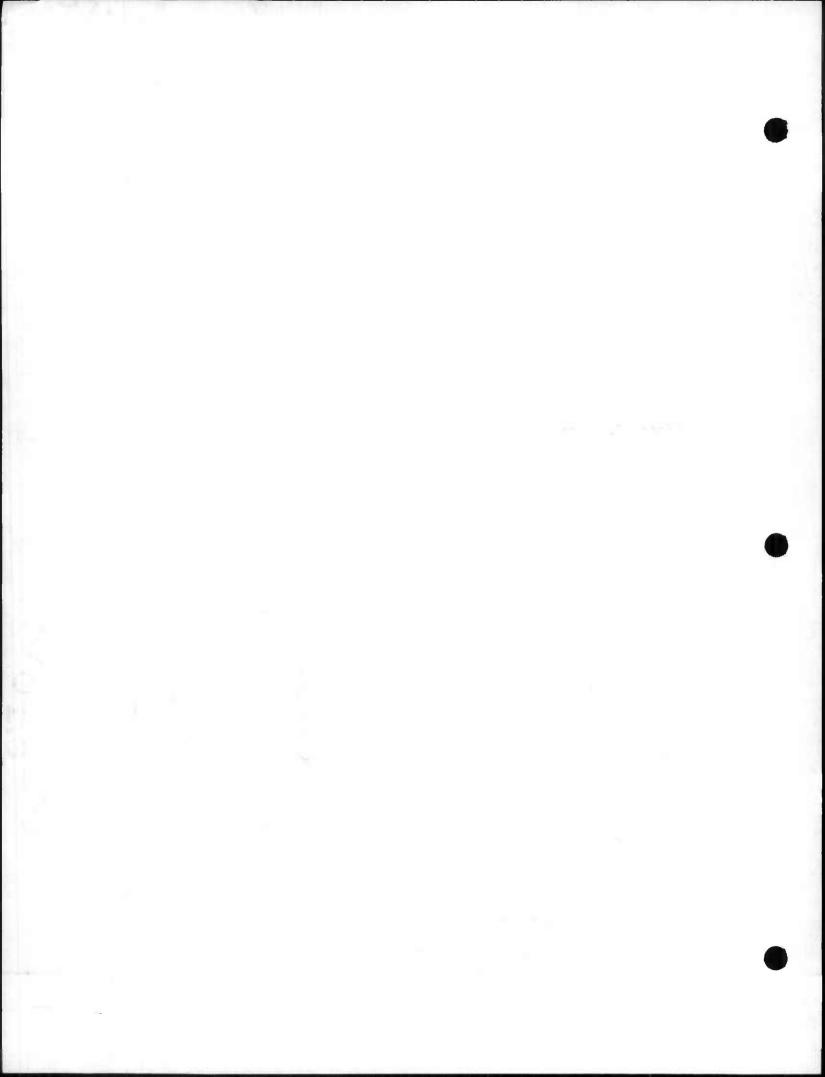
9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs, last birthday)

BALTIMORE, MARYLAND 21215-0020

	0	)
	-	-
	_	)
	1	
1	1)	
	1/	
	1	7

TO.	824 Carrington	Ave		Seat Pleasa	nt	Princ	Prince George's				
DIRECTOR	10a. STATE 10b. CO			town on Location t Pleasant			10d. INSIDE CITY LIMITS? 1  YES 2  NO				
BY FUNERAL	824 Carrington	Ave		101. ZIP CODE 20743			10g. CITIZEN OF WHAT COUNTRY? USA				
	11. MARITAL STATUS  X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1  YES 2 NO Sc	xican, Puerto Rican, etc.	Yes or No- 14.	Ves or No— 14. RACE — American Indian, Black, White, etc.  Specify: Black				
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16e. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF	BUSINESS/INDUS	TRY				
MP	4 Security Supervisor Private										
BE CO	17. FATHER'S NAME (First, Middle, Last Norman G. Moore				ivian J. 'I	,					
2	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street end Number or Re							
-	Vivian J. Moor	e	824 (	Carrington Ave							
	20a. METHOD OF DISPOSITION 1   Burlal   2   Cremation   3   4   Donation   5   Other (Specify)	Removal from State	OB. PLACE AND DATE OF PROPERTY COMMENTS TO CHAMBETS T	DISPOSITION (Name of Cuneral Servic	es 3-15 Hy	attsvil	Le, MD				
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE BU	scre	22. NAME AND ADDRESS OF	J.B.	Jenkins	Funeral Home				
$\vdash$	23. PART I. Enter the diseases,	of complications that cause	ad the death De no	7474 Landov							
	shock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death)	ire. List only one cause on	each line.				Internal Returner				
No	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Disease of condition as a consequence of:  Sequentially list conditions,										
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		A CONSEQUENCE OF)								
CERTIFICATION	that initiated events resulting in death) LAST										
	PART II. Other significant cond	itions contributing to death	but not resulting in	the underlying cause given	in Part I. 24e, WA	S AN AUTOPSY	-24b, WERE AUTOPSY FINDINGS				
MEDICAL	Rialette mellitus 1 - YES 2 - 40										
	TO YES ZENU										
A	25. WAS CASE BUTERRED TO MEDICA	NL		26. PLACE OF DEATN	(Offeck only one)						
Sic	EXAMINESTY 1 2 YES 2 10 NO	HOSPITAL: 1   Inpatient 2   ER/Ou	rtpatient 3 DOA	OTHER:							
Y PHYSICIAN:	27. MANNES OF DEATH  1 Matural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	Y 26b. TIME	OF 28c. INJURY AT	28d. DESCRIBE NO	OW INJURY OCCUR	ED				
E   00	Accelerate   Investigation										
COMPLETED	29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ee stated.										
8	296. SIGNATURE AND TITLE OF CERT	Valle n	no	29c LICENSE D/2	NUMBER 879	29d, DATE SI	GNED (Morith, Day, Year)  W 11 1923				
10	30. NAME AND ADDRESS OF EMPSOY	WHO COMPLETED CAUSE OF C	DEATH (ITEM 27) (Type, 1	PATTON DR.	LARGO	MD 2	0772				
	MAR 1 5 1993	32. REGISTRAN'S SIG									



8. BIRTHPLACE (State or Foreign

tod. INSIDE CITY

t TYES 2 NO

1904 NORTH CAROLINA

ANNE ARUNDEL

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

9c. COUNTY OF DEATH

3. TIME OF DEATH

4. SOCIAL SECURITY NUMBER

9a. FACILITY NAME (If not institution, give street and number)

ANNE ARUNDEL MEDICAL CENTER

10b COUNTY

237-09-3041

ton STATE

MARYLAND

II. MARITAL STATUS

10e. STREET AND NUMBER

412 HEITZMAN ROAD

1 Never Married 2 Married

3 Widowed 4 Divorced

DIRECTOR

FUNERAL

BY

6. AGE (In yrs. lest birthday)

YRS.

89

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ANO IF YES, GIVE WAR OR DATES

LULA B. MURRAY

1 M 2 KF

5. SEX

ANNE ARUNDEL

2. DATE OF DEATH

JANUARY 25

IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH
MONTHS DAYS HOURS MIN. (Month, Day, Year)

9b. CITY, TOWN OR LOCATION OF DEATH

tor. ZIP CODE

21035

ANNAPOLIS

10c. CITY, TOWN OR LOCATION

DAVIDSONVILLE

Dun spalis

MARCH 12 1993

9		9	ransk permit
	BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physicial	illed in by the funeral director, page 5 should be detached for use as the burial-and or removal.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit within 72 hours after death with the State Dept. of Health and Mental Mygiene prior to burial, cremation, or removal.

	15. DECEDENT'S E	DUCATION	Tue- Decer	CACTIO LIGHTAL	000000000000000000000000000000000000000	Transmis and an arministra			
PLETE	(Specify only highest gr Elementary/Secondary (0-12)		(Give I	ENT'S USUAL ind of work do NOT use retired HOUSEW	16b. KIND OF BUSINESS/				
TO BE COMP	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maider  JOHN CORBETT  HATTIE GRAVES								
TO B	19a. INFORMANT'S NAME (Type/Print) DELILAH HOLMES			196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State 412 HEITZMAN RD. DAVIDSONVILLE, M.					
	20a. METHOD OF DISPOSITION  1X Burlel 2 Cremation 3 Removel from State  4 Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Complete Cremation of Complete Cremation of Complete Cremation of Complete Cremation of Complete Cremation of Complete Crematical Complete Complete Crematical Complete Complete Crematical Complete Co								
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE L				F FACILITY S MORTUARY, P.A. ANNAPOLIS, MI			
	23. PART I. Enter the diseases, of ahock, or heart failured immediate CAUSE (Final disease or condition resulting in death)	a. Ac	on sech line.  The sech line is a second sech line is a sech line	Do not ent	n NTW	failure			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
EDICAL CEI	PART II. Other algorificant condition	lona contributing to de	.` ^ .	Iting in the	underlying cause given	In Part I. 24s. WAS AN AUTOP: PERFORMED? 1 YES 2 NO			
SICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL;	VOutpatient 3 🗆	OTH DOA 4   N	26. PLACE OF DEATH ER: lursing Home 5 ☐ Residen				
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigatio	28a. DATE OF INJ (Month, Day, 1		b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY			
ETED B	3 Suicide 6 Could not a determined	26a. PLACE OF IN building, atc.	JURY — At home, (Specify)	tarm, atreet, to	281. LOCATION (Street and Num City or Town, State)				
COMPLE						dus to the cause(a) and manner as the time, data and place, and due to			
BE C	29b. SIGNATURE AND TITLE OF CERTIF	Zana	1 N N	>	29c. LICENSE	NUMBER 29d. 0			

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1993

2. REGISTRAR'S SIGNATURE

Licha Davidson-Bindale

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, stc. BLACK 16b. KIND OF BUSINESS/INDUSTRY n Sumame) wn, State, Zip Code) , MD. 21035 OCATION — City or Town, State SUITLAND, MD. P.A. MD. 21401 piratory arreat, Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

t TYES 2 HO

OF DEATH?

N AUTOPSY

INJURY OCCURED

enner as stated.

2140

mD

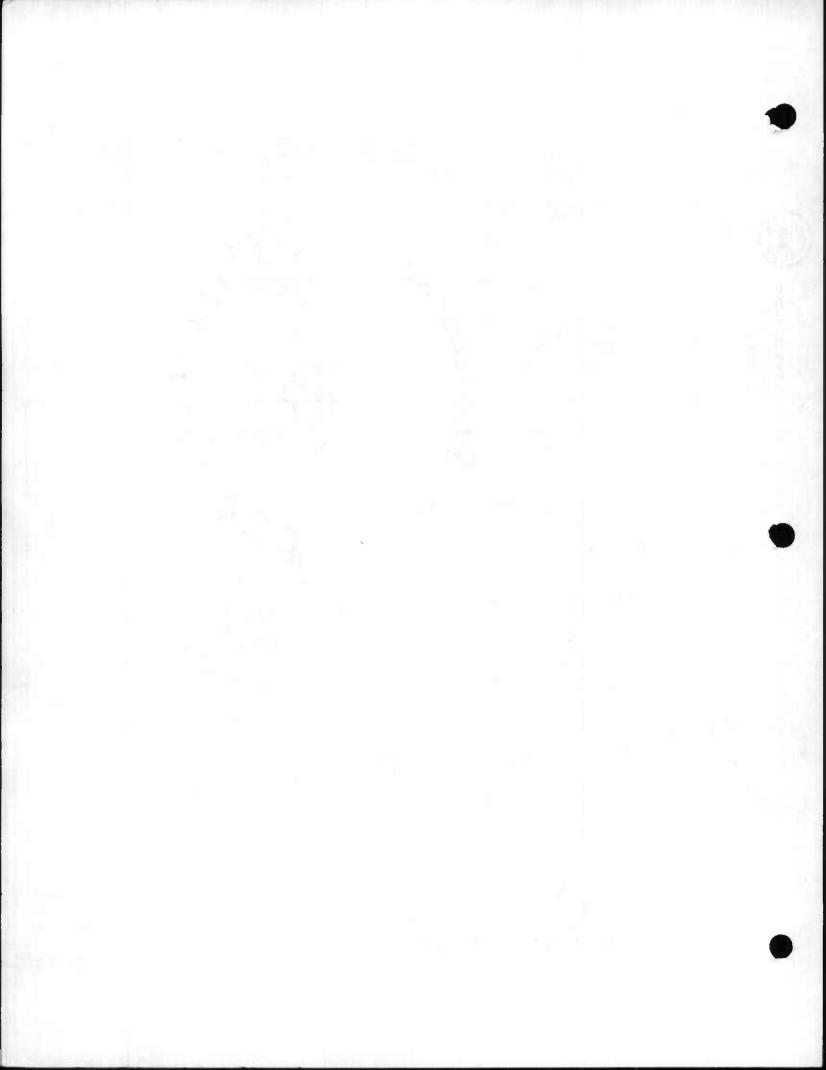
and Number or Rural Route Number,

3

ind due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

19193

**DHMH-16 Rev 1/89** 



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	4D 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending positions.	ospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnary has find within 72 hours after death with the State Dear of Heath and Mental Hollene prior to burial committee or removal.	ched for use as the burnel transformer and 1, 2, 3 should
MPORTAIN: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

2

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1993 Fina Landson Amount

Dr. Michael Dipre M.D.

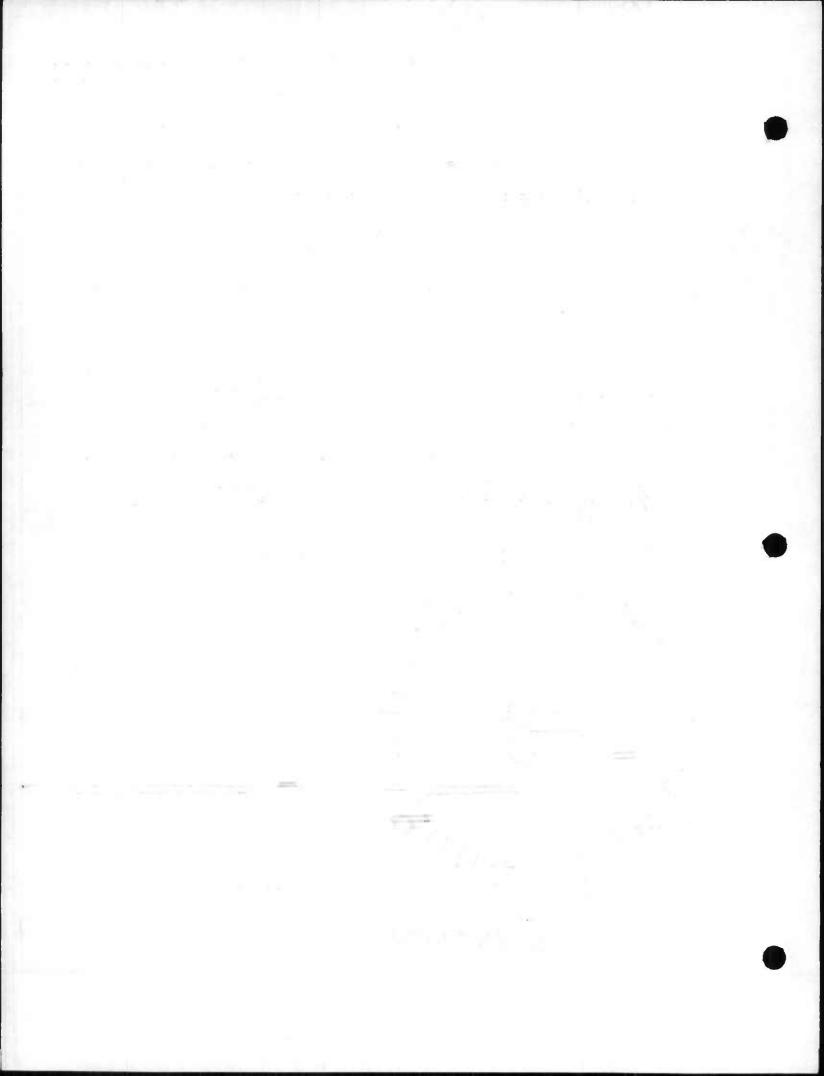
31. DATE FILED (MONTH MARY 1 9

93 09451 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Barbara Myles March 15, 1993 1830P M 4. SOCIAL SECURITY NUMBER 6. BIRTHPLACE (State or Foreign Country) 8 MARYLAND 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) OCTOBER 25 DAYS HOURS 1 M 2 XX 217-52-4961 44 YRS. 1948 9a. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Calvert Memorial Hospital DIRECTOR Prince Frederick Calvert RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND DUNKIRK CALVERT 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9730 TARA DRIVE 20754-3004 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

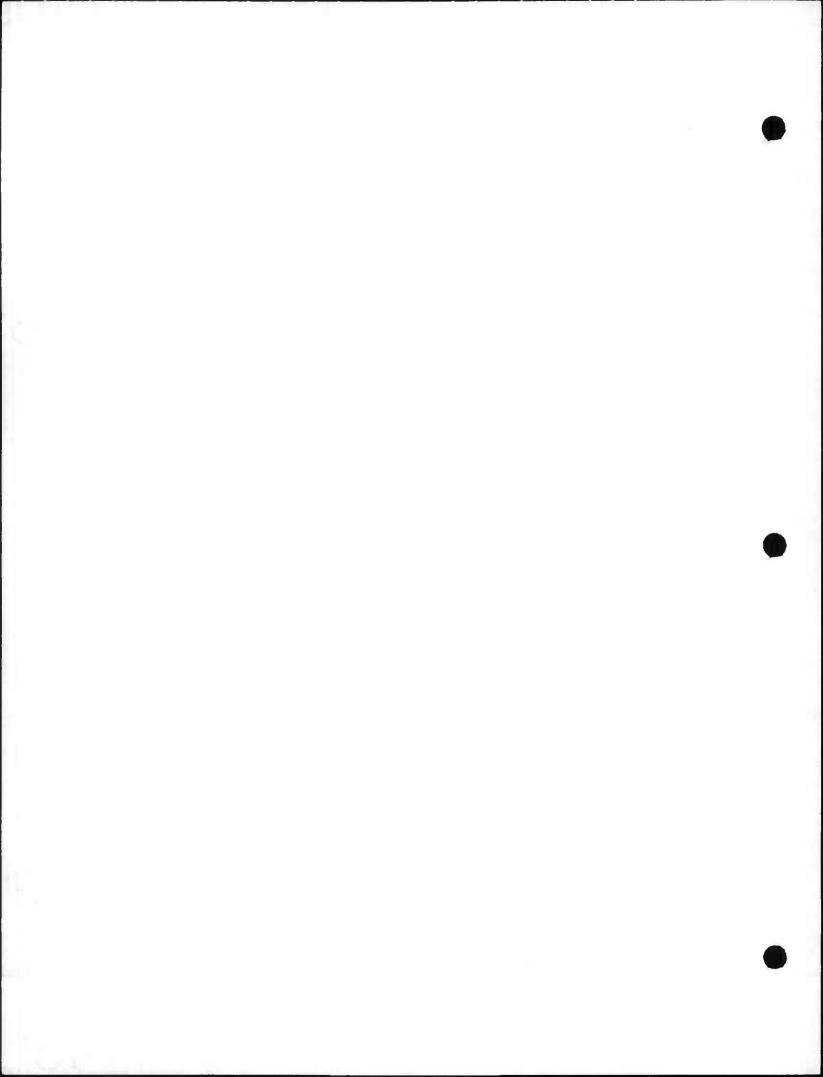
1 YES 2 X 10 Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 X Married BY 3 Widowed 4 Divorced BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) U.S. LETTER CARRIERS OFFICE MANAGER MUTUAL BENEFIT ASSOCIATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM S. PRATT MARIE BIAS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARTIN G. MYLES, SR. 9730 TARA DRIVE DUNKIRK, MARYLAND 20754-3004 20a. METHOD OF DISPOSITION
1 X6uriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE MOSES CEMETERY 3/18/93 DRURY, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
REESE & SONS MORTUARY, P.A. Harry Rese 821 WEST ST. ANNAPOLIS, MD. 21401 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Betwee IMMEDIATE CAUSE (Final Onset and Death disease or condition ANOXIC ENLEPHALOPATHY JU hours resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 24 hours SUBARACHNOIS NEMOCRYAGE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING HYPERTENSION Yebrs CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? JONE 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1) Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 X YES TO NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural A PM 1 YES 2-NO BY MARCH IN 1991 FOR at CONCLOSIONS AT HOWE 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide A STATE 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE D57459

Prince Frederick, Md. 20678

MARCH 15. 1993



3	Anna Elizabeth MAIN    Anna Elizabeth MAIN	AM M							
1	4. SOCIAL SECURITY NUMBER 214-34-2460  5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 \( \text{ MONTHS} \) MONTHS DAYS HOURS MINN.  1 \( \text{ MONTHS} \) MONTHS DAYS HOURS MINN.  1 \( \text{ MONTHS} \) MONTHS DAYS HOURS MINN.  1 \( \text{ MONTHS} \) MONTHS DAYS HOURS MINN.  1 \( \text{ MONTHS} \) MONTHS DAYS HOURS MINN.								
TOR	98. FACILITY NAME (If not institution, give street and number)  5731 Bartonsville Road  PESIDENCE OF DECEDENT  99. COUNTY OF DEATH  Frederick  9c. COUNTY OF DEATH  Frederick								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CILIMITS TY  Maryland Frederick Frederick 1 VES 2	TY X							
FUNERAL	5731 Bartonsville Road  100. STREET AND NUMBER 21701  109. CITIZEN OF WHAT COUNTRY U.S.A.	7							
B≺	11. MARITAL STATUS 1 Never Married 2 Married 2 Nover Married 2 Nover Married 3 Widowed 4 Divorced .  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES 2 NO Specify:  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. RACE — American In It yes, specify Cuban, Mexican, Puerto Rican, etc.)  15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)	I. RACE — American Indian, Black, White, etc. Specify.							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  School Teacher  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18c. KIND OF BUSINESS/INDUSTRY  18c. KIND OF BUSINESS/INDUSTRY								
BE CO	17. FATHER'S NAME (First, Middle, Leist)  Virgil W. Good  18. MOTHER'S NAME (First, Middle, Meiden Surname)  Minnie M. Hough								
10	Samuel L. Main  190. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  5731 Bartonsville Rd., Frederick, Md. 21701								
- 5	20b. NETHOO OF DISPOSITION  1 Murisi 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Pierre Prince)  20c. LOCATION — City or Town, State  Priesy Crematory or Office 1 Cemetery March 8, 1 993 Monrovia, Md.								
	21. SIGNATURE OF FUNERAL BERRYICE LICENSEE  MO0255  MO0255  22. NAME AND ADDRESS OF FACILITY Keeney and Basford P.A. Funeral Home 106 East Church St., Frederick, Md. 2	21 701							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Recurrent, metastatic Breast Cancer  Due To (or as a consequence of):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
: MEDICAL	PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO	PR TO F CAUSE							
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:								
BY PHYS	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28a. DATE OF INJURY WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO								
ED	3 Suicide 6 Could not be detarmined 26s. PLACE OF INJURY — At home, farm, street, factory, office 26s. PLACE OF INJURY — At home, farm, street, factory, office 26s. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as	stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  Shon M. Honnol 29c. LICENSE NUMBER D31761  29d. DATE SIGNED (Month, Day, Year 3/4/1993	7)							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Brian M. O'Connor, MD 501 W. Seventh St., Frederick, MD 21701								
	31. DATE FILED (MORTH, CON. 1804) 1993 32. REGISTRAR'S SIGNATURE MAR 0 5 1993 Julia Juni Szon-Randalla	- 2							



4. SOCIAL SECURITY NUMBER

220-90-1911-M

RESIDENCE OF DECEDENT

31. DATE FILED (Month, Day, N

9a. FACILITY NAME (If not institution, give street and number)

Physicians Memorial Hospital

Ada

YRS.

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

LaPlata

Montgomery

6. AGE (In yrs. lest birthday)

5. SEX

1 🗌 M 2 📑 F

	BALTIMORE, MARYLAND 21215-0020	r requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe
4	Ш	hours afte	led in by th
	RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within 24	been signed by the attending physician and completely fill

DIVISION OF VITAL

DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND CHARLES INDIAN HEAD FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE ROUTE #1 BOX 84 Z 20640 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 HO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married В 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN NONE BABY SITTER must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MARTIN MONTGOMERY BE LOTTIE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MINNIE WADE ROUTE #1 BOX 84Z 20a, METHOD OF DISPOSITION
1 A Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE PLEASANT GROVE CHURCH CEM. 3/27/93 MARBURY, MARYLAND 4 Donation 5 Other (Specify) 21. SIGNA UNE OF FUNERAL SERVICE LICENSEE

MOUNTAIN

THORNTON JOHNSON cate has been signed by the attending physician and completely filled in by the funeral dire. State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. Item 23 shows any Injury, or other traumatic event, the medical examiner is 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) r this certificate h h with the State I EXAMINER? HOSPITAL OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 6 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? is marked, 1 Natural 5 Pending investigation DIRECTOR: After the hours after death vitem 28 is mari В 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR ATT
TO THE FUNERAL DIRECT
DE filed within 72 hours at
IMPORTANT: If Item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated 296. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER BE eltamo D-08370 2

Paul E. Pritchett, MD, 118 LaGrange Ave., P.O.Box 1317, LaPlata, Md.

32. REGISTRAR'S SIGNATURE
JUNIO DEVIDEN PONDER

93 09453 REG NO 2. DATE OF DEATH 3. TIME OF DEATH °1993 YEAR March 22, 1:09 P. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DEC. 1, 1905 MARYLAND 9c. COUNTY OF DEATH Charles 10d. INSIDE CITY 1 TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES BLACK 16b. KIND OF BUSINESS/INOUSTRY PRIVATE THOMPSON MONTGOMERY INDIAN HEAD, MARYLAND 20640 20c. LOCATION - City or Town, State THORNTON'S FUNERAL HOME, POMONKEY, MARYLAND Approximata Onset and Death 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 6 NO OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED

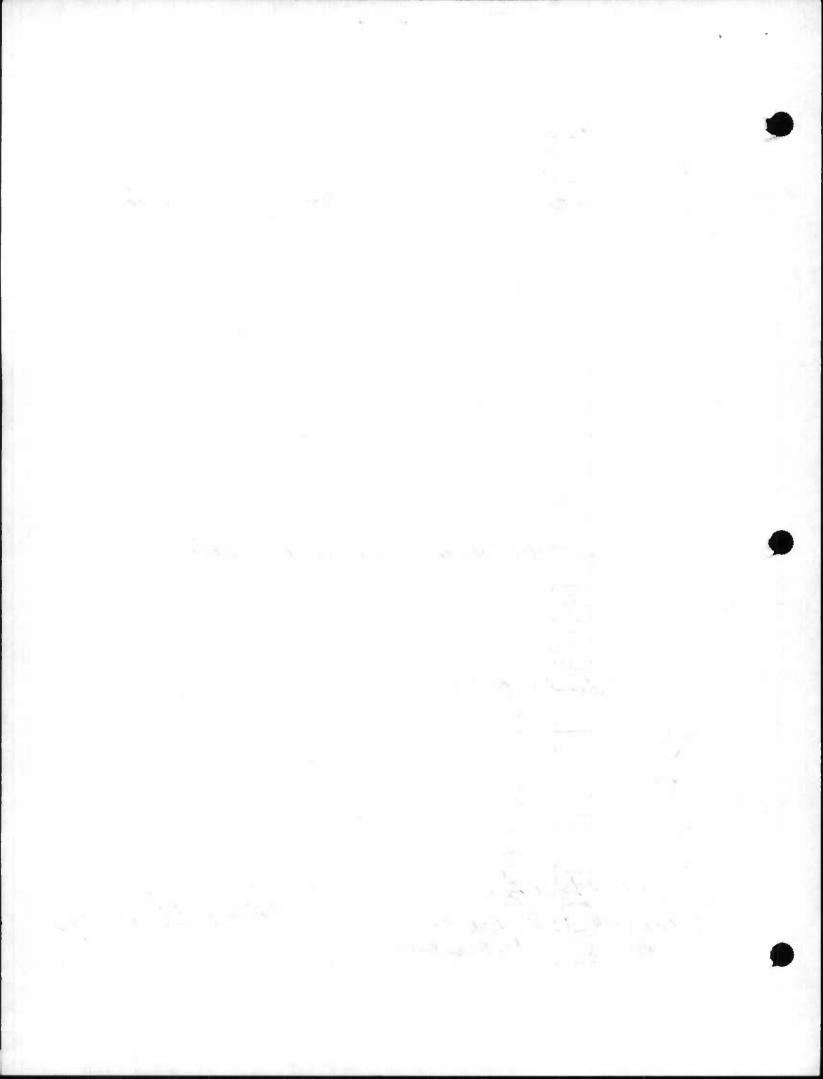
29d. DATE SIGNED (Month, Day, Year)

22

20646

the hos	e detache		t once.
etained by	should be		otified a
may be n	or, page 5		ust be no
n. Page 6	eral directo		niner mu
after death	by the fune	moval.	ical exam
24 nours	filled in b	ion, or rer	he med
ed within	completely	al, cremat	event, 1
be execut	cian and c	ior to buri	raumatic
certificate	ding physi	tygiene pri	r other t
the death	the atten	1 Mental F	Injury, or
ilres that	signed by	Health and	ws amy
e law requ	has been	Dept. of	1 23 sho
ICIAN: Th	entificate	the State	or Item
ING PHYS	ofter this c	eath with	marked,
3 ATTEND	RECTUR: A	urs after d	m 28 ls
SPITAL OF	<b>NERAL DII</b>	hin 72 hou	NT: If Ite
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouns after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UP	MAKYLANI		ICATE C				REG. NO.	E.		
i	1. DECEDENT'S NAME (First, Middle, L					-		2. DATE OF MONTH	DEATH	ıγ	YEAR	3. TIME OF DEATH
	Beulah M.	un						9	20		93	624
- 1	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER 1 YE		ER 24 HRS.	7. DATE OF (Month, D			6. BIRTH Countr	IPLACE (State or Foreign
	212-48-3961					noone	Mills.	2/2	2/02	land		
_	Se. FACILITY NAME (If not Institution, give street and number)				9b. CITY, TO			EATH		9c. COU	INTY OF D	EATH
5	800 Cedan La		Bu	au.				14	Lafred			
ច្ឆ	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY			10c. CIT	Y. TOWN OR L	OCATION						10d. INSIDE CITY
<u>E</u>	Maryland Harford				Bel Air							LIMITS?  1 YES 2 NO
1	10e. STREET AND NUMBER		per ar	101, ZIP CO	DE			10g. CITIZEN OF WHAT COUNTRY?				
A I	800 Cedar Lane					21	014					
BY FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDE			13. WAS			NIC ORIGIN? (	Specify Yes		U.S.7	E — American Indian.
	1 Never Married 2 Married 3 Widowed 4 Divorced		1 YES 2 WAR OR DATES			i, specify Cui YES Zy∑ZNi		y:	en, etc.)		Spec	k, White, etc. Hy: nite
ED	15. DECEDENT'S (Specify only highest of		16a	. DECEDENT'S	USUAL OCCU	PATION	rkina	16b. K	IND OF BUS	SINESS/IN	DUSTRY	
<u>=</u>	Elementary/Secondary (0-12)	College (1-4 or 1	5+)	Me. Do NOT u	work done durings retired.)	y moat or wo	ning					
COMPLETED	6	0		Homema	aker			In	home	€		
Ö	17. FATHER'S NAME (First, Middle, Last			18. MC	THER'S NA	ME (First, Mid	die, Maiden	Surname)				
BE		James Henry Moulsdale				S	Sarah	Green	land			
2	19a. INFORMANT'S NAME (Type/Print)				G ADDRESS (St							
					Cedar I			_				
	20s. METHOD OF DISPOSITION 1 Description   1 Description   2 Description   3 D	Removal from State	20b. PL. of ceme	ACE ANO OAT	YE OF OISPOSIT by or other place	ION (Nama		OATE	20c. LO	CATION -	- City or To	own, State
- 3	15 Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  of cemetary, crematory or other place)  Smith's Chapel Meth. Cem.   3/22 Churchville, Marylar  22. NAME AND ADDRESS OF FACILITY									Maryland		
- 9	Tarring-Cargo Funeral Home, P.A.											
	Kirsten	House	rger	spel				ryland				
- 3	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.											
ICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL C	PART II. Other significant cond	not resulting						AUTOPSY	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ												I TES 2 DAIO
A	25. WAS CASE REFERRED TO MEDIC	AL .				6. PLACE OF	DEATH (C)	heck only one)				
200	EXAMINER?	HOSPITAL:	□ FB/Outnetle	m 3 🗆 DOA	OTHER:	Α.		6 Other	Sneath ()			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE	OF INJURY	26b. TII	ME OF 28	: INJURY AT		·		NJURY O	CCURED	
	1 Natural 6 Pending		26a. DATE OF INJURY (Month, Day, Year)  26b. TIME OF 28c. INJURY AT WORK?  WORK?  1 YES 2 NO							-		
red BY	Accident   Investigation   3								Route Number,			
COMPLETED	TOTAGE OTHY	PHYSICIAN: To the best										s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CER	TIFIER /				29c. L	ICENSE NU	MBER		29d. DA	TE SIGNE	O (Month, Day, Year)
BE	Kuhand L	· Cula	MD			Z	011	94			3/20	193
5	30. NAME AND ADDRESS OF PERSO	N WHO CONFLETED CA	AUSE OF DEATH	(ITEM 27) (Typ	e, Print)	2013	s Try	fle	eilu	Rg	, N	421034
	MAR 22 '93	32. REGIST	Baridson	RE Mandal	2							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH MESSICK MARCH 19 1993 DORIS E. 10:15 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign (Morith, Day, Year) AY 15, 220-22-4201 1 | M 2 | F 68 MAY YRS. ONTARIO, CANADA Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DUBLIN ROAD FUNERAL DIRECTOR STREET HARFORD RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND HARFORD STREET 1 - YES 2 1 NO 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? DUBLIN ROAD 21154 UNITED STATES hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puerto Ric 1 YES 2 NO Specify: 1 Never Married 2 X Married BY WHITE 3 Widowed 4 Divorced page 5 should be detached for use as the COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) PACKER CANNING PLANT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at GARFIELD McCullough EVELYN SCOGGINS 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DONALD McCullough, 1948 LANCASTER PIKE PEACH BOTTOM, PA 17563 9 20e METHOD OF DISPOSITION

1) Burlal 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must director, i DUBLIN O'SOUTHERN CEM. 3/23 DARLINGTON, MD examiner 22. NAME AND ADDRESS OF FACILITY the funeral HARKINS FUNERAL HOME, INC. DELTA, PA dsl medical bligations that caused the seath. Do not enter the mode of dying, such as cardiac or respiratory arrest, Egite the disea es, or com signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo Approximate or heert fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death DOMETRIAL CARCINOMA the disease or condition DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, it resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 24s. WAS AN AUTOPSY 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED JO MEDICAL EXAMINER? 26. PLACE OF DEATH (Clack-only one) HOSPITAL:
1 [] Impellent 2 [] ER/Outpettent 3 [] DOA 1 THE 2 HO OTHER: € ☐ Other (Specify) ZZ MANNED OF DEATH 28s. DATE OF INJURY (Morth, Day New) 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO BY 2 Accident 38e. PLACE OF INJURY — At home, farm, street, factory, office building, str. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number City or Tawn, State) 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER TO THE HOSPITAL D
TO THE FUNERAL D
DE filed within 72 ho
IMPORTANT: If Its 出 2

> 32 REGISTRAR'S SIGNATURE Julia Davidson Bondone

0

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

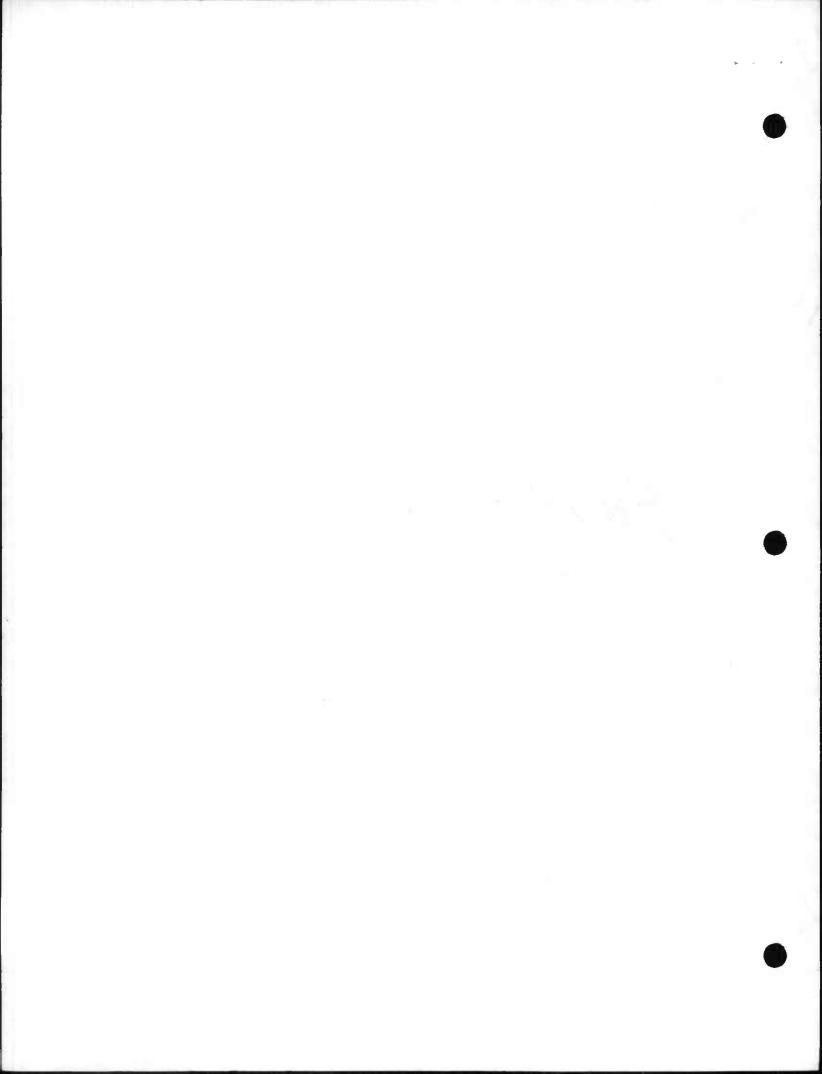
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR	SIAIE OF MAN		ICATE O	F DEATH	ND MEI	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	CECELI	A MARX	-		2.	DATE OF DEATH		YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 H	HRS. 7.1	O3 2	2.3	93 8. BIRTHPI	7:00 a.M	
	171-24-5005	1 🗆 M 2 🕅 F	90 YRS.	MONTHS DAYS	HOURS M	MM.	7/14/1	903	Country)	SET, MD	
-	9a. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOW	OR LOCATION	OF DEATH	<u> </u>		ITY OF DEA		
Ď.	CITIZENS NURS		HA	VRE DE	E GR	ACE	ŀ	HARF	ORD		
DIRECTOR	10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LO	CATION			1	Od. INSIDE CITY		
		FORD	H.	AVRE D		E				YES 2 NO	
FUNERAL	415 S. MARKET	CIDEET			10f. ZIP CODE			133		AT COUNTRY?	
NE I	11. MARITAL STATUS	12. WAS DECEDENT EV		13. WAS D	21078	IISPANIC O	RIGIN? (Specify Yes			STATES  - American Indian,	
B	1 Never Married 2 Married 3 Midowed 4 Divorced	FORCES? 1 1 1	ES 2 NO	If yes,	specify Cuban, M	fexican, Pu Specify:	verto Rican, etc.)		Specify: WHI	White, etc.	
TED	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT'S	S USUAL OCCUPA work done during use retired.)	TION most of working		16b. KIND OF BUS	SINESS/IND	USTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		AAKER			Own	HOME			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		HOHE	THICEN	18. MOTHER	'S NAME (	First, Middle, Maiden				
BE C		NES			EDI	TH F	LORENC	E Bo	YLE		
2	G. KENNETH	LONES	P. O				Number, City or Tow			160	
	20a. METHOD OF DISPOSITION					MUTI		CATION —		160	
	20s. METHOD OF DISPOSITION  1)D Burlai 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Camelery, cremetory or other place)  DAR LINGTON CEMETERY  20c. LOCATION — City or Town, State  3/25 DARLINGTON,										
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Selfuy)	P. Low	elidee							DELTA, PA	
	23. PARTY . Enter the diseases, or candidate CAUSE (Final disease or condition	complications that cause of	used the death. Do	not enter the r	node of dying,	, such as	cardiac or respi	ratory am	est,	Approximate interval Between Onset and Death	
_	Due TO (ON AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
SE	CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF):										
題	resulting in death) LAST										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PRODUCT AMALABLE PRIOR TO										
MEDICAL							1 TYES 2		/ 9	COMPLETION OF CAUSE OF DEATH?	
M				_					1	□ YES 2	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEAT	'H (Check o	nly one)				
Sic	EXAMINER?  1   YES 2   No	HOSPITAL: 1   Inpetient 2   ER/	Outpatient 3 DOA	OTHER:	ome 5 🗆 Reside						
	27. MANNER OF DEATH  1  Neural 5 Pending	28a. DATE OF INJU (Month, Day, Ye		JURY	NJURY AT WORK?		I. DESCRIBE HOW I	NJURY OCC	URED		
B	1 // Natural 5 Pending 2 Accident Investigation 2 PLACE OF INJURY At home form street factors office.							and Number	or Rural Ro	ute Number.	
	4 Homicide datermined	building, etc. (	(Specify)				City or Town, State)				
COMPLETED		CIAN: To the best of my l	mowledge, death occur	red at the Jime, d	nte and place, en	d due to ti	ne cause(s) and mer	mer as state	ed.		
§ S	2 MEDICAL EXAMINE	R: On the basis of sxamin	sation and/or investigat	on, in my opinion	, death occured a	at the time	, dats and place, an	d due to the	e cause(s)	and manner as stated.	
H	296. SIGNATURE AND TITLE OF CERTIFIER	Q Ju	1)		D/ 2	E NUMBER	0	29d. DATE	3/2	Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE DE	DEATH (ITEM 27)	o, Print)	do	6	hue		11	7	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE			-/	-, -(,		1 1-		
1	MAR 23'93	Grilia Lavid	on-Mandale								



DHMH-16 Flev



1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND	MENT		Ε -	) ()	05401
1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE C	P DEATH	T a par	REG. NO.			
	Rebecca	McK	ee		MON	ITH DA	93	YEAR	3. TIME OF DEATH
		E (In yrs. lest birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.		3/ 17/ E OF BIRTH		6 BIRTH	PLACE (State or Foreign
222-09-0154	1 - M 2 F 7	4 YRS.	MONTHS DAY	B HOURS MIN.	(Mo	nth, Day, Year)	8	Country	1)
9a. FACILITY NAME (If not institution, give street			9b. CITY, TOV	VN OR LOCATION OF		/ 12/ 1	9c, COUNT		rginia_
415 W. College A	ve.			sbury				.com	
RESIDENCE OF DECEDENT									
3,500	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c								
10a. STREET AND NUMBER	Maryland Wicomico Salisbury								
415 W. College Av	101. 2IP CODE 10g. CITIZEN OF WHAT C								
	12. WAS DECEDENT EVER	R IN U.S. ARMED	13 WAS	DECENDENT OF HISP	ANIC OBIG	NAI2 /Parathy Was			A
1 Never Married 2 Married	FORCES? 1 YE	S 2 (NO	If yes	, specify Cuben, Maxie YES 2 X NO Spec	can, Puari	o Rican, atc.)	or No.	Black	- American Indian, White, atc.
3 Widowed 4 Divorced		DATES	''	TES 2 12 NO Spec	city.			Specif Wh	ite
15. DECEDENT'S EDUCA (Specify only highest grade co	TION empleted)	18a. DECEDENT'S	USUAL OCCUP	ATION most of working	10	bb. KIND OF BUS	INESS/INDU		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	most of working					
12		home	maker			none			
17. FATHER'S NAME (First, Middle, Last)	0					, Middle, Maiden !			
Beverly Early Davi	s Sr.					(unk)			
Francis L. McKee				et and Number or Rura					0.1
20a. METHOD OF DISPOSITION				ege Ave.,	-				
1 A Burlai 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		ob. PLACE AND DATE ( emetery, crematory or o	ther place)		1	TE 20c. LOC			
21. SIGNATURE OF PUSERAL SERVICE LICEN	sie 1	Wicomico		al Park		/19  Sa	alisb	ury,	Md. 21801
· hat no	60/h. 0		Holl	loway Fund	eral	Home			
7/ 0///7	acjoura	9	501	Snow Hil	1 Rd	., Sali	sbury	, Md	1. 21801
23. FART i. Enter the diseeses, or con shock, or heert fellure. Lie	mplicetions that caus at only one ceuse on	the deeth. Do r	not enter the	mode of dying, su	ich as ca	rdiac or respir	atory arre	nt,	Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition	.0		16	11.					Onset and Death
resulting in death)	Mer	ier of	MC	> wn	5/				
	DUE TO (OR AS	A CONSEQUENCE OF	F):		1				
Sequentially list conditions, 6.	DUE TO (OR AS	A CONSEQUENCE OF							
if any, leading to immediate cause, Enter UNDERLYING	7670		,						İ
CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF	F):						1
resulting in death) LAST									
PART II. Other significent conditions	contribution to death	but not resulting i	a dha cadad	4		1		_	
TATT II. Other algrinicent conditions	contributing to death	but not resulting i	n the underly	ying ceuse given i	n Part i.	24a, WAS AN A PERFORI			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 TES 2	₽ NO		COMPLETION OF CAUSE OF DEATH?
									1 NES 2 NO
25. WAS CASE REFERRED TO MEDICAL						<u> </u>			
EXAMINER?	OSPITAL:		OTHER:	PLACE OF DEATH (C					
27. MANNER OF DEATH	Inpatient 2 ER/OL			INJURY AT			HIEW COOK		
1 Netural 5 Pending	(Month, Day, Year,	INJ	URY	WORK?	200. 0	ESCRIBE HOW IN	JUHY OCCU	HEU	79
2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJUI	RY — At home, farm, a			281, LO	CATION (Street ar	nd Number o	Rural Pr	rute Number
4 Homicide 8 Could not be determined	building, atc. (Sc	pecify)			Cit	y or Town, State)	TO THE MILES OF	710/07/10	valo Hamooi,
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the heat of my kno	windon doub occurs	ed at the time of	en en en en en en en en en en en en en e		·			
(Check only one) 2 MEDICAL EXAMINER:									
29b. SIGNATURE AND TITLE OF CERTIFIER	- 2/	•				e end place, and			
1/1/1/2	Memla	MI D		29c. LICENSE NU	JMBER 7		29d, DATE	SIGNEO	(Month, Day, Year)
30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	1 4 170	55		- 7/	14	145
Wm. B. Horney	100 P	ower S	4	Salisbu	m	Md.	218	0	
31. DATE FILED (Month, Day, West)  ALLY Davidson-Randson									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 -	STATE REGISTRAR

REGISTRAR					ATE C	/ DEAL	H	REG. NO.											
1. DECEDENT'S NAME (First	Middle, Last)						2.	DATE OF DEATH			TIME OF DEATH								
Lynn		Pau1				edi	0)	MONTH DA		YEAR	1151 A H								
4. SOCIAL SECURITY NUME		S. SEX	6. AGE (In yrs. la		NTHS DAY			DATE OF BIRTH (Month, Day, Year)	1	. BIRTHPLA Country)	CE (State or Foreign								
461-26-247	/	M 2 D F	68	YRS.	ATTINS DAT	HOURS	HEITTE.	07/ 14/ 2	4		homa								
Se. FACILITY NAME (If not in		,	AT OF MT			WHOR LOCATION	OF DEATH			Y OF DEATH									
	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO									,									
10a. STATE	a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE (									I INSIDE CITY									
Maryland	Wic	omico		Sa1	isbur	v					LIMITS?								
10e. STREET AND NUMBER						101. ZIP CODE			10g. CITIZE										
100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WHAT COUNTRY?  2 180 1  USA																			
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE — American Indian,										American Indian,									
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)  FORCES? 1 YES 2 NO Security The or NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)									nita, etc.										
3 Widowed 4 Divo		Nav	У		1		EMILY :			whi	te								
(Specify only	EDENT'S EDUCAT highest grade co		(6	ECEDENT'S US	done during	ATION most of working		166. KIND OF BUS	INESS/INDU	STRY									
Elementary/Secondary (0	-12)	College (1-4 or 5	,	. Do NOT use n															
17. FATHER'S NAME (First, M	(delle 1 and)		С	ontrac	tor			buildi											
		6 11 °						First, Middle, Maiden	Surname)										
Franklin Ev		ledlin	100	- MAH MG A	00500 (0)			1 DeMoss											
in the second second			19					Number, City or Town											
Gilberte Med			20h BLACE	AND DATE OF			, Sal	isbury, l	ATION — CH										
1 Burial 23 Crematic	n 3 🗌 Ramovi	I from State	cemetery, cre	ematory or other	place)	t oxi	i	3/11 Sa	Liab	ty or lown,	State								
21. SIGNATURS OF FUNERAL		ISEE/	Jail	Soury	22. NAM	E AND ADDRESS	OF FACILIT	гу	LISDUI	. у, гп									
1 Chit	ni	ollow	71.1			-		al Home											
	11.14							Rd., Sal			. 21801								
23. PART I. Enter the d shock, or h	seases, or cor eart failure. Lis	inplications that it only one cau	se on each line	eath. Do not e.	enter the	mode of dylng	g, such as	cerdiac or reapi	ratory arres	it,	Approximate interval Between								
IMMEDIATE CAUSE (Fir disease or condition		COP	1								Onset and Death								
resulting in death)	a.,	COP DUE TO	OR AS A CONSE	OUENCE OF):				<u>_</u>											
Sequentially list condit if any, leading to imme		DUE TO	OR AS A CONSE	OUENCE OF):															
CAUSE (Disease or inju										31									
that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	QUENCE OF):															
resolung in death) EAS	d.																		
PART II. Other aignifice	nt conditions	contributing to	death but not	resulting in	the underl	ying cause giv	en in Par	t I. 24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS								
	CHF							PERFOR			ILABLE PRIOR TO IPLETION OF CAUSE								
								1 🖺 YES 2	MINO		DEATH?								
										וי ו	YES 2 NO								
					-	-1													
25. WAS CASE REFERRED TO	D MEDICAL				26	I. PLACE OF DEA	TH (Check o	only one)											
25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	1	OSPITAL:	ER/Outpatient 3		THER:														
EXAMINER?	1	28a. DATE OF	INJURY	28b. TIME C	THER: Nursing i	Home 5 - Resk	dence 8 🗆		JURY OCCU	RED									
EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5	Pending	Minpetient 2	INJURY	DOA 4	THER: Nursing i	Home 5 🗆 Resk	dence 8 🗆	Other (Specify)	JURY OCCU	RED									
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5  2 Accident	Pending investigation	28a. DATE OF (Month, D	INJURY ny, 16er) F INJURY — At ho	28b. TIME C	THER:  Nursing (  PF 28c.  Y 1	INJURY AT WORK?	dence 8 28	Other (Specify)  d. DESCRIBE HOW IF			Number,								
EXAMINER?  1	Pending	28a. DATE OF (Month, D	INJURY ny, 16er)	28b. TIME C	THER:  Nursing (  PF 28c.  Y 1	INJURY AT WORK?	dence 8 28	Other (Specify) d. DESCRIBE HOW IF			Number,								
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Sulcide 6 4 Homicide	Pending investigation Could not be determined	28e. DATE OF (Month, D	INJURY ny, Year) F INJURY — At ho etc. (Specify)	28b. TIME C INJUR	THER: Nursing I PF 28c. M 1	Home 5 Resk INJURY AT WORK? YES 2 I	284 NO 281	Other (Specify) d. DESCRIBE HOW IF  I. LOCATION (Street a City or Town, State)	nd Number of	Rural Route	Number,								
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident  3 Sudcide 6   4 Homicide  29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	28a. DATE OF (Month, D) 28a. PLACE O bullding,	INJURY ny. Year)  F INJURY — Al ho etc. (Specify)  my knowledge, de	28b. TIME C INJUR	THER: Nursing if Nursi	NJURY AT WORK? YES 2   I	NO 28	Other (Specify) d. DESCRIBE HOW II  I. LOCATION (Street a City or Town, State) he cause(a) and man	nd Number or	Rural Route									
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident  3 Sudcide 6   4 Homicide  29a. CERTIFIER (Check only)	Pending investigation Could not be determined IFYING PHYSICIA CAL EXAMINER:	28a. DATE OF (Month, D) 28a. PLACE O bullding,	INJURY ny. Year)  F INJURY — Al ho etc. (Specify)  my knowledge, de	28b. TIME C INJUR	THER: Nursing if Nursi	Home 5 Reski INJURY AT WORK? VES 2 I	NO 28	Other (Specify) d. DESCRIBE HOW II  I. LOCATION (Street a City or Town, State) he cause(a) and man e, data and place, and	nd Number of	Rural Route	f manner as stated.								
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident  3 Suicide 6   4 Homicide  29e. CERTIFIER (Check only one) 2  MEO	Pending investigation Could not be determined IFYING PHYSICIA CAL EXAMINER:	28a. DATE OF (Month, D) 28a. PLACE O bullding,	INJURY ny. Year)  F INJURY — Al ho etc. (Specify)  my knowledge, de	28b. TIME C INJUR	THER: Nursing if Nursi	Home 5 Reski INJURY AT WORK? YES 2 I office data and place, a n, death occured	nd due to till at the time	Other (Specify) d. DESCRIBE HOW II  I. LOCATION (Street a City or Town, State) he cause(a) and man n, data and place, and	nd Number of	Rural Route									
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident  3 Suicide 6   4 Homicide  29e. CERTIFIER (Check only one) 2  MEO	Pending Investigation Could not be detarmined IFYING PHYSICIA CAL EXAMINER: OF CERTIFIER  U. J. J.	See DATE OF (Month, D)  28e. PLACE O building,  NN: To the best of an on the basis of an	INJURY ny, Year)  F INJURY — At he etc. (Specify)  my knowledge, de amination and/or	28b. TIME C INJUR ome, farm, streeth occurred investigation,	THER: Nursing I  Fy M 1  et, factory, c  at the time, in my opinion	Home 5 Reski INJURY AT WORK? YES 2 I office data and place, a n, death occured	NO 28	Other (Specify) d. DESCRIBE HOW II  I. LOCATION (Street a City or Town, State) he cause(a) and man n, data and place, and	nd Number of	Rural Route	f manner as stated.								
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident  3 Sulcide 6   4 Homicide  29a. CERTIFIER (Check only one) 2 MEO  29b. SIGNATURE AND TITLE	Pending Investigation Could not be detarmined IFYING PHYSICIA CAL EXAMINER: OF CERTIFIER  U. J. J.	28a. DATE OF (Month, D)  28a. PLACE O building,  AN: To the best of on the beste of a:  COMPLETED CAUS.	INJURY ny, Year)  F INJURY — At he etc. (Specify)  my knowledge, de amination and/or	28b. TIME C INJUR  28b. TIME C INJUR  One, farm, stre  eath occurred is Investigation,  M 27) (Type, Pr.  AVe.,	THER: Nursing I  F 28c. Y M 1  et, fectory, c  at the time, c in my opinio	Home 5 Reak INJURY AT WORK? YES 2 I Office  date and place, a n, death occured  29c. LICEN:	and due to till at the time	Other (Specify)  d. DESCRIBE HOW II  L. LOCATION (Street a City or Town, State)  he cause(a) and men b, data and place, and	nd Number of	Rural Route	f manner as stated.								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

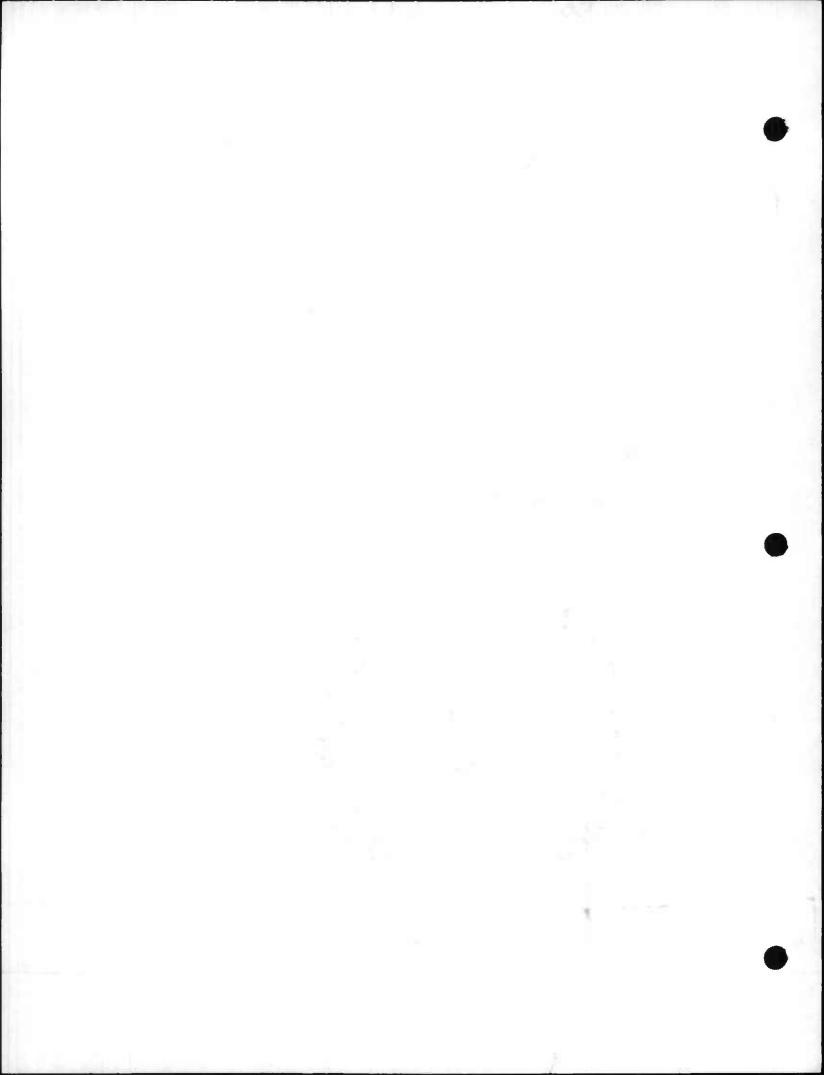
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	1 - STATE REGISTRAR	STATE OF MARYLAN	CERTIF						GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	IOLA		YHUGI				2. DATE OF DE		1993	AR 3.	TIME OF OEATH 5:30 DM
	4. SOCIAL SECURITY NUMBER 5		rs. lest birthday) YRS.	IF UNDER		# UNDER	24 HRS. MIN.	7. OATE OF BIF Jan 05	TH.	8. [	_	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give stree	t and number)		9b. CITY,	TOWN C	R LOCATIO	ON OF DE					
TOR	8271 Savage Guilfor		J	lessu	ıpqı				Howard			
DIRECTOR	100. STATE 100. COUNTY Maryland Howard					ION					100	I. INSIDE CITY LIMITS? X YES 2 \( \text{NO}\)
FUNERAL	100. STREET AND NUMBER 8271 Savage Guilfo	ord Road				20794			10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Olvorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	NO		If yes, spe		n, Mexican	C ORIGIN? (Spe , Puarto Rican,		or No- 14.	Specify:	American Indian, hita, etc.
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12) Grade 10	mpleted) College (1-4 or 5 +)	e. DECEDENT'S (Give kind of life. Do NOT u Waitres	work done ( se retired.)	CCUPATIO during mo	ON all of workin	g		of Busi taur	ness/indust	'RY	
BE CON	17. FATHER'S NAME (First, Middle, Last)  Victor Lee Roy Sla	iter				Ida	Vic	toria	Phel	ps		
5	19a. INFORMANT'S NAME (Type/Print) Ronald Mayhugh							,	Jess	up, Ma	aryla	and 20794
	1 A Burlel 2 Cremetion 3 Removel from State 4 Donation 5 Other (Specify)  I Vy Hill Cemetery								curel, Maryland			
100	21. SIGNATURE OF FUNERAL SERVICE LICEN	Dully		Do	nalo	dson albot	Fune	ral Hore. Lau	me, rel,	P.A. Maryl	land	20707
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  STROKE  DUE TO (OR AS A CONSEQUENCE OF):								Onset and Death			
NO	Sequentieity list conditions,  B. HYPERTENSION  DUE TO (OR AS A CONSEQUENCE OF)											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	DUSEOUENCE O	NE)-								
ERTIF	that initiated events resulting in death) LAST	202 to (011 NO N O										
	PART II. Other algorificant conditions Diabetes	contributing to death but	not resulting	in the ur	nderlyln	g cause (	given in		WAS AN A	MED?	MA	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE
PHYSICIAN: MEDICAL	Idiopathic	Thrombocyt	openi	c Pu	ırpu	ra		_   '	163 2	M uo	1	F DEATH?
NAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				_	LACE OF D	EATH (Che	ack only one)				
YSIC	1 TES 2 NO	HOSPITAL:	T-1-1-1		rsing Hon		asidence	6 Other (Spe				
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Morith, Day, Year)	26b. Til	JURY M	WC	JURY AT ORK? YES 2 [	NO	28d. DEŞCRIB			IED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm,	street, fec	tory, offic	:0		281. LOCATION City or Tow	(Street a	nd Number or	Rural Rout	te Number,
COMPLETED	onel only	AN: To the best of my knowled On the basis of examination a									:suse(a) a	nd manner as stated.
BE CC	29b. SIGNATURE AND TITLE OF CHITCHEN	M '>					ICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye				177 1 10 10 1	
D 30469  D 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								-1993.				

0. 9055, Chevrolet Dr. \*\*, #100, Ellicott
32. REGISTRAR'S SIGNATURE

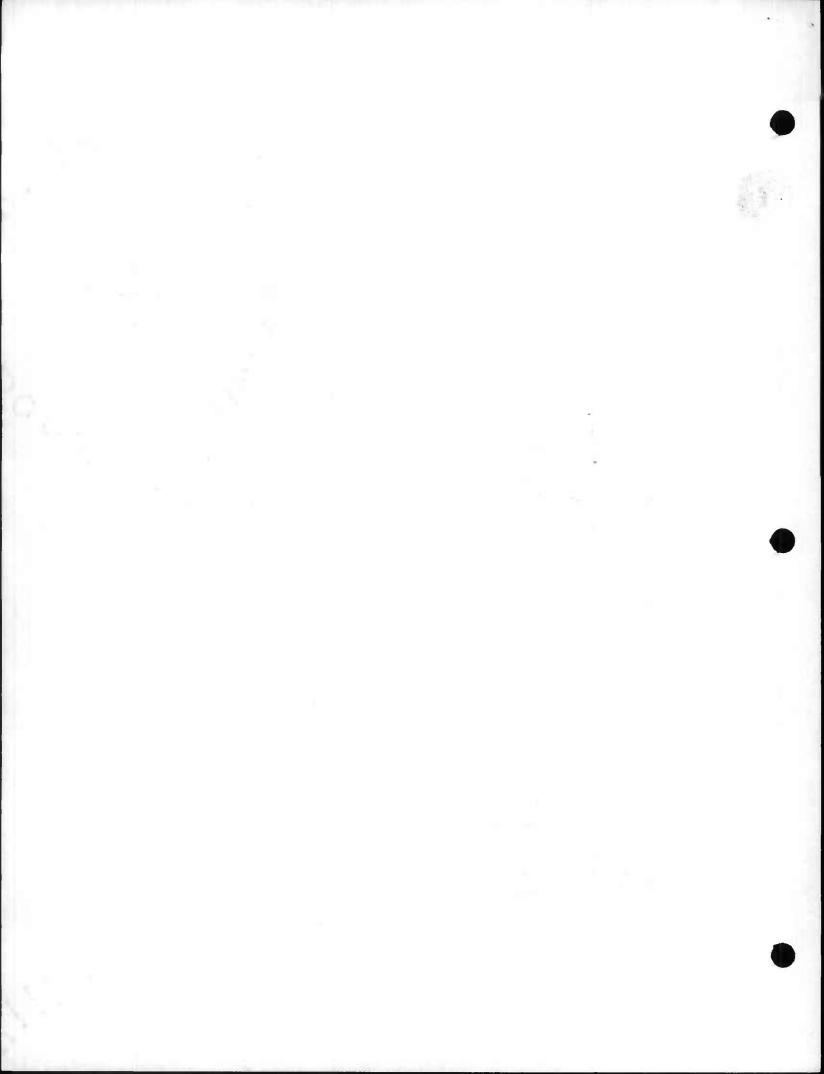
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N.B.

VELLANKI

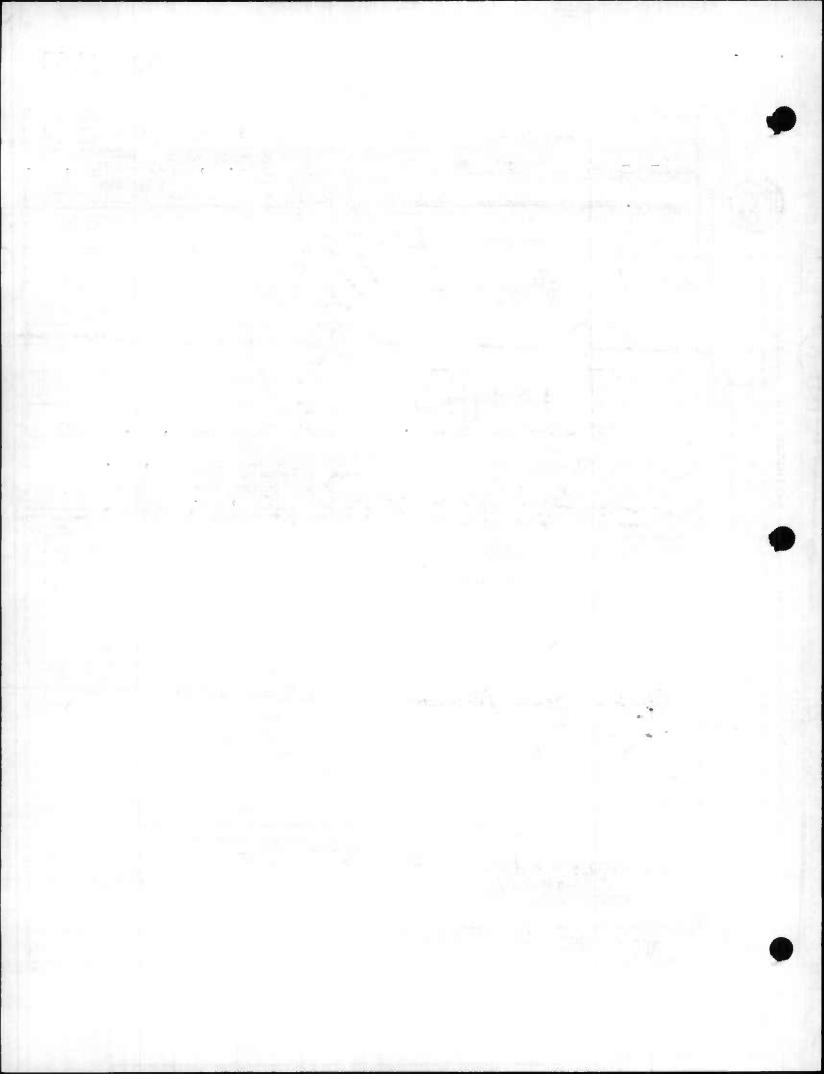
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MD.



STATE OF MARYLAND / DEPARTMENT	OF I	HEALTH AND	MENTAL	HYGIENE
CERTIFICATE	OF	DEATH		REG. NO.

1. DEC	CEDENT'S NAME (First, Middle, Last	)		WHEN.			E OF DEATH			3. TIME OF DEA	тн
	I	ses Melvina	Moats			3		MY T	YEAR 3	000	B
	cial security number $62-72-2317$		in yrs. last birthday)	F UNDER 1 YEAR DAYS	IF UNDER 24 HR HOURS MIN	(Moi	e OF BIRTH with, Day, Year)	896	Counti	IPLACE (State or Firy)	oreign W
	ACILITY NAME (If not institution, give				OR LOCATION OF			-	NTY OF D	DEATH	
Ga.	TATE TODA COUNT				kland			G	arr		
	WV	Preston	10e. CITY,	Auro	ra					10d. INSIDE CITY LIMITS? 1 YES 2	
	Box 44	4		10	26705				USA	WHAT COUNTRY?	
1 🗆 N	ARITAL STATUS  Never Married 2  Married  Widowed 4  Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2. NO	If yes, s	CENDENT OF HIS secify Cuban, Mes 3 2. NO Sp	dcan, Puerto	IN? (Specify Ye Rican, etc.)	a or No-	Black	E — American Indi k, White, etc. Hy: hite	en,
	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16e. DECEDENT'S US (Give kind of wor	UAL OCCUPATI	ON of working	16	b. KIND OF BU	ISINESS/IND		212 00	
Ele	ementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use i	mem <sub>a</sub> k				Home			
17. FAT	THER'S NAME (First, Middle, Last) Thomas	as Bohon	1				Middle, Meider ha Mo				
19e. IN	NFORMANT'S NAME (Type/Print)		19b. MAILING A	ORESS (Street	end Number or Ru				Code)		
	Bessie Sten		Rt. 1	Box	153 F	rien	dsvil	le,	Md.	2153:	L
4 🗆 D	IETHOD OF DISPOSITION  Iurial 2 Cremation 3 Reponsition 5 Other (Specify)		etery, crematory or othe	Auror	a Ceme	tery	Au	rora	, W	V	
2	Sala	A.A.	nkl	Box	nd address of Le Fun 186 D	avis	, WV.	2	626	0	
IMME disea result	ART I. Enter the diseases, or shock, or heart failure EDIATE CAUSE (Final see or condition tiling in death)	a. Due to (or as a b.	CONSEQUENCE OF):	Box	186 D	avis	, WV.	2	626( •••t,	Approximinterval B Onset and 2 do:	etwe
Seque if any cause CAUS that is	ART I. Enter the diseases, or shock, or heart failure EDIATE CAUSE (Final see or condition titing in death)  sentially list conditions, y, leading to immediate e. Enter UNDERLYING SE (Disease or injury initiated events ting in death) LAST	a. DUE TO (OR AS A O	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	Box enter the mo	186 D	avis uch as ca	9 WV or resp	2 directory arm	est,	Approximinterval B Onset and 2 do	otweet De
Seque if any cause CAUS that is	ART I. Enter the diseases, or shock, or heart failure EDIATE CAUSE (Final see or condition ting in death)  sentially list conditions, y, leading to immediate e. Enter UNDERLYING SE (Disease or injury initiated events	a. DUE TO (OR AS A OUE TO (OR	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	Box enter the mo	186 D	avis uch as ca	, WV.	2 intratory arm	est,	Approxim Interval B	NDING TO AUSE
Sequilities of the sequilities o	ART I. Enter the diseases, or shock, or heart failure EDIATE CAUSE (Final ase or condition ting in death)  anatially list conditions, y, leading to immediate a. Enter UNDERLYING SE (Disease or injury initiated events ting in death) LAST  II. Other algnificant conditions	a. DUE TO (OR AS A OUE TO (OR	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in	Box enter the mo	186 D	avis uch aa ca	24a. WAS AN PERFOI	2 intratory arm	est,	Approximinterval B Onset and 2 do 4 do 4 do  Were Autopsy Fi AMALABLE PRIOR COMPLETION OF CO	NDING TO AUSE
Sequitification of the control of th	ART I. Enter the diseases, or shock, or heart failure condition ting in death)  sentially list conditions, plantially list conditions, plantially list conditions, plantially list conditions, plantially list conditions, plantially list conditions, plantially list conditions, plantially list conditions, plantially list conditions, plantially list conditions are conditions.  It is case reference to medical conditions are conditions.	complications that caused. List only one cause on ease. List only one cause on ease. List only one cause on ease. List only one cause on ease. List only one to (or as a contributing to death but the contribution the contribution t	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not reaulting in	Box enter the mo	Dade of dying, a	avis uch as ca	24a. WAS AN PERFOI	2 intratory arm	est,	Approximinterval B Onset and 2 do 4 do 4 do  Were Autopsy Fi AMALABLE PRIOR COMPLETION OF CO	NDING TO AUSE
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Sequit Sequit If any cause CAUS that if result PART	ART I. Enter the diseases, or shock, or heart failure condition ting in death)  antially list conditions, leading to immediate e. Enter UNDERLYING SE (Disease or Injury Initiated events ting in death) LAST  II. Other aignificant conditions in the condition of the conditions in the	complications that caused. List only one cause on ease.  a. DUE TO (OR AS A DU	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not reaulting in  It not reaulting in  28b. Time C INJUR  At home, farm, stra	enter the mo	g cause given  LACE OF DEATH IN 19 19 19 19 19 19 19 19 19 19 19 19 19	in Part I.  Check only of the 6 Other 2ed, DE	24a. WAS AN PERFOI 1 YES 2	AUTOPSY MAKED?	24b.	Approximinterval B Onset and 2	NDIN TO AUSE
Sequilities are sufficient to the second to	ART I. Enter the diseases, or shock, or heart failure shock, or heart failure conditions, the second condition in the second condition in the second conditions in the seco	Complications that caused List only one cause on ea  a. DUE TO (OR AS A I  b. DUE TO (OR AS A I  d. OUE TO (OR	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not reaulting in  United 3 DOA 4  28b. TIME (1)  At home, farm, stra	enter the mo	g cause given  LACE OF DEATH THE S C Residence TURKY AT TYPES 2 NO	in Part I.  Check only of the Call. Detection	24a. WAS AN PERFOI 1 YES 2	AUTOPSY MAED?	24b.	Approximinterval B Onset and 2	NDING TO AUSE
Sequitifianty cause CAUS that is the title that the cause CAUS that is the cause CAUS that	ART I. Enter the diseases, or shock, or heart failure shock, or heart failure conditions, the second condition in the second condition in the second conditions in the seco	Complications that caused List only one cause on ea  a. DUE TO (OR AS A I  DUE TO (OR AS A I  DUE TO (OR AS A I  OUE TO (OR AS A I  DUE TO (OR AS	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  It not reaulting in  United 3 DOA 4  28b. TIME (1)  At home, farm, stra	enter the mo	g cause given  LACE OF DEATH THE S C Residence TURKY AT TYPES 2 NO	in Part I.  Check only of the 6 Oth 28d, DE 28f. LO City	24a. WAS AN PERFOI 1 YES 2	I AUTOPSY RMED?	24b.  24b.  Or Rural R	Approximinterval B Onset and 2	NDINITO AUSE



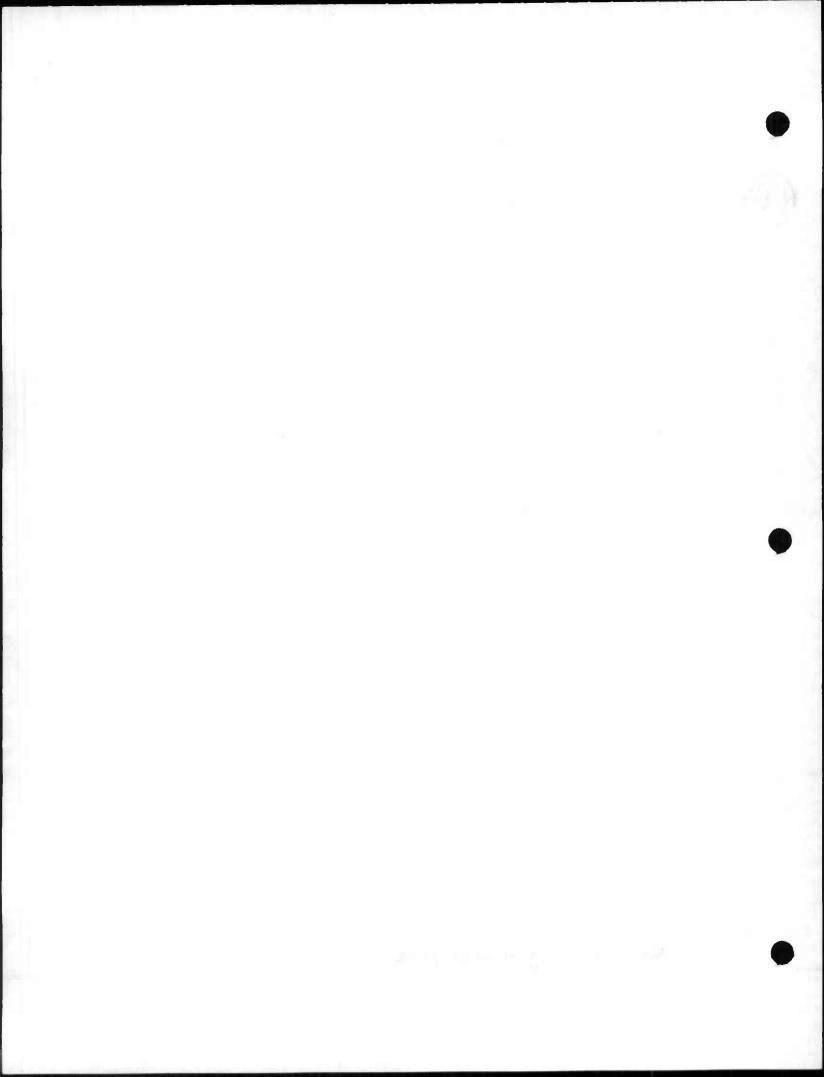
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4		FOR	
ı	-	REGISTRAR	

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	IVA	L. Mo	GLAUGHL	IN		March 2	1 100°	3 0600 M			
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign			
	212-12-3253	1 M # XXF 96	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	ntry)			
	9a. FACILITY NAME (If not institution, give str	set and number)		Sh CITY TOWN	OR LOCATION OF O			ryland			
œ	202 4:11:- 6.										
2	RESIDENCE OF DECEDENT	St.			Cambrid	ge	Dorch	ester			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION	<del></del>		10d. INSIDE CITY			
E E	MD. Dor	chester	C	ambrid;	7.0			LIMITS?			
	10s. STREET AND NUMBER				f. ZIP CODE		1	tXCXYES 2 □ NO			
RA	202 Wil	lic Ct		1"		2	10g. CITIZEN OF	WHAT COUNTRY?			
Z (1 MADITAL CTATUS								U.S.A.			
F	1 Never Married 2 Married	FORCES? 1 TYE	S 2 NO	13. WAS DEC	CENDENT OF HISPA secify Cuban, Maxic	NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.)	s or No— 14. RA	CE — American Indian, ick, White, atc.			
В	X Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		XXNO Speci			white			
	15. DECEDENT'S EDUCA	ATION						WHILE			
1	(Specify only highest grade of	ompleted)	18a. DECEDENT'S (Give kind of v	vork done during me to retired.)	ost of working	16b. KIND OF BU	SINESS/INOUSTRY				
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		ood wor		seaf	ood pac	kina			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			004 1101				KING			
$\mathcal{S}$	James L	owic			18. MOTHER'S NA	AME (First, Middle, Maiden					
BE		EWIS				Martha					
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
	Mrs. Annna Bell	e Birch	20:	2 Willi	s St.,	Cambridg	ge Md.	21613			
	20e. METHOO OF DISPOSITION  X X Burlel 2 □ Cremetion 3 □ Remov		06. PLACE AND DATE	F DISPOSITION (N	ame of	OATE 20c. LO	CATION — City or	Town, Slata			
	4 Donation S Other (Specify)	C C	Dorchss	ter Men	ı. Park	3/23 Can	nbridge	Md.			
	21. SIGNATURE OF FUNERAL SERVICE MCE	MSEE		22, NAME A	ND ADDRESS OF FA	ACILITY ITT	P				
	► A 1.50	247		700 1		Thomas	Funer	al Home			
	DO DARY I Serve the discussion			700 1	ocust.	SI. Cambr	ridge M	d .			
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	int only one cause on	ed the death. Do n aach lina.	ot antar the mo	de of dying, suc	ch as cardiac or resp	iretory arreat,	Approximata interval Batween			
	IMMEDIATE CAUSE (Final		1 -					Onset and Death			
	disease or condition resulting in death)	/	42C	VD				Sou 1/22			
		OUE TO (OR AS	A CONSEQUENCE OF	7):							
N	Sequentially list conditions, b.										
CERTIFICATION	If any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF	):							
0	CAUSE (Disease or injury										
=	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF	):							
E I	d.										
	PART II. Other significant conditions	contributing to death	but not resulting i	n the underlyin	a sauce alum In	Boot I Law was an					
EDICAL		The state of the s	but not readiting (	n the underlying	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ā						1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?			
Σ								1   YES 2   NO			
ž l											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	neck only one)					
S	the state of the s	I Inpatient 2 ER/Ou	tpatient 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Rasidenca	a Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCURED				
BY	1 Nillurei 5 Pending 2 Accident Investigation	(Month, Day, Year)	l lina		RK? (ES 2 NO						
	3 Suicide a Could not be	28a. PLACE OF INJUR	Y At home, farm, s	treat, factory, offic		28f. LOCATION (Street a	and Number or Rural	Route Number.			
回	4 Homicide determined	building, atc. (Sp	өспу)			City or Town, State)					
COMPLETED	290. CERTIFIER				V 100 00 100 100 100 100 100 100 100 100	71 - 71 - 71 - 71 - 71 - 71 - 71 - 71 -					
₹	(Check only one)	AN: To the best of my kno	wiedge, death occurre	d at the time, data	and place, and due	to the cause(a) and mar	mer as stated.				
8	2 MEDICAL EXAMINER:	On the beats of axaminat	on and/or investigation	i, in my opinion, d	eath occured at the	time, data and placa, an	d due to the cause	(s) and manner as stated.			
					29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)			
2	296. SIGNATURE AND TITLE OF CERTIFIER	- 0									
O BE	100	ser			1) (4-160	-	82=	897			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D			115165		82=	197			
	100	COMPLETED CAUSE OF D					82=	187			
	100	COMPLETED CAUSE OF D  A M  32. REGISTRAR'S SIG  GUMA DAVIDS	NATURE	Print) Nd 3/0			1822	£97			





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			THE STATE

**BALTIMORE, MARYLAND 21215-0020** 

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (Flist, Middle CF DE V	, Last)	Į.	$m_{V}$	e ns		a i		2. DATE OF DEATH MONTH D		YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	<u> </u>	IF UNDER			R 24 HRS.	03/22/19	993		3:53 A M
	212-24-7378	1 🔀 M 2 🗀 F		,	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 07/29/19	20	8. BIRTHPLACE (State or Foreign Country)	
	9e. FACILITY NAME (If not institution	n, give street and number)	/2		9b. CITY	TOWN C	R LOCAT	ION OF DE			9c. COUNTY OF DEATH	
8	WASHINGTON CO	UNTY HOSPI	TAT,					NWOT		WASHINGTON		
DIRECTOR	RESIDENCE OF DECEDE							7201121		1 112	DITTI	
<u>E</u>	MARYLAND		A.T	10c, CIT	Y, TOWN C	DR LOCAT	ION		D. G. T. C.			10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	WASHINGTO	.V		444	100	. ZIP COD		RSTOWN	100 00	CIZEN OF V	1 YES 2 NO
RA	11208 PEPPERE	USH CIRCLE	, APARTI	MENT A		"		21740		log. Cit	U.S.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMI			ARMED		WAS DEC			IC ORIGIN? (Specify Yes	or No-	14. BACI	- American Indian
B	1 Never Merried 2 Marrie 3 Widowed 4 Divorced		1 X) YES 2   WAR OR DATES WAR II	NO	1 11	l yes, sp	ecify Cubi	en, Mexicar Specify	n, Puerto Rican, etc.)		Speci	k, White, etc.  WHITE
9		'S EDUCATION at grade completed)		DECEDENT'S (Give kind of	USUAL O	CCUPATIO	ON st of unchi	lng.	16b. KINO OF BU	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondery (0-12)	College (1-4 or	5+)	life. Do NOT u	se retired.)	Jurning mo	SI DI WOIKI	ng				
MP	8			VA	N DR	IVEF				TEL		
	17. FATHER'S NAME (First, Middle, L						18. MOT		#E (First, Middle, Meiden			
BE	CHARLES A. MY  190. INFORMANT'S NAME (Type/Pris			405 844 8 84		100			NCHE C. CF			21740
2	MARGARET L. M								E, APT. A,		. ,	21740
	20e. METNOD OF DISPOSITION			CE AND DATE				,11\\_11	-		City or To	
	1)() Buriel 2 Cremetion 3 ( 4 Donation 6 Other (Special			E HILI				3/2	1			MARYLAND
	21. SIGNATURE OF FUNERAL SERV	A			22.	NAME AN	D ADDRE	SS OF FAC	ZILITY ZCOC			ional Pike
	Stewart .	Dralla	ın H. Ba						HOME Boor	sbor	0, M	
	23. PART I. Enter the disease shock, or heert for iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CARA	ouse on each i	Ine.			ae pray	ing, such	ee cerdiec or reepi	iratory er	rest,	Approximete Intervel Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated avents resulting in death) LAST  b. CORONARY ARTERY DISEASE OF:  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
	PART ii. Other significent co	nditions contributing t	o deeth but no	ot resulting	in the un	derlying	cause	given in I			24b	. WERE AUTOPSY FINGINGS
EDICAL	METABOLIC	ACIDOSIS	DA	RETE	M	EU	174	C	PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
Σ	CHRONIC O	BSTRUCTI	IE AU	MON	JAR	Y	DUE	ASO				DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MED	CAL				26. PL	ACE OF D	EATN (Che	ck only one)			
Sic	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 □ DOA	OTHER	1:			8 Other (Specify)			
Ě	27. MANNER OF DEATN	26e. DATE (	OF INJURY Day, Year)	26b. TIM	-	28c. INJ		T	28d. DEŞCRIBE NOW I	NJURY OC	CURED	
BY	1 Netural 5 Pendin 2 Accident Investig	9		100	M	1 🗆 1		□ NO				
- 8	3 Suicide 6 Could determ	Duligin	OF INJURY — At g, atc. (Specify)	home, lerm,	street, lect	ory, office			261. LOCATION (Street & City or Town, State)	and Numbe	r or Rural F	loute Number,
COMPLETED		PHYSICIAN: To the best (AMINER: On the basic of										) and menner as stated.
ш	296. SIGNATURE AND TITLE OF CE	RTIFIER	Λ			T	29c. LIC	ENSE NUM	BER	29d, DAT	E SIGNEO	(Month, Day, Year)
10 B	fanol Vot	Budgo	d.n				<u></u>	3889	'2	<b>)</b> ;	3/2:	2/93
-	AME AND ADDRESS OF PERS	ON WHO COMPLETED CA	MSE OF DEATH (I	TEM 27) (Type,	Print) HOW	511-	RI	. H	AGERTO L	1 M	() =	1740
	MAR 23 1993	40,000.	AR'S SIGNATURE	E.				,	2 4, 3, 5, 6	V)	-	. , .

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.					
	1. Decement's NAME (First, Middle, Last)  Donald Pichton Millon In			2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH				
	Donald Richter Miller, Jr	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	03 20 7. DATE OF BIRTH	93 12:10 Noon M				
	212-38-76-54 1 M 2 🗆 F	53 YRS.	MONTHS DAYS HOURS MIN.	Feb. 20, 1940	Maryland				
TOR	9a. FACILITY NAME (If not institution, give street and number)  Washington County Hospital RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DE Hagerstown		Nashington				
DIRECTOR	10a. STATE 10b. COUNTY Maryland Washington		y, town on Location Hagerstown		10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	10. STREET AND NUMBER 11346 Lakeside Drive Lot	42	10f. ZIP CODE 21.740	TIZEN OF WHAT COUNTRY?					
B∡	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 STATUS 3 Wildowed 4 Divorced IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1  YES 2 NO Specify	14. RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)  12 years			166. KIND OF BUSINESS/IN Mack Tru	1110.4-590				
NO.	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Meiden Surneme)					
BE C	Donald Richter Miller, Sr.			Marguerite Ho					
2	Cynthia A. Miller	11346	ADDRESS (Street and Number of Aural I Lakeside Drive	House Number, City or Town, State, Z Hagerstown,	Maryland 21740				
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE cometery, cremetery are Cedar Law	of disposition (Name of the place) In Memorial Park		City or Town, State				
))	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	wich	Gerald N. Minn Funeral Home	ich 305 N. F	Potomac Street own, Maryland				
	23. PART I. Enter the diseases, or complications that co	bused the death. Do							
	shock, or heart failure. List only one ceuse  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Mucca		Infavetic	>U	Interval Between Onset and Death				
Z	DUE TO (OR AS A CONSEQUENCE OF):								
CATIC	Sequentially list conditions, If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.								
CERTIFICATION	that initiated events resulting in death) LAST	AS A CONSEQUENCE O	F):						
	PART II. Other significent conditions contributing to de	eth but not resulting	In the underlying ceuse given in	Part I. 24s. WAS AN AUTOPSY					
MEDICAL	Ventricular	Tourla	tion	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
AN.	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER? HOSPITAL:	POutpetient 3 [] DOA	26. PLACE OF DEATH (Chi						
PHYSICIAN: ME	27. MANNER OF DEATH 28s. DAYE OF IN. (Moon), Day.	URY 286, TIM	4 Mursing Home 5 Pleatdence  RE OF 28c INJURY AT WORKS	28d. DESCRIBE HOW SHAPEY OF	COMED				
BY	1 Natural 5 Pending 2 Accident Investigation		M 1 YES I NO						
	3 Guicide 6 Could not be determined 286. PLACE OF 8 building, etc.	JURY — At home, farm, (Specify)	street, tectory, office	28f. LOCATION (Street and Number City or Town, State)	er or Plurel Route Mumber,				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of exam								
BE	286 SIGNATURE AND TITLE OFFICERTIFIER	MD	29c. LICENSE NUN		TE SIGNED (Month, Day, Year)				
2	30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (		4.5	1 Mal	5 20 / 5				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	illianspon	LI VILO					
- 1	MAR 23 1993	1							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages he filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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Linu

11346 Lakeside Drive has

Cedar Lawn Memorial Park 3/23/Hagerstown,

Gerald N. Minnich
Funeral Home

nnich 305 N. Potomac Stre-Hagerstown, Maryland

30+

Jocardial Infanction

icular Florilation

FOR STATE REGISTRAR

1, DECEDENT'S NAME (First, Middle, Last

1

BE

2

31. DATE FILED (Month, Day, Year)
MAR 2 2 1993

7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 5253 3 1 M 2 | F NOV.11,1931 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH WASHINGTON COUNTY HOSPITAL HAGERSTOWN FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION MARYLAND WASHINGTON HAGERSTOWN use as the burial-transit permit. 10e, STREET AND NUMBER 10f ZIP CODE EAST ANTIETAM 21740 STREET hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Ma IF YES, GIVE WAR OR DATES ΒY 3 Widowed 4 X Divorced KOREAN WAR COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest attending physician and completely filled in by the funeral director, page 5 should be detached for rital Hygiene prior to burial, cremation, or removal. Flementary/Secondary (0-12) College (1-4 or 5+) 12 MOTOR EQUIP. **OPERATOR** once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE IRVIN MANNING CLARA E. BROWN 100 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 DIANE MONGAN 06 POTOMAC ST BOONSBORO 9 20a. METHOD OF DISPOSITION 1 M Burlel 2 ☐ Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must nation 3 - Re-4 Donation ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
ANDREW K. COFFMAN FUNERAL HOME, INC. ANDREW K. lar 40 ANTIETAM ST. event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremati DIVISION OF VITAL RECORDS, P.O. BOX 68760, OA other traumatic CERTIFICATION Sequentially list conditions, O AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING UNENM CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 any injury. PART ii. Other significent conditions contributing to deeth but not recuiting in the underlying cause given in Part i. MEDICAL shows a PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 TES 2 e 5 Residence 6 Other (Specify) -0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? is marked, 5 Pending Investigation Natural 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be COMPLETED 28 4 Homicide Hem 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL I TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I

Amus

32. REGISTRAR'S SIGNATURE Dindenta

ED CAUSE OF DEATH (ITEM 27) (Type, Print)

M

H451CA

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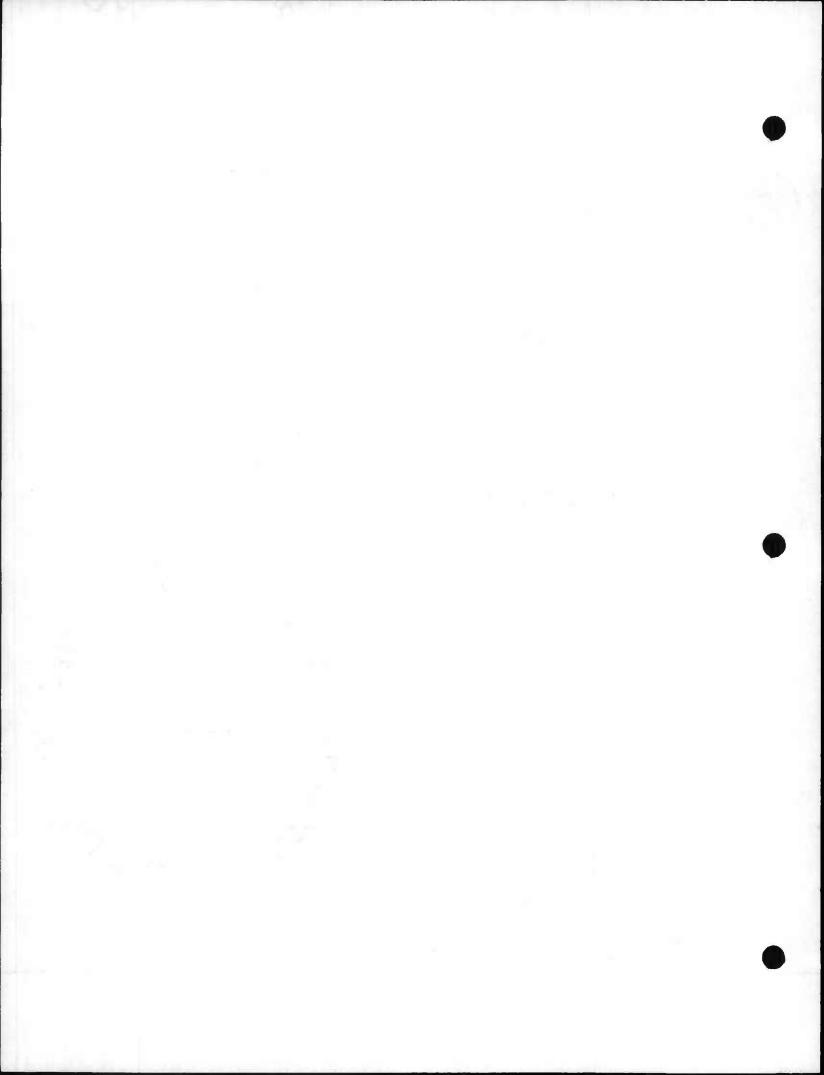
MANNEARL

CERTIFICATE OF DEATH

HOWARD MANNING

2. DATE OF DEATH

93 09464 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 3. TIME OF DEATH 42 8. BIRTHPLACE (State or Foreign VIRGINIA WEST 9c. COUNTY OF DEATH WASHINGTON 10d. INSIDE CITY 1 (X) YES 2 | NO 10g, CITIZEN OF WHAT COUNTRY? U.S.A 14. RACE — American Indian, Black, White, etc. WHITE LOCAL GOVERNMENT MARYLAND 20c. LOCATION — City or Town, State 3-21-93PAW PAW WEST VIRGINIA HAGERSTOWN MD.217 40 Approximete interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 | YES 2 00 OF DEATH? 1 ☐ YES 2 ☐ NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) to the cause(s) and manner as stated.

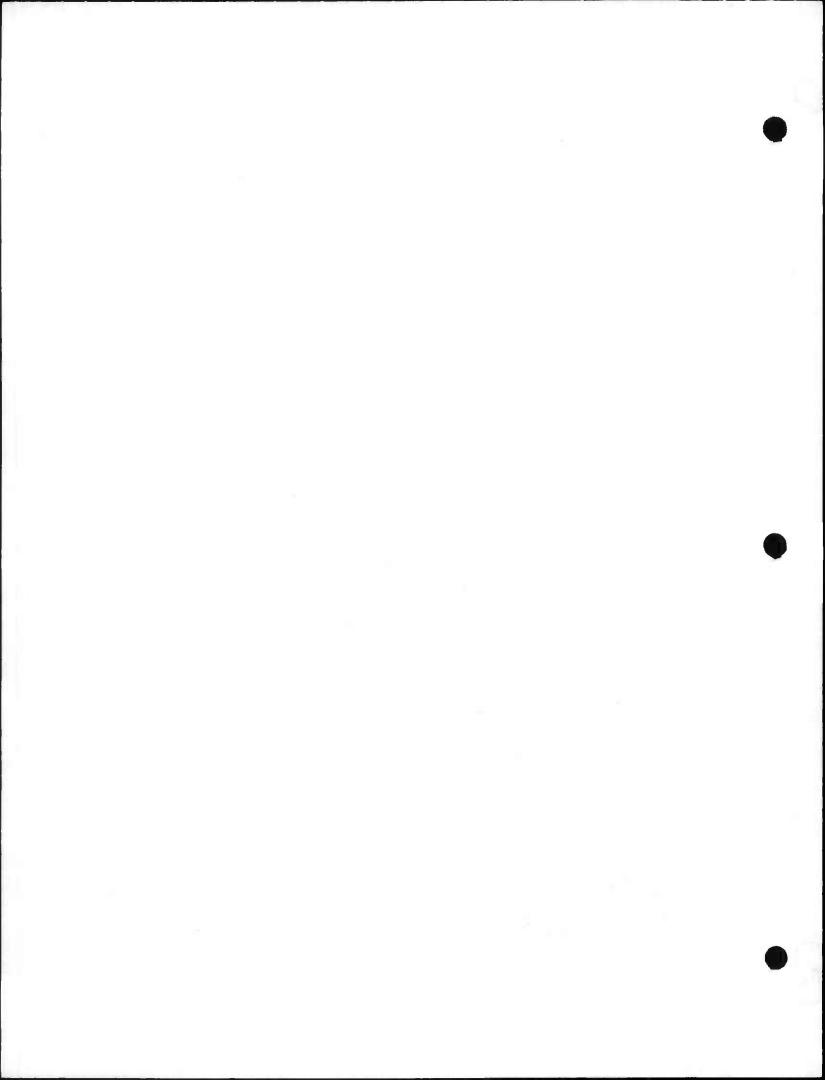


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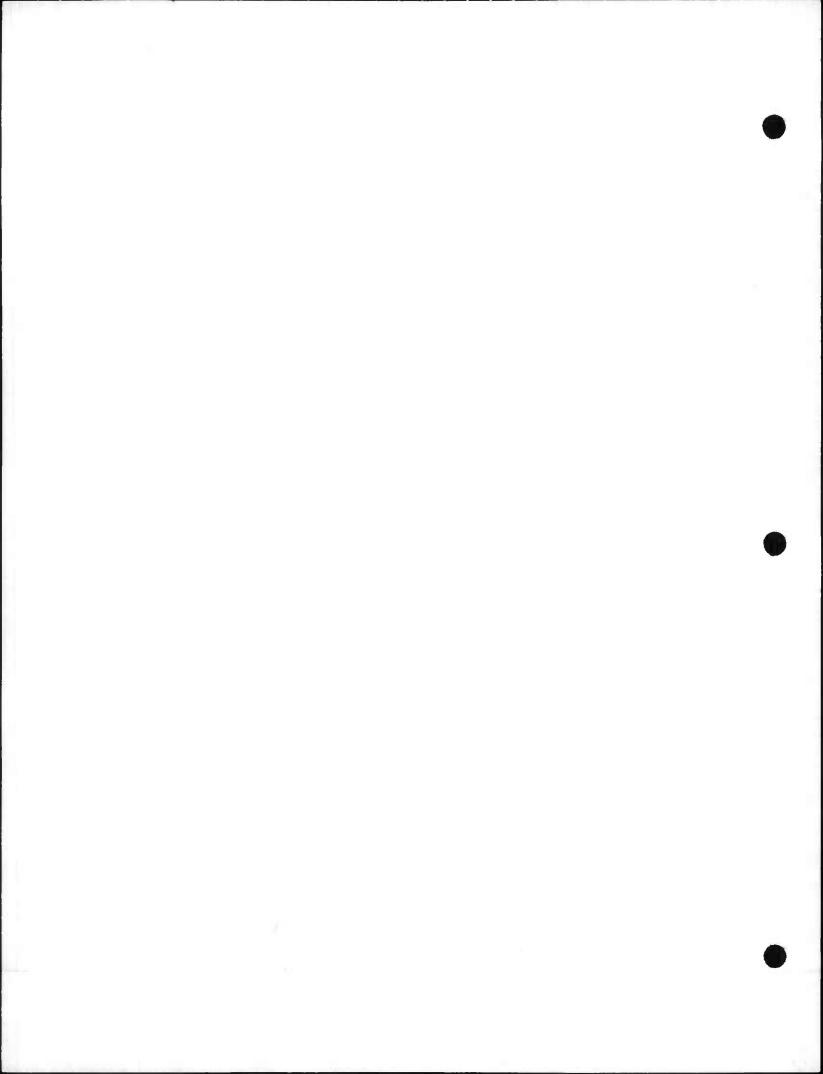
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	E OF MARYLAND / DEPA CERTI	ARTMENT OF H		NTAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last) FRANKUN C	Wranklin I	Luther Mil	es Sr.	DATE OF DEATH DAY	5 93	3. TIME OF DEATH
	4. SOCIAL SÉCURITY NUMBER S. SEX		MONTHS DAYS	HOURS MIN.		O17 Coun	HPLACE (State or Foreign try)
TOR	98. FACILITY NAME (If not institution, give street and number of the st		Hagerst	OWN	1	Washing	111 121
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland Washingto		c. CITY, TOWN OR LOCATION  Hagerstown				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
IERAL	100. STREET AND NUMBER 732 Maryland Avenue	101	21740		U.S.A.	WHAT COUNTRY?	
BY	1 Never Married 2 Married FORCE	DECEDENT EVER IN U.S. ARMED ES? 1 VES 2 NO S. GIVE WITH OR DATES TO WAT II	IED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:  Specify:				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (	T use retired.)	e during most of working				
OME	8 yrs.  17. FATHER'S NAME (First, Middle, Last)	Sheetm	etal Work	16. MOTHER'S NAME		ft Mfg.	
BE C	John Franklin Miles			Savannah		Moor	`e
9	19a. INFORMANT'S NAME (Type/Print)			nd Number or Rural Route			2.04540
	Lucille L. Miles  20a. METHOD OF DISPOSITION 1 String 2 Cremation 3 Removal from 5	20b. PLACE AND DAT	TE OF DISPOSITION /Na	venue Hag	DATE 20c. LOC	ATION — City or To	own, State
	4 Donation 5 Other (Specify)	Rose Hill		3-19-199		erstown,	Maryland
	Douglas A. Fiery	Sundard Fx	Dougla Dougla	s A. Fiery	y 133 Hagerst	own, Mar	n Blvd. Nort
	23. PART I. Enter the diseases, or compliceting shock, or heert failure. List only immediate cause (Final	one cause on each line.	o not enter the mo	de of dying, auch as	s cardiac or reapin	atory arreat,	Approximate interval Between Onset and Death
	disease or condition a	HSYSTO					/USTHAT
CERTIFICATION	cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE	Bagin OFI: OFI:	Des ba	se	CTON	18 Has
EDICAL	PART II. Other significant conditions contribu	uting to deeth but not reaulting	g in the underlying	ceuse given in Par	t f. 24s. WAS AN A PERFORM	NED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	3			-		1 YES 2 NO
SICI	EXAMINER? HOSPI	FAA.: lent 2 ER/Outpatient 3 DOA	OTHER:	ACE OF DEATH (Check of 5 - Residence 8 -	, , , ,		
	27. MANNER OF DEATH 28a.	DATE OF INJURY 28b. TI	TIME OF 28c. INJURY WO		d. DESCRIBE HOW IN.	JURY OCCURED	
M 2 Accident							Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the base of the control of the cont	a best of my knowledge, death occu					a) and manner as stated.
TO BE C	296. SHANDHE AND STILL OF KENTUFIER	FAMILY Pr	451cian	29c. LIGENSE NUMBER	067	29d. DATE SIGNED	(Month, Day, Year)
	31. DATE FILED (Month, Day, Year) 32. RI	EGISTRAR'S SIGNATURE	25 Hou	en Ref.	HAR	enstoa	v, ms
	MAR 18 1993 Tulis	indem-Rondalla					

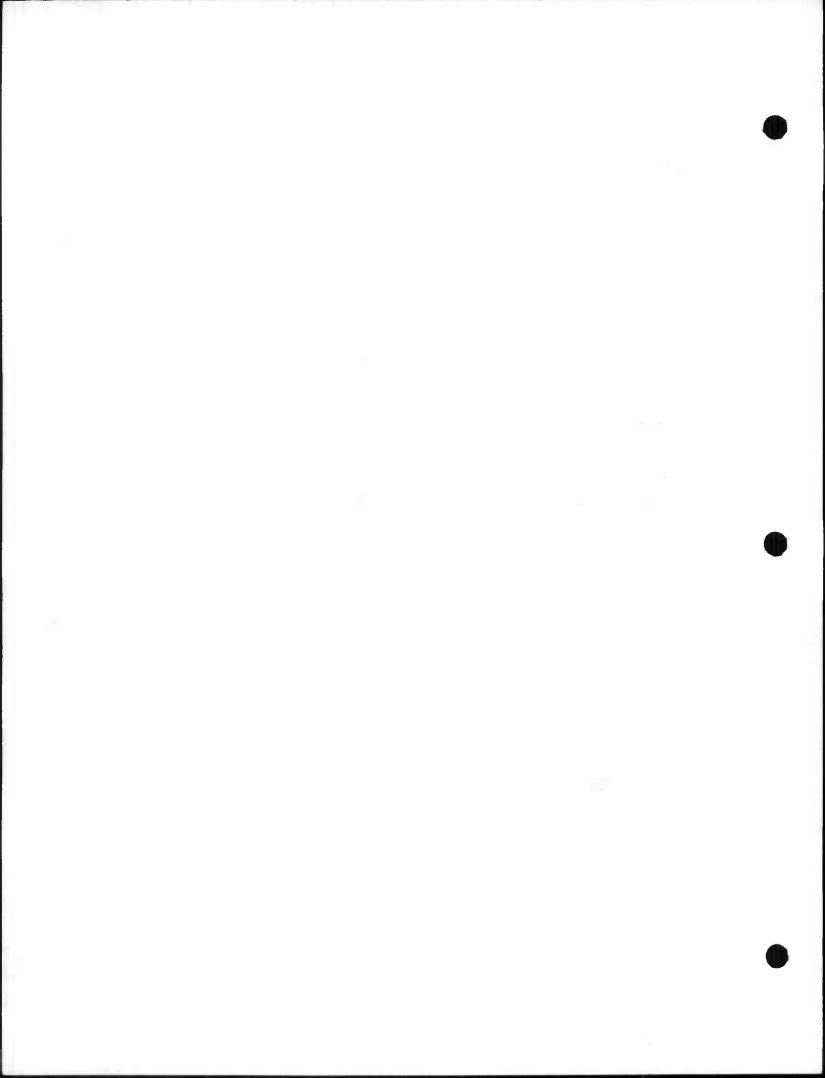


		HEGISTHAH		CERTIF	ICALE	OF DEATH	REG. NO.	•	
	- 3)	1. DECEDENT'S NAME (First, Middle, Last)	D- 1:	NA 77		·	2. DATE OF DEATH DO		3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	ve Pauline	Mullend In yrs. last birthday)	Ore IF UNDER 1	YEAR IF UNDER 24 HRS.	3 - ]		93 1:15 P M BIRTHPLACE (State or Foreign
	- 8	213-74-7847	1 M 2 / F	94 YRS.	-	DAYS HOURS MIN.	(Month, Day, Year)		Country)
A SEN		9a. FACILITY NAME (If not institution, give str	eet and number)	34	9b. CITY, T	OWN OR LOCATION OF DE	1-13-18	V	Maryland yor DEATH
	DIRECTOR	Reeders Memo	orial Home		Во	onsboro,		Wash	nington
4	REC	16a. STATE 16b. COUNTY		10c. CFT	Y, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS?
ait. P			Vashington		Ga	pland			1 TYES 2 X NO
020 physician. burlal-transit permit.	VERAL	3540 Rohrersville		101. ZIP CODE 21.736				N OF WHAT COUNTRY?	
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-train outlified at once.	BY FUNI	11. MARITAL STATUS 1  Never Merried 2  Merried 3  Widowed 4  Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ND If yes, specify Cuban, Mexican			n, Puerto Rican, etc.)	or No- 14	I. RACE — American Indian, Black, White, etc. Specify:
215-00 attending		15. DECEDENT'S EDUC	16a, DECEDENT'S	UPATION	16b. KIND OF BUS	SINESS/INDUS	White		
212 212 for us	ETE	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of Iffe. Do NOT u	work done du se retired.)	ring most of working			
ND Nospit	COMPL	8		Hom	emake:	r	Ow	n Home	<u> </u>
MARYLAND 2121 retained by the hospital or attention of the should be detached for use notified at once.		17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumeme)	
NRY ned by buid b	H	Preston R. Philli	.ps	105 MAII INC	ADDRESS A	Street and Number or Rural I	y Coulter	- C 7- C-	
MAR retained 5 should notified	2	Robert C. Mullend	lore			ans Road, B			
AE, nay be		20e, METHOD OF DISPOSITION 1 N Burial   2   Cremation 3   Remo	206.	PLACE AND DATE	OF DISPOSIT				and 21713 y or Town, State
Page 6 may all director, page must b	1	4 Donation 5 Other (Specify)	PY State   cem	etery, crematory or o	ither place) Le Hat	s Cemeterv	3/15/93 B	rownsv	ville, Maryland
BALTIMORE, MARN ter death. Page 6 may be retained to the funeral director, page 5 should yeal.		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE N.M.		22. NA	AME AND ADDRESS OF FA	7606		National Pike
BALT after death. by the funera moval.		20 Handon	John H.	Bast Jr	- BAS	ST FUNERAL	HC)IVIF:	sboro,	
# PE 3		23. PART I. Seter the diseases, or co shock, or heart failure. L	omplications that caused	the death. Do	not enter th	ne mode of dying, suc	h as cardiac or respi	ratory arres	t, Approximata
		IMMEDIATE CAUSE (Final disease or condition		1	/	1			Onset and Death
		resulting in death)	p end	- slage	de	menteu	-pull	uncy	
executed within and completely o burial, cremari	-		, 50E 10 (01 AS X	Consedigate o	۳).				
cortificate be executed nding physician and complygiene prior to burial, by other traumatte en	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEDUENCE O	F):				
BOX ficate be e physician ne prior to	2	CAUSE (Disease or Injury							
certificate ding physical phys		that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEDUENCE O	F):				
E 5 0 =	ᄬ	-	•						<u> </u>
AD at the by the mid Mi	DICAL	PART II. Other algnificant conditions	contributing to death be	ut not resulting	in the unde	erlying cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
COR ires that signed by fealth and	EDIC				_		1 🗆 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
Trequi	Σ						-		1 TES 2 NO
Las las Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (Ch	ack only one)		
VIT /	Sic	EXAMINER?	HOSPITAL:	atient 3 DOA	OTHER:	g Home 5 🗆 Residence			
	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	286. TIN		Bc. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUP	RED
NOING PHYS NOING PHYS T death with Is merked,	BY	1 Natural 5 Pending 2 Accident Investigation			М	1 YES 2 NO			
TS TE STORY	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factor	y, office	281. LOCATION (Street a City or Town, State)		Rural Route Number,
DIV TO THE HOSPITAL OR A TO THE FUNERAL OIRE be filed within 72 tours IMPORTANT: If Item		0001	CIAN: To the best of my knowl I: On the bests of examination						:ause(a) and manner as stated.
E HO	ВС	296, SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUN	IBER	29d. DATE S	HGNED (Month, Day, Year)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10 B	Khude	mt			D325	18	▶ 3.1	12-93
	-	30. NAME AND ADDRESS OF PERSON WHO							
		Dr. R. Guedenet,	100 Geeting		eedysv	ille, MD 2	21756		
		MAR 17 1993 4		ATURE					



BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physicia	the funeral director, page 5 should be detached for use as the burial-to	oval.
	ours at	in by	л гет
U	24 h	/ filled	tion, (
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ti	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

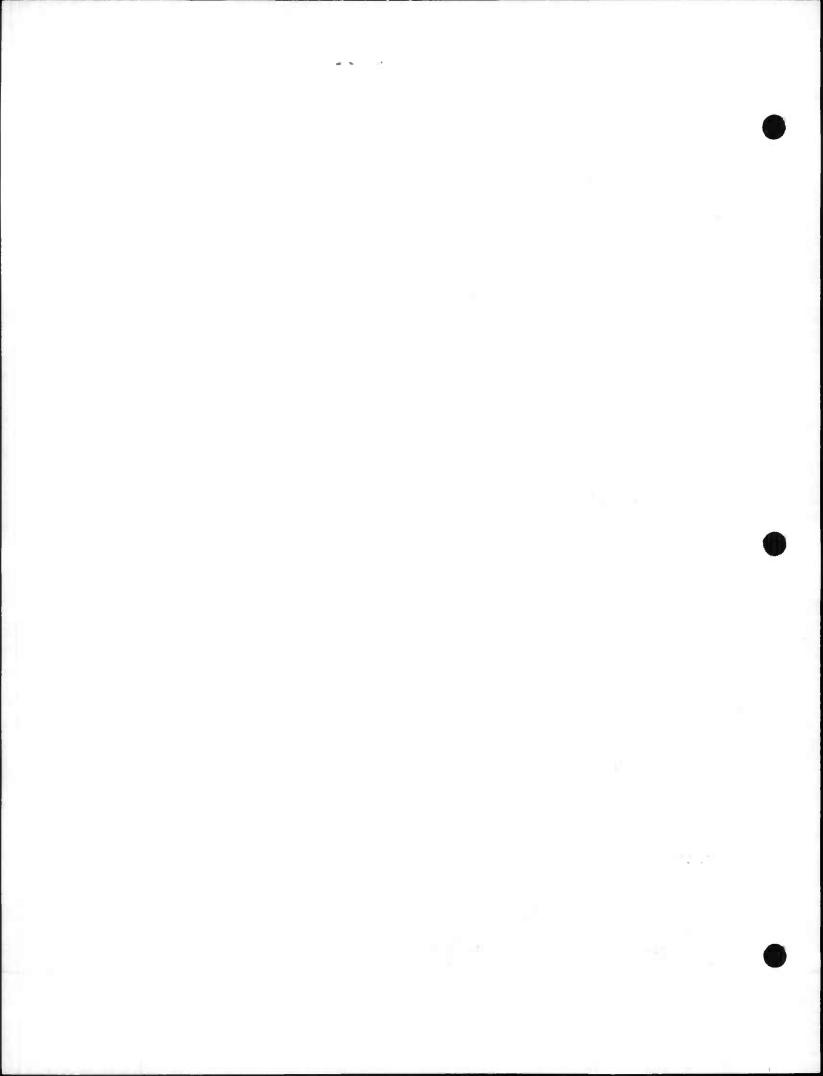
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las		CERTIF	RTMENT OF HEALT FICATE OF DEA	ATH	REG. NO.		
					MO	ATE OF DEATH HATH DAY		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. last birthday)	Marble FUNDER 1 YEAR FUND	ER 24 HRS. 7. DA	TE OF BIRTH	1993	BIRTHPLACE (State or Forei
	218-56-7241	1 🗆 M 2X🗆 F	36 YRS.	MONTHS DAYS HOURS	MIN. JU	Ly Doy Hoar) 19	56	D.C.
_	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCA	TION OF DEATH		9c. COUNTY	OF DEATH
ō.	4624 Mt Bri	ar Road		Keedys	zille		Washi	ngton
DIRECTOR	10a. STATE 10b. COUN			TY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	Md.	Washington		Keedysville				1 TYES 2 Y NO
FUNERAL	4624 Mt. Briar 1	Rd		101. 219 CO	21756			OF WHAT COUNTRY?
S S	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DECENDENT	OF HISPANIC ORI	GIN? (Specify Yes o		RACE — American Indian, Black, Whita, etc.
BY	1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2 X N	ben, Mexican, Puer O Specify:	to rican, etc.)	- 1	Specify:
	15. DECEDENT'S ED (Specify only highest gra		16a. DECEDENT	B USUAL OCCUPATION	. 1	16b. KIND OF BUSIN		White white
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	Itte. Do NOT u	work done during most of wor see retired.) .e. Helper	Nung	Gn	гоир Н	om <i>e</i>
COMPL	17. FATHER'S NAME (First, Middle, Last)		Car	<u> </u>	THERE NAME (C)			
BE C	Ernest F.	Marble		16. 110	Olive	st. Middle, Meiden St. J. Nels C	neme) N	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	G ADDRESS (Street and Numb Mt. Briar Ri	er or Rurel Route No	umber, City or Town,	State, Zip Cog	56
	Jack A. Marble			OF DISPOSITION (Name of				
	1 Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from Stata	cemptery, cransatory or	other plectremator	y 3-11-9	3 Smit	ths bur	g, Md.
	21. SIGNATURE OF TUNERAL SERVICE I			22. NAME AND ADDR	ESS OF FACILITY			
	nennis &	L. Kder	n	Davis Fu 12525 Br	nerax но adburu A	ime .ve. Smit	thsbur	a.Md. 2178
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS	S A CONSEQUENCE OF	)다: )다:				
O	PART ii. Other significant condition	one contributing to deeth	but not resulting	In the underlying ceuse	given in Part i.	24s. WAS AN AL	UTOPSY	24b. WERE AUTOPSY FINE
ਤੂ	DEPRESSION; MO					PERFORMI		AVAILABLE PRIOR TO COMPLETION DF CAI OF DEATH?
- C II			<del></del>					1  YES 2  NO
MEDICAL								
	25. WAS CASE REFERRED TO MEDICAL			26 PLACE OF	DEATH (Check pake	onel		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1X YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/O	utpatient 3 🗆 DOA	OTHER:	DEATH (Check only			
	EXAMINER?  1X YES 2 NO  27. MANNER OF DEATH		Y 28b. TIN	OTHER: 4   Nursing Home 5    AE OF 28c. INJURY AT WORK?	Residence 6 Ot		URY OCCURE	ED
BY PHYSICIAN:	EXAMINER?  1X YES 2 NO  27. MANNER OF DEATH  1 Netural 2 Accident investigation	1   Inpatient 2   ER/Oi  26a, DATE OF INJUR (Month, Day, Year  FOUnd: 3 - 9	28b TIN F UN	AE OF 28c. INJURY AT WORK?	Residence 6 On 28d. D	ther (Specify) DESCRIBE HOW INJ	) K DRU	GS
PHYSICIAN:	EXAMINER?  1X YES 2 NO  27. MANNER OF DEATH  1 Netural Pending	26a. DATE OF INJUING (Morith, Day, Year Found; 3 – 9 26a. PLACE OF INJUING (S)	17 28b. 7h 17) 28b. 7h 1 93 11: ( 197 — Al home, farm, pecify)	AE OF 28c. INJURY AT WORK?	Residence 6 0 01  28d. 0  NO SUB  26f. LC	DESCRIBE HOW INJ  JECTTO  OCATION (Street and fly or Town, State)	OK DRU d Number or R 1624 M	GS brel Route Number, t. Briar Ro
TED BY PHYSICIAN:	EXAMINER?  1X YES 2 NO  27. MANNER OF DEATH  1 Netural  2 Accident  3 X Suicide  4 Homicide  Could not be detarmined	26a. PLACE OF INJUR 26a. P	28b. Tih 1 - 93 11: ( 1977 — Al home, farm, pocify) ESIDENCE	OTHER: 4   Nursing Home 5X   THE PROPERTY OF T	Residence 6 0 01  28d. 0  S U B  26f. Lc  C  K C C	DESCRIBE HOW INJ B J E C T T O C OCATION (Street and try or Town, State) // d y s v i ] ] e	OK DRU d Number or A 4624 M	G S Jornal Route Number,
TED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 2 Accident 3 Sudcide 4 Homicide  29a. CERTIFIER (Check only)  1 CERTIFVING PHY	26a. DATE OF INJUING (Morith, Day, Year Found; 3 – 9 26a. PLACE OF INJUING (S)	Y 28b. Tile 1) - 93 11:( 19Y - Al home, farm, pecify) ESIDENCE owledge, death occurr	OTHER: 4   Nursing Home 5X   AF, OF JURY   AF, OF JURY   AF, OF JURY   AF, OF JURY   AF, OF JURY   AF, OF JURY   AF, OF JURY   AF, OF JURY   AF, OF JURY   AF, OF JURY   AF, OF JURY   AF, OF JURY   AF, OF JURY   AF, OF J	Residence 6 Ot 28d. C SUB 26f. L Kee cs. and due to the de	DESCRIBE HOW INJ  JECT TO  OCATION (Street and ify or Town, State) /  d y S v i ] }  Couve(e) and manne	OK DRU d Number or R 4624 M e. Mar	GS umil Acute Number, t. Briar Ro vland
E COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural  2 Accident  3 Sulcide  4 Homicide  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	26a. DATE OF INJUR (Morth, Day, Year Found: 3 - 9 26a. PLACE OF INJUBUINING SEC. (Sy FOUND: R SICIAN: To the best of my knowner. On the basis of examinat	Y 28b. Tile 1) - 93 11:( 19Y - Al home, farm, pecify) ESIDENCE owledge, death occurr	OTHER: 4   Nursing Home 5X   14   Nursing Home 5X   14   Nursing Home 5X   14   Nursing Home 5X   15   VES 2   15   VES 2   16   VES 2   17   VES 2   18   VES 2   19   VES 2   19   VES 2   19   VES 2   19   VES 2   19   VES 2   19   VES 2   19   VES 2   10   VES 2   10   VES 2   10   VES 2   11   VES 2   12   VES 2   13   VES 2   14   VES 3   15   VES 4   16   VES 4   17   VES 5   18   VES 5   19   VES 6   19   VES 7   19   VES 7   19   VES 8   19   VES 8   19   VES 9	Residence 6 Ot 28d. C SUB 26f. L Kee cs. and due to the de	DESCRIBE HOW INJ  JECT TO  OCATION (Street and ify or Town, State)  dysville  ceuse(e) and manne sta and place, and of	Number or R 1624 M 2 Mar ar as stated.	GS umil Acute Number t. Briar Ro vland
D BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 2 Accident 3 X Suicide 4 Homicide  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	26a. DATE OF INJURY (Morith, Dey, Year Found: 3 - 9 26a. PLACE OF INJURY (Morith, Dey, Year Found: 3 - 9 26a. PLACE OF INJURY (Morith, Dey, Year Found: 3 - 9 26a. PLACE OF INJURY (Morith, Dey, Year No. 1) 26a. PLACE OF INJURY (Morith, Dey, Year No. 1) 26b. PLACE OF INJURY (Morith, Dey, Year No. 1) 26c. DATE OF INJURY (Morith, Dey, Year No. 1) 26c. DATE OF INJURY (Morith, Dey, Year No. 1) 26c. DATE OF INJURY (Morith, Dey, Year No. 1) 26c. DATE OF INJURY (Morith, Dey, Year No. 1) 26c. DATE OF INJURY (Morith, Dey, Year No. 1) 26c. DATE OF INJURY (Morith, Dey, Year No. 1) 26c. DATE OF INJURY (Morith, Dey, Year No. 1) 26c. DATE OF INJURY (Morith, Dey, Year No. 1) 26c. DATE OF INJURY (Morith, Dey, Year No. 1) 26c. PLACE OF INJ	Y 28b. The P 28b. The P 28b. The P 28b. The P 3 11: (17b. The P 28b. The P 38	OTHER: 4   Nursing Home 5X   14   Nursing Home 5X   15   28c. INJURY WORK? 1   YES 2 15   YES 2 15   YES 2 15   YES 2 15   YES 2 16   YES 2 17   YES 2 18   YES 2 18   YES 2 19   YES 2 19   YES 2 19   YES 2 10   YES 2 10   YES 2 10   YES 2 11   YES 2 12   YES 2 13   YES 2 14   YES 2 15   YES 2 16   YES 2 17   YES 2 18   YES 2 18   YES 3 18	Residence 6 Ot 28d. D SUB 26f. L C Kee ce, and due to the curred at the time, di	DESCRIBE HOW INJ	OK DRU d Number or R 1624 M 2 Mar er as stated. dua to the ca	GS  t. Briar Rov Vland  use(e) end menner ea stat



DHMH-18 Rev 1/89

DATE OF THE PARTY OF THE PARTY	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dent, of Heath and Mental Hyniere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	irs after death.	in by the funera	edical exami
	4 within 24 hou	mpletely filled cremation, or	rvent, the m
	ate be executed	ysician and co	traumatic o
	death certifica	e attending ph lental Hygiene	ury, or other
	quires that the	Health and M	ows any inj
	N: The law red	icate has been State Deot. of	Item 23 sh
	NG PHYSICIA	fter this certification with the	marked, or
	OR ATTENDI	DIRECTOR: A	Item 28 is
	TO THE HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Deot, of Health and Mental Hvollene prior to burial, cremation, or namonal	IMPORTANT: If

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH														
	Jervis H. Moore											Marc. 21,1993			
- 1	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. In		st birthday) IF UNDER		1 YEAR	YEAR IF UNDER 24 HRS.		7 DATE OF BIRTH		a BIRTH		PLACE (State or Foreign	
0	202-01-1051		17€XM 2 □ F 86		YRS.	MONTHS	DAYS	MYS HOURS MIN.		January 30		,1907 Berwyn, PA		rwyn. PA	
	9a. FACILITY NAME (If not institution, give st					9b. CITY	TOWN (	OR LOCATE	ON OF DE		7	_			
Œ	Perry Point V.A. Medical Center					96. CITY, TOWN OR LOCATION OF DEATH Perry Point  Gecil									
	RESIDENCE OF DEC		06611												
DIRECTOR	Delaware New Castle					10c. CITY, TOWN OR LOCATION 10d. INSIDE								10d. INSIDE CITY LIMITS?	
	Delaware	Wilmington									1 YES 2 NO				
A	100. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEI			ZEN OF W	HAT COUNTRY?		
띮	316 Fourth Avenue							198	80			U.	S.A.		
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARK FORCES? 1 X YES 2 N					13.	WAS DEC	ENDENT (	F HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian,	
ВУ	IF YES, GIVE WAR OR DATES					If yes, specify Cuben, Mexican, Puerto Rican, etc.)  □ YES 2 NO Specify: Specify:						, white, etc.			
	3 Wildowed 4 Divorced WW II									WILLE					
COMPLETED	(Specify only highest grade completed) (Giv					EDENT'S USUAL OCCUPATION  No kind of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY			DUSTRY		
۳	College (1-4 or 5+)					Do NOT use retired.)				D 11 W . 1 G					
M I					chinest				Budd Metal Cor				pany		
8	17. FATHER'S NAME (First, Middle, Last) William J. Moore									NAME (First, Middle, Maiden Surname)					
BE			Jeannie C. Harper												
ဥ	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
	Doris Doyle			1	5/ E.	7 Elkmoore Road El				kton,	MD	2192	1		
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ramoval from State 20b. PLACE Al					ND DATE OF DISPOSITION (Name of natory-or other place)				DATE			City or Ton		
	4 Donation 5 Other (Specify) R.A. Ferris & CO 3/23 West Chester,											r, PA			
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home									
	" Kobert A Craw					127 S. Main St. North East, MD 21901									
	23. PART I. Enter the di	seases, or c	complications the	it caused the de	ath. Do n	ot enter	the mo	de of dy	ing, suci	h as cardiac	or respi	ratory an	rest,	Approximata	
	shock, or he IMMEDIATE CAUSE (Fir	eart failure.	List only one cau	use on each line										Interval Between Onset and Death	
							Ob (maumon-'a)							40	
i	resulting in death)  a. (pneumonia)  Due to (on as a consequence of:												100-		
z I															
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):														
3	cause. Enter UNDERLYING CAUSE (Disease or injury														
	that initiated events		DUE TO	(DR AS A CONSEC	WENCE OF	າ:									
6	resulting in death) LAS	' L.	d												
	PART II. Other aignifica	nt condition	s contributing to	death but not n	esuiting i	n the un	derivin	o cause o	alven in	Part I 24	WAS AN	ALITOPEV	245	WERE AUTOPSY FINDINGS	
8	PART II. Other algnificant conditions contributing to death but not res					g and an analysis great in the				Part I. 24s. WAS AN AUTOPSY PERFORMED?			240.	MAILABLE PRIOR TO COMPLETION OF CAUSE	
EDICAL	Densha										1 □ YES 2 NO			OF DEATH?	
Σ	Denendra 1 - YES 2X NO														
CIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
ᅙ	EXAMINER? HOSPITAL: OTHER:														
PHYSI	1 TES 2 NO		-	ER/Outpatient 3			_		eldence	6 Other (Sp					
	27. MANNER OF DEATH  1 2 Natural 5 Pending  1 Natural Pending					28b. TIME OF 28c, INJURY WORK?			RK?			RIBE HOW INJURY OCCURED			
à l	2 Accident Investigation 3 Suicide 8 Could and be 28e. PLACE OF INJURY — Al hon				1 125 2 NO			J NO							
	3 Suicide 8 Could not be determined 286. PLACE OF INJURY — All home building, etc. (Specify)					ne, rarm, street, ractory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ii I															
릴	(Check only		CIAN: To the best of												
COMPLET	2 MEDI	CAL EXAMINE	R: On the beals of a	xamination and/or i	nvestigatio	n, in my o	pinion, d	eath occur	ed at the	time, data and	place, an	d due to th	ne cause(s)	and manner as stated.	
w II	296. SIGNATURE AND TITLE OF CENTIFIERY					29c, LIC			ICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
	duas	sus Morreduce				)			D38679			3/21/93			
	30. NAME AND ADDRESS OF			SE OF DEATH (ITEM	4 27) (Type,	Print)							,		
	EUSAN FRI			VAMC, I	PERRY	POI	NT,	MD.	2190	02					
31. DATE FILED (Month, Day, Year) 632. REGISTRAR'S SIGNATURE															
1	MAR 23 '93	)	guna van	ason-Maria											



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0 D	Mental Hygiene prior to burial, cremation. or removal.	:
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE NEW THE PROCESS. THE RISE certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit expenses and librarial kindles and librarial kin	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-training and Mariat Human After the Prince P

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		021111110	AIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
-	ALBERT KNIGHT	MURRAY				3 13	93	7:45Pm		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8, BIRTI Count	IPLACE (State or Foreign		
	214189001	½ M <sup>2</sup> □ F 73	YRS.			4 26	19 M	äryland		
~	9e. FACILITY NAME (If not institution, give s				R LOCATION OF DE		9c. COUNTY OF E	DEATH		
DIRECTOR	Perry Point VA Me	dical Center	. F	Perry F	oint, Mo		Cecil			
	10a. STATE 10b. COUNT		19c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
		huylkill	M	cAdoo				1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZEN OF			
N N	508 East Grant St					18237	U.S			
2	1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 X YES	N U.S. ARMED	If yes, sp	cify Cuban, Mexican	IC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	Blac	E — American Indian, k, White, etc.		
B	3 Widowed 4 Divorced	W.W. II	MATES	1 🗆 YES	2  ☐ NO Specify		Spec	White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USU (Give kind of work			16b. KINO OF BUSH				
9	Elementary/Secondary (0-12) Twelve Years	College (1-4 or 5+)	ille. Do NOT use ret	lired.)	a di Wallang	V.A.Medi				
ž	17. FATHER'S NAME (First, Middle, Last)		Registr	ar		Perry Po		ryland		
- 1		H. Murray			18. MOTHER'S NAI	Me (First, Middle, Meiden St Mary Store				
N N	19a. INFORMANT'S NAME (Type/Print)	. Harray	19b. MAILING ADO	ORESS (Street a	nd Number or Rural R	loute Number, City or Town,				
2	Marie Cavalier Mu	rray				oo, Pennsyl		3237		
	20a, METHOD OF DISPOSITION	Comi from State	D. PLACE AND DATE OF DE	SPOSITION (Na			ITION — City or To			
	XX Burial 2 Cremation 3 Removal from State    A   Donation 5 Other (Specify)									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Lee A. Patterson & Son Funeral Home										
	pennop	willoth	-Svi	Perry	ratters ville. Ma	SON & SON F	uneral i	iome		
HILLAHON	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onset and Death of the condition of the conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events of the conditions) of the conditions of the con									
CER	resulting in death) LAST	d								
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	s contributing to death b	out not resulting in th	ne underlying	cause given in	Part I. 24a. WAS AN AI PERFORM	ED?	WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)				
2	1 TES 2 NO	1 M Inpetient 2 □ ER/Out		HER: Nursing Hom	5 - Residence	8 Other (Specify)				
2 20	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WO	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW INJ	TURY OCCURED			
	3 Suicide 8 Could not be determined	26a. PLACE DF INJURY building, etc. (Spe	f — At home, farm, stree cify)	t, factory, office		28f. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,		
281. COCATION (Street and Number of Rural Route No.  4   Homicide										
	296. SIGNATURE AND TITLE OF CHRYSTE									
	7 //	1	Tider o		29c. LICENSE NUM	877	3	(Month, Day, Year)		
2	10. HAMP AND ADDRESS OF PERSON WH	D COMPLETED THUSE OF DE	EATH (ITEM 27) (Type, Prin	()	01-0		0/1-	16.5		
ļ	PETER LOPRESTI,	M.D., VAMC F	ERRY POINT	MD .	21902					
{	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	HATURE Widson-Randall	0						
	MAR 1 7 '93	Julia Da	udson-yanas	<u> </u>						



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BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	e ector, page 5 should be detached for use as the burial-transit permit.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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29b. SIGNATURE AND TOUR OF

9

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ELVA В. MILLER March 993 a M 9:16 5. SEX 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Pay Year) 910 IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) 1 - MX X F DAYS HOURS 82 215-18-8237 PA 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Memorial HOspital Cumberland Allegany 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Mineral Fort Ashby, 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O.Box 478 USA 26719 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri 1 TES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ Specify: white 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) homemaker unknown own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) T Thomas S. Blacklin Sr. Eleanora Grimes BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 P.O.Box 470 Fort Ashby, WV 26719 Mrs. Winifred Hahn pe 20a. METHOD OF DISPOSITION

1 □ Burlal 2 ☑ Cremetion 3 □ Ramoval from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Smithsburg Crematory 3-12 Smithsburg, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502 medical 23. PART I. Enter the diseases, or complicat de of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only Interval Betwe IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) event, or other traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Injury, PART II. Other significant contributing to death but set resulting in the underlying cause given in Part I. BY PHYSICIAN: MEDICAL 34s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO marked, or Item 23 shows any COMPLETION OF CAUSE t ☐ YES 2 M NO OF DEATHY 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one OTHER 1 TYES 21 Inpetient 2 - ER/Outpetient 3 - DOA te 5 🗆 Residence 6 🗆 Other (Specify) 27 MANIMER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 26c, INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) æ COMPLETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be 4 Homicide

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21502 Dr. Terry Williams, Memorial Hospital Medical Building. 31. DATE FILED (Month, Day, Year)
MAR 16 1993 2. REGISTRAR'S SIGNATURE

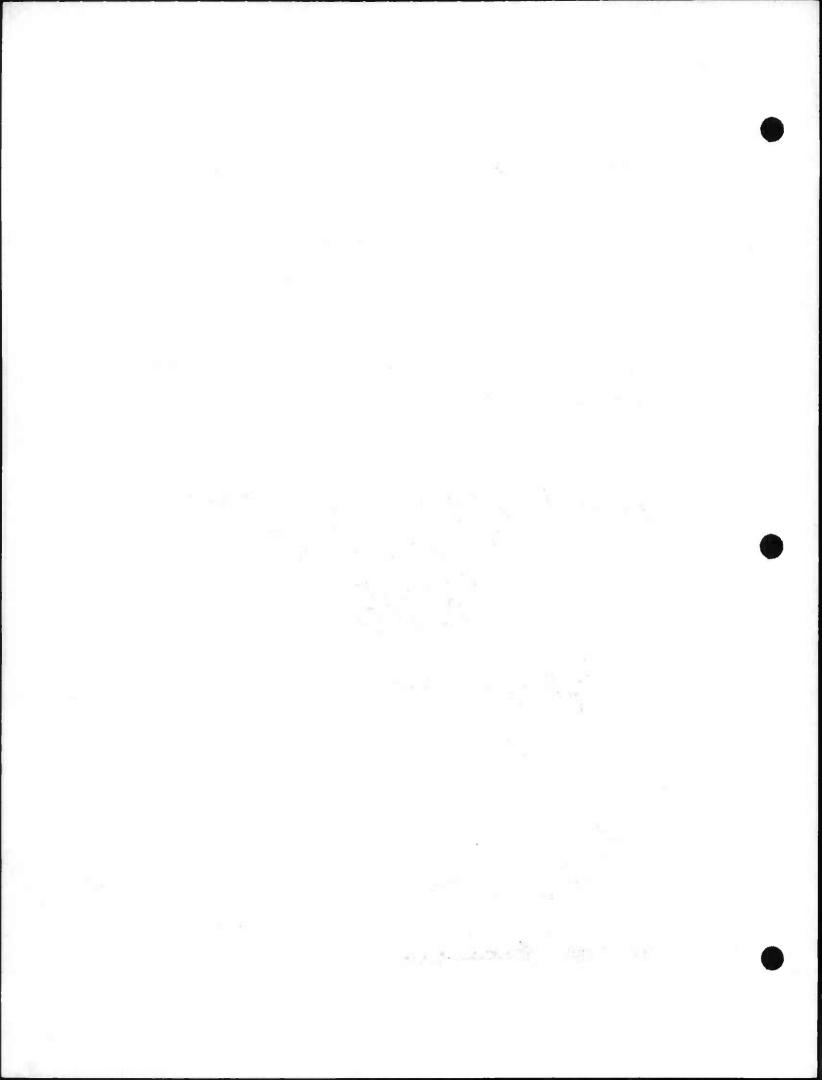
WEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

D 16041

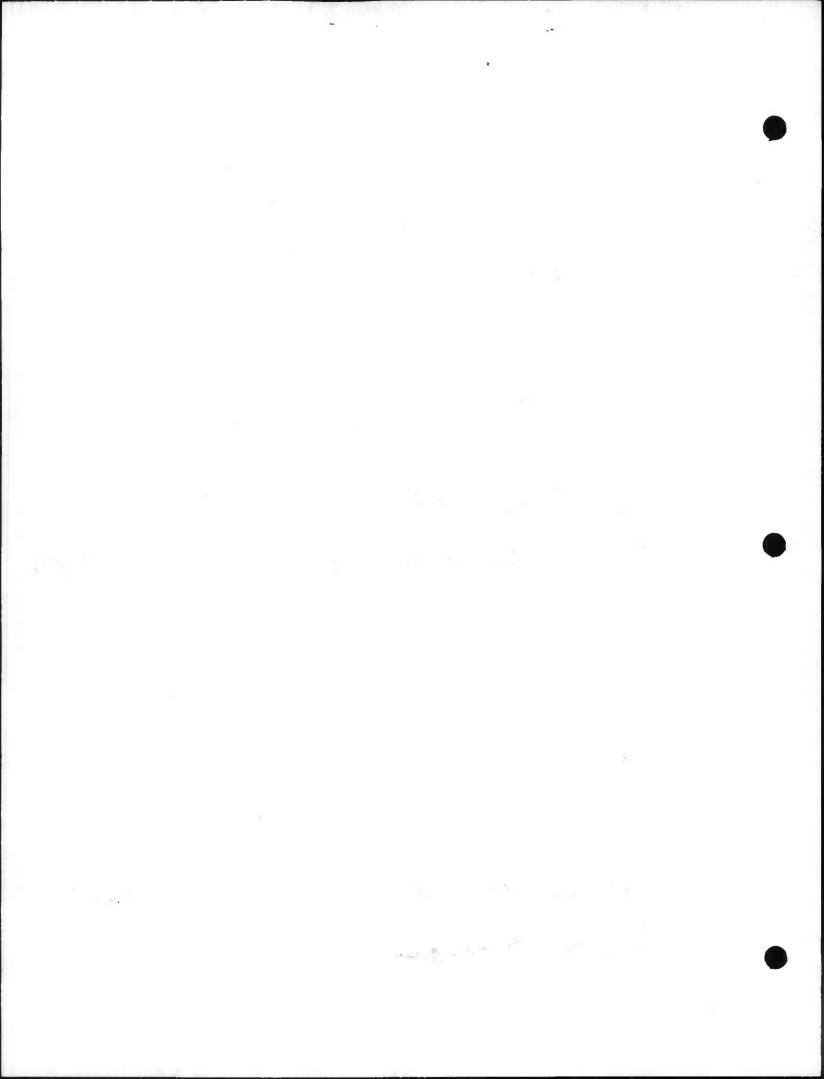
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attated.

29d. DATE SIGNED (Months Day, Year)



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cernation, or removal.  IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	Į

1	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF I	DEATH			3. TIME OF DEATH
	V		BLANC	HE	M. MAN		MAN	NUEL		March			93	5:10 ам
	4. SOCIAL SECURITY NUMBER 220-10-94				AGE (In yrs. lest birthday) 85 YRS.		DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign Country)		HPLACE (State or Foreign ry)
	9e. FACILITY NAME (If not institution, give street and number)				1110.	9h CIT	***			WV				
DIRECTOR	Memorial Hospital										egany			
[[	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY					Y, TOWN	001004	TION						
8	MD	INTERNAL DESCRIPTION OF THE PROPERTY OF THE PR					erla							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		-		f. ZIP CODI				10a CIT	TIZEN OF N	1X YES 2 NO WHAT COUNTRY?			
ER	100 E. Fi	rst St	reet					215					JSA	THE COUNTRY
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1 YES 2 N				ARMED 13. WAS DECENDENT OF HISPAN			IC ORIGIN? (S	pecify Yee	or No—		k, White, etc.		
D BY	3 Widowed 4 Dive		IF YES, GIVE V	AR OR DATES			1 TYE	2 📉 NO	Specify				Spec	"white
TE	(Specify onl	EDENT'S EDUC y highest grade	CATION completed)	(	ECEDENT'S Give kind of	work done	during m	ON ost of working	g	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (C unknown	0-12)	College (1-4 or 5	·)	homer						own	home		
NO	17. FATHER'S NAME (First, M	liddle, Last)						16. MOTI	ER'S NAI	ME (First, Middle				
BE C	Solomo	n Ells	worth Hel	ob						ice M			oma	S
TO B	19a. INFORMANT'S NAME (	.,		1	9b. MAILING	ADDRES	S (Street	and Number	or Rural F	loute Number, C	ity or Town	, State, Zi	p Code)	
- 1	Mrs. Coll		rris_			-			Cumb	perland	OM E	2150	02	
	20a. METHOD OF DISPOSIT  1 ▼ Burtel 2 □ Crematic  4 □ Donetion 5 □ Other	annual and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second an					ATION — City or Town, State Lintstone, MD							
	21. SIGNATURE OF FUNERA	11	22.		ND ADDRES		neral	Homo						
	you	est	XICE	wal	NC:		Cum	berla	ind.	MD 215	502			
	23. PART I. Enter the dehock, or he immediate CAUSE (Fir disease or condition resulting in death)	eart retiure.	Example control of th	se on each iin	10.							ratory ar	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.													
	PART II. Other aignifica	nt condition	s contributing to	death but not	resulting	in the u	nderlyin	g ceuse g	lven in i	Part i. 24a	. WAS AN		24b	. WERE AUTOPSY FINDINGS
MEDICAL										10	YES 2	0		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
														1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	o MENICO: T												
Ö	EXAMINER?	O MEDICAL	HOSPITAL:			OTHE	R:			ck only one)				
ξ	27. MANNER OF DEATH		28e. DATE OF	ER/Outpatient	3 LI DOA				sidence	6 Other (Spe				
- 4	1 Natural 5	Pending	(Month, D			URY M	W	JURY AT ORK? YES 2	NO NO	28d. DESCRIE	BE HOW IN	IJURY OC	CURED	
ED BY	2 Cutate	Could not be	28e. PLACE O	F INJURY — At h	ome, farm,	street, fac				261. LOCATION	N (Street as	nd Number	r or Rural F	Route Number,
	4 Homicide	determined		otal (oposity)						City or To	wn, State)			
COMPLET	(Check only one) 2 MEOI	TEYING PHYSIC	CIAN: To the best of R: On the basic of ex	my knowledge, d	eath occurr	ed at the	time, date	end place, leath occur	end due	to the cause(a)	and men	ner as star	ted. he cause(e	e) end menner se stated.
	296. SIGNATURE AND TITLE		$\overline{}$						NSE NUM					(Month, Day, Year)
TO BE	vill	lan		n M	, ,			D 2	25406	6			2-7	00
-	Dr. Willi						mber	land.	, MD	2150	2	`		
	31. DATE FILSD (Month, Day, May) 33 EG STRAR'S SIGNATURE													



	FOR
l	STATE
٠.	REGISTRAR

1 - STATE REGISTRAR		SIAIE OF I	MAHYLA					DEAT		MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First	t, Middle, Last)										OF DEATH			3. TIME OF DEATH
ADA NEWCO		- Ada		Rut	h	NEWCOMER			MARCH 19, 199			993	9:55P.M. M	
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In	yrs. last b	oirthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	(Monti	OF BIRTH h, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
215-01-9921		1 M 2 SF	92	2	YRS.		Carro	HOUNS	mirro.	Mar.	3,1901	L		souri
9a. FACILITY NAME (If not in	nstitution, give str	set and number)			$\Box$	9b. CITY	TOWN 0	R LOCATIO	ON OF DE	EATH		9c. COU	NTY OF D	EATH
Homewood F	Retirem	ent Cent	er			h	illi	lamsp	ort			h	VASHI	INGTON
RESIDENCE OF DEC	10b. COUNTY				40- 0073	r. TOWN C								
Maryland		ington						sport					1	10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		Tilgcon			- 17	AATTT	_	<u> </u>						1 YES 2 NO
15230 Cle		ing Rd.				_	107.	ZIP CODE	1795 21795	5		10g. CIT		VHAT COUNTRY? ISA
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT				2 XNO	EO	- 1	f yes, spe	ENDENT O	n, Mexica	in, Puerto I	f? (Specify Yes Rican, etc.)	or No—	14. RACI Blaci Speci	— American Indian, k, White, etc. my: White
15. DEC (Specify onl	DEDENT'S EDUC by highest grade of	ATION completed)	1	16a. DECE (G/ve	kind of w	rork done i	CCUPATIO	N st of workin	107	16b	. KIND OF BUS	INESS/INI	DUSTRY	
Elementary/Secondary (0	0-12)	College (1-4 or 5	+)	Me. D	sewi	e retired.)					Н	ome		
17. FATHER'S NAME (First, M								18. MOTH	HER'S NA	ME (First, I	Middle, Maiden	Sumama)		
Willi		Adalaska	3		bons				Matt.		_		Abge	er
19a. INFORMANT'S NAME (Type/Print) Hazel G.Duncan  19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1029 Etherton Dr. St.Louis MO 63126														
20a. METHOD OF DISPOSIT	on 3 🗆 Remo	val from State		LACE AN						OAT			City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    Constitute of Funeral Service Licensee   Constitute of Funeral Service Lic													
D 11/01	or /	M.A	slo								OME liamsp	ort.N	MD 21	1795
23. PART I. Enter the d	liseases, or co	omplications the	t coused t	the deat	h. Do n									Approximate
iMMEDIATE CAUSE (Fir disease or condition resulting in death)		iat only one ceu	Sta	ke	€									interval Between Onset and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ing c	oue to	(OR AS A C		ENCE OF	105	(5							
PART II. Other significa	/	contributing to	death but	t not res	sulting in	n the un	derlying	cause g	jiven in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	-	HOSPITE					_	ACE OF D	EATH (Ch	eck only or	10)			
1 VES 2 NO		HOSPITAL:	ER/Outpat	tlent 3 🗆	DOA	OTHE#		5 🗆 Re	sidence	6 🗆 Othe	r (Specify)			
-	Pending Investigation	28a. OATE OF (Month, D	INJURY ay, Year)		28b. TIME INJU		28c. INJI WOI		NO	28d. DES	CRIBE HOW I	NJURY OC	CUREO	
3 Suicide 6	Could not be datermined	28a. PLACE Obuilding,	F INJURY atc. (Specif)	– At home	o, Jarm, st	treet, fact		2.5			ATION (Street a or Town, State)	nd Number	r or Rural F	Route Number,
		IAN: To the best of												
29b. SIGNATURE AND ATTLE		Of the deal of	CHICHENITION I	and/or inv	estigation	n, in my o	pinion, di		MSE NUM		and place, an			) and manner as stated.
	C 6 +							0	126	10	6	1	5/2	7/93
A GUU	D-160	1510	218	$\alpha$	CCY	34	Que	1	leg	DAY	Lan	lh	52	1542
31. DATE FILED (Month, Day, MAR 23 19	,	32. REGISTRA	H'S SIGNAT		ξ				1					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

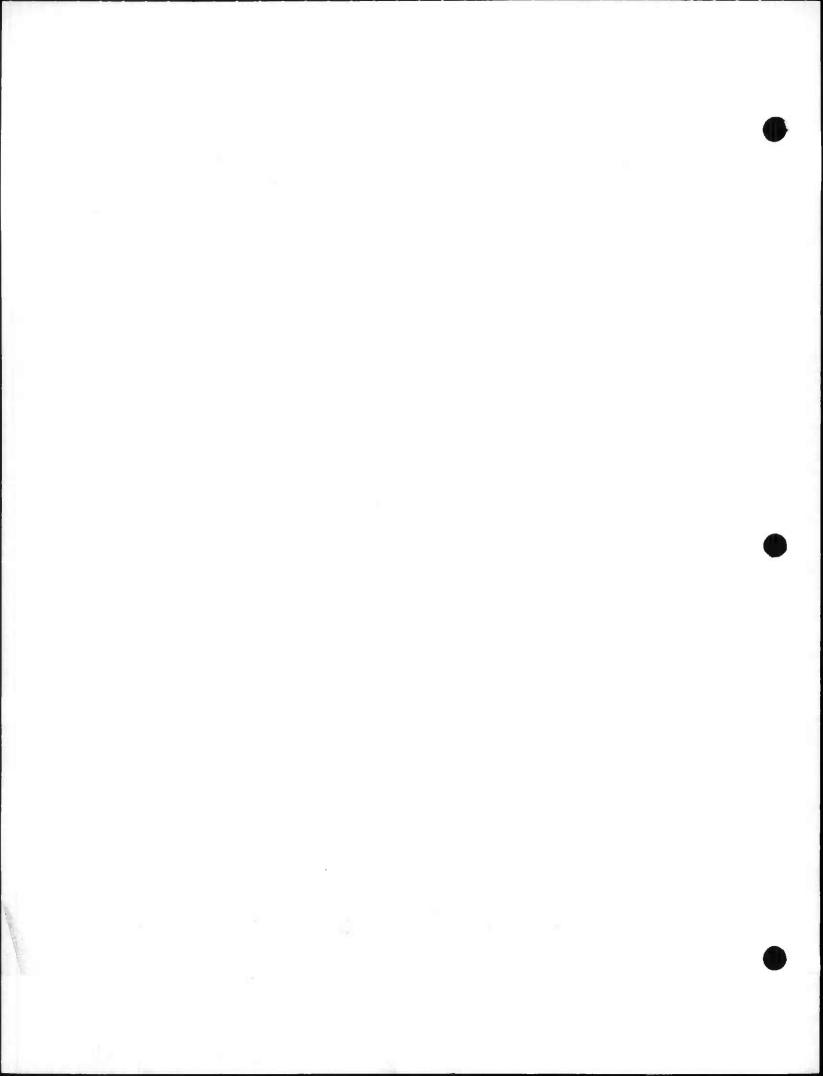
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages in the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

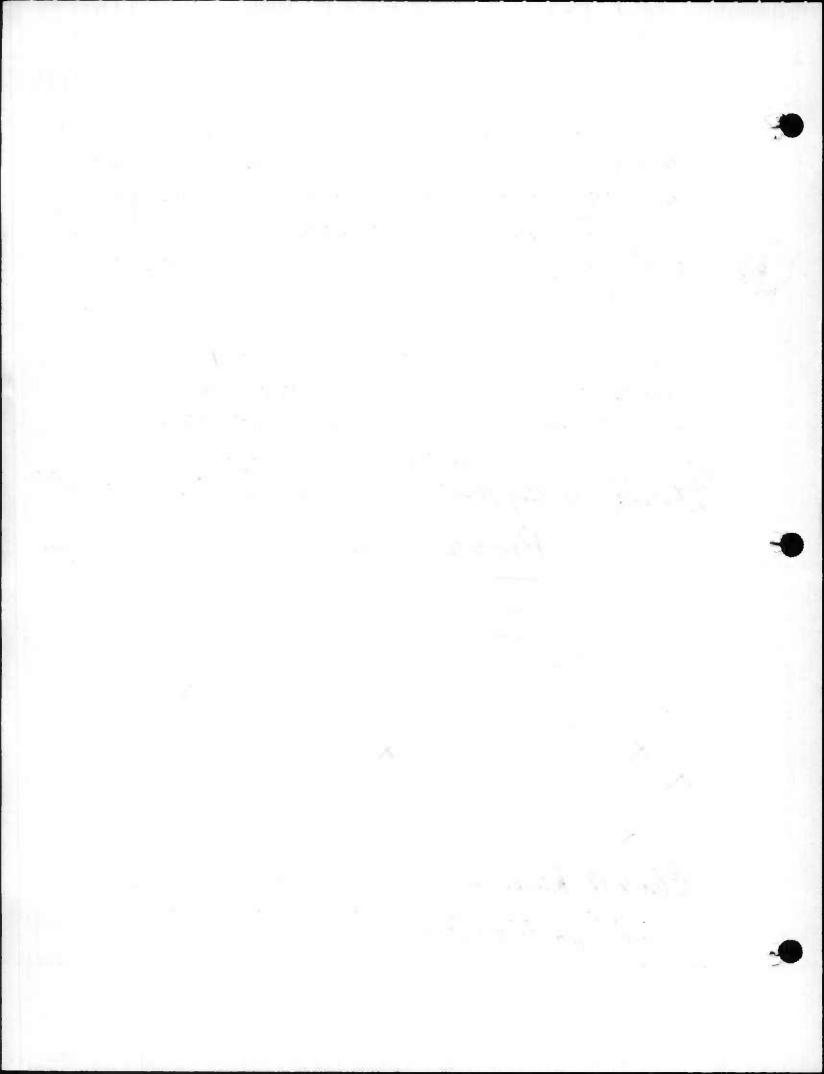


	REGISTRAR		CERT	IFICATE	OF D	EATH	RE	G. NO.				
- 6	1. DECEDENT'S NAME (First, Middle, Last)	0	101/0	200			2. DATE OF OE	ATH DAY	YEAR	3. TIME OF OEATH		
	L12	_7, N	AVA				03	17	93	4:32 P	ħ	
		5. SEX 6. AGE	(In yrs. last birthde	MONTHE		UNDER 24 HRS.	7. DATE OF BIF (Month, Day)	Year)	Country			
	** FACILITY NAME (If not institution, give stre			TOWN OR LO	01-15-48				York			
DIRECTOR	Southern Mary		96. CITY, TOWN OR LOCATION OF DEATH  Prince Georges						pl			
끭	10a. STATE 10b. COUNTY			CITY, TOWN OF						10d, INSIDE CITY	1	
ā		e George's		Clinto	n					LIMITS?		
FUNERAL	8208 Woodyard Road	d		101. ZIP CODE 10g. CITIZEN OF WHAT COU								
E	11. MARITAL STATUS  1 Never Married 2 Married	13. W	AS DECENDE	ENT OF HISPA	NIC ORIGIN? (Spe	cify Yes or No-	14. RACE	- American Indian, White, atc.				
ВҰ	3 Wildowed 4 Divorced	FORCES? 1 YES			1 VES 2 NO Specific							
TED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	18a. DECEDEN	of work done do	CUPATION uring most of	working	16b. KIND	OF BUSINESS/IN	DUSTRY		_	
COMPLETED	Elementary/Secondary (0-12) 12 years	College (1-4 or 5+)	Disa	T use retired.)	retired.)							
OMI	17. FATHER'S NAME (First, Middle, Last)		DISa	pred	18. MOTHER'S NAME (First, Middle, Malden Surname)							
BE C	Burchard D. Horst	nann					elmina N					
BC	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS	(Street and Nu	umber or Aural	Route Number, City	or Town, State, Zi	ip Code)		_	
2	Margaret B. Everst	ine					Head, M					
	20a. METHOD OF DISPOSITION 1	al from State	PLACEANDDA	TE OF DISPOSIT	ION (Name of			Oc. LOCATION -		wn, State	-	
	4 Donation 5 Other (Specify)	cremat			-20-93	Clinto	n, M	20735				
21. SIGNATURE OF WHERAL SERVICE LICENSEE  MO0173  22. NAME AND A  J. H. Eb								ry La F	lata	, MD 20646	5	
	23. PART i. Enter the diseeses, or con	mplicatione that ceused	the deeth. De	o not enter t	he mode o	f dying, aud	h es cerdiac o	reepiratory as	rrest.	Approximeta	_	
	interval Between  IMMEDIATE CAUSE (Final disease or condition  IMMEDIATE CAUSE (Final disease or condition)  IMMEDIATE CAUSE (Final disease or condition)											
	Due 10 (or As a consegruence of):											
N N	Sequentially list conditions, a LAMMATE DEPUTENT ON THE											
ATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE	OF:	KIN	VON	/				_	
E	resulting in death) LAST									İ		
- 11	PART II Other significant conditions											
EDICAL	PART II. Other algorificant conditions	tontributing to deeth b	nc 70	g in the und	eriying cau	use given in	Part i. 24a. V	MAS AN AUTOPSY ERFORMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO		
ğ	SPETENEMIA	A.F. W.	- 63	Hun			10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?		
Σ	1) 03 01 - 111110-)	Felson	85E							1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL		o re	ruce	28 BI ACE	OF OEATH (Ch	*** -=**				_	
PHYSICIAN:		Inpatient 2 ER/Outp	etlant 3 🗆 DOA	OTHER:							_	
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. T	IME OF 2	8c. INJURY		6 Other (Speci 28d. OESCRIBE	HOW INJURY OC	CURED		_	
ВУ Р	1 Nittural 5 Pending 2 Accident Investigation	(Month, Day, Year)		NJURY M	WORK?	2 NO	,					
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building etc. (Spec	— At home, farm	n, street, fector	y, office	-	28f. LOCATION	Street and Numbe	r or Rural R	oute Number,	-	
COMPLETED	4 Homicide determined						City or Town	, Stere)				
7	29a. CERTIFIER (Check only	M. To the best of my knowl	edge, daath occi	irred at the tim	e, data and p	place, and due	to the cause(s) a	nd menner as sta	rted.			
Š	2 MEDICAL EXAMINER:	po the basis of examination								and manner as stated,		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	W)//11/			29c.	LICENSE NUI	MBER	29d. DAT	E SIGNED	(Month, Day, Year)	_	
10 B	MILEVINE DD,	June	0			02491	45	D /	Anc	# 17, 199.	3	
	7801 ULP	BNONC,	_	pe, Print)	409	CH	NOW	MZ	20	H 17, 199.		
31. DATE FILED (Month, Day, Year)  MAR 2 3 '93  32. REGISTRAR'S SIGNATURE  Junia Suridan Render												

		proprint Pages 1, 2, 3 should		
BALTIMORE, MARYLAND 21203-3146	ith. Page 6 may be retained by the hospital or attending physician	neral director, page 5 should be detached for use as the burial-trail		iminer must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training Pages 1. 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF

													3. TIME OF DEATH
	1. DECEDENT'S NAME (First, Middle, Linst)  OLC S.	Olau							MONTH DAY YEAR				
	4. SOCIAL SECURITY NUMBER	5. SEX			IE IMPER	IF UNDER 1 YEAR   IF UNDER 24 HRS.		7. DATE OF		199		PLACE (State or Foreign	
		11/2 M 2   F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, i	Dav. Ybarl	1903	Country	
	577-03-5071  9a. FACILITY NAME (If not institution, give a	07		9h CITY	TOWN	OR LOCATI	ION OF DE	Dec.	11,		NTY OF D		
œ		court Cou	+ 4 +			vate					Aru		
DIRECTOR	Pleasant Living	convaces	cenu cen	uei		uge	vare	L			AVINIE	rvui	nuec
Ä	10a. STATE 10b. COUNT				Y, TOWN C			2 -					10d. INSIDE CITY LIMITS?
		Arundel			vavi	aso	nvill	ce					1 TES 2 NO
₹	10e. STREET AND NUMBER			10	H. ZIP COD	2103	2 F.				States		
崱	3855 Wayson Road												
	11. MARITAL STATUS  1 Never Married 2 1 Married	12. WAS DECEDED	NT EVER IN U.S. AR I YES 2 7 N WAR OR DATES	MED O		f yes, s	pecify Cubi	an, Maxica	NIC ORIGIN? in, Puerto Ric		or No	Black	— American Indian, t, White, atc.
BY FUNERAL	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES ^^		1	YE:	NO XXX NO	Specify	y:			Specif	white.
	15. DECEDENT'S EDU		18a. DE	CEDENT'S	USUAL O	CCUPATI	ION		16b. F	UND OF BU	SINEŞS/IN	DUSTRY	write
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Min	be kind of a Do NOT us	work done i se retired.)	during m	ost of work	ing					
릴	12	186		Chef					Fo	od/Ho	tel		
COMPLETED	17. FATHER'S NAME (First, Middle, Leat)						18. MOT		ME (First, Mi				
BE	Claus L. Leite	<u></u>						Sig	grianr	ia Jol	insd	tr	
2	19a. INFORMANT'S NAME (Type/Print)		191						Aoute Numbe	City or Tow	n, State, Z	ip Code)	21035
-	Mary Murphy Roge	ris				-	on Ro		ναυλ				
	20s. METHOD OF DISPOSITION 1 □ Burial 2 ▼ Fromation 3 □ Rem	oval from State	20b. PLACE other pla	nce)	-				02 01			City or To	20.70.000
4 Dequation & Other (Specify) Ft. Lincoln Crematory								ESS OF FA	U5-22	193	Brei	<u>woo</u>	d, MD
23) SIGNATURE OF FUNERAL SERVICE UPENSEE  22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral 147 Duke of Gloucester St. Annapolis,													
	Chala X	· Jeg	Ta									•	occs, MD
- 1	PART i. Enter the diseases, Dr shock, Dr heart failure.	complications the List only one ca	at caused the de use on each line	eth. DD (	not anter	the m	ode of dy	ying, auc	ch aa cardi	ac or reap	iratory a	reat,	Approximata Interval Between
	immediate cause (Final disease or condition )												
	disease or condition a. Prostate cancer  Due TO (OR AS A CONSEQUENCE OF):												
_	DUE 10 (ON AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	O (OR AS A CONSE	DUENCE O	HF):								
₹ I	cause. Entar UNDERLYING	c. (											
Ē	CAUSE (Disease or Injury that initiated events	DUE TO	O (OR AS A CONSE	GUENCE O	F):								
	resulting in death) LAST	d								_			1
	PART II. Other algnificant condition	na contributing to	o death but not i	reaulting	in the u	nderlyi	ng cause	given in	Part i.	24a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
MEDICAL										PERFO	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE
입											Am		OF DEATH?
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						PLACE OF	DEATH (C	heck only one	)			
S	1 TYES 2 NO	HOSPITAL:	☐ ER/Outpetient 3	DOA	4 ANU		me 5 🗆 f	Realdence	8 🗆 Other	(Specify)			
H	27. MANNER OF DEATH	28a. DATE C (Month,	F INJURY Day, Year)	28b. TIR	WE OF JURY		JURY AT		28d. DESC	RIBE HOW	INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Abcident Investigation				М	1 🗆	YES 2	□ NO					
	3 Suicide 6 Could not be		OF INJURY — At he g, etc. (Specify)	ome, farm,	street, fec	tory, off	lca			TION (Street Town, State		er or Rural	Route Number,
4 Homicide detarmined													
Significant State   Signif													
One) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									s) and manner as stated.				
ш	29b. SKINATURE AND THE OF CERTIFIE	1/1					29c. Li	CENSE NU					(Month, Day, Year)
TO B	Charles VII	MIZER						D05	928			March	22, 1993
-	30. NAME AND ADDRESS OF PERSON W					14 1		1010 010	~0:.	un o	1101		
	charles W. Kinz	21, M.V.	1855-A	rone	est l	nuv	e A	nnap	ous,	MV 2	1401		
1	Charles W. Kinzer, M.D. 1833-A Forest Drive Annapolis, MD 21401  31. DATE FILED WORD DOCUMENTS OF THE SUNATURANCE MARK 2 3 1993 June Davidson Wander												



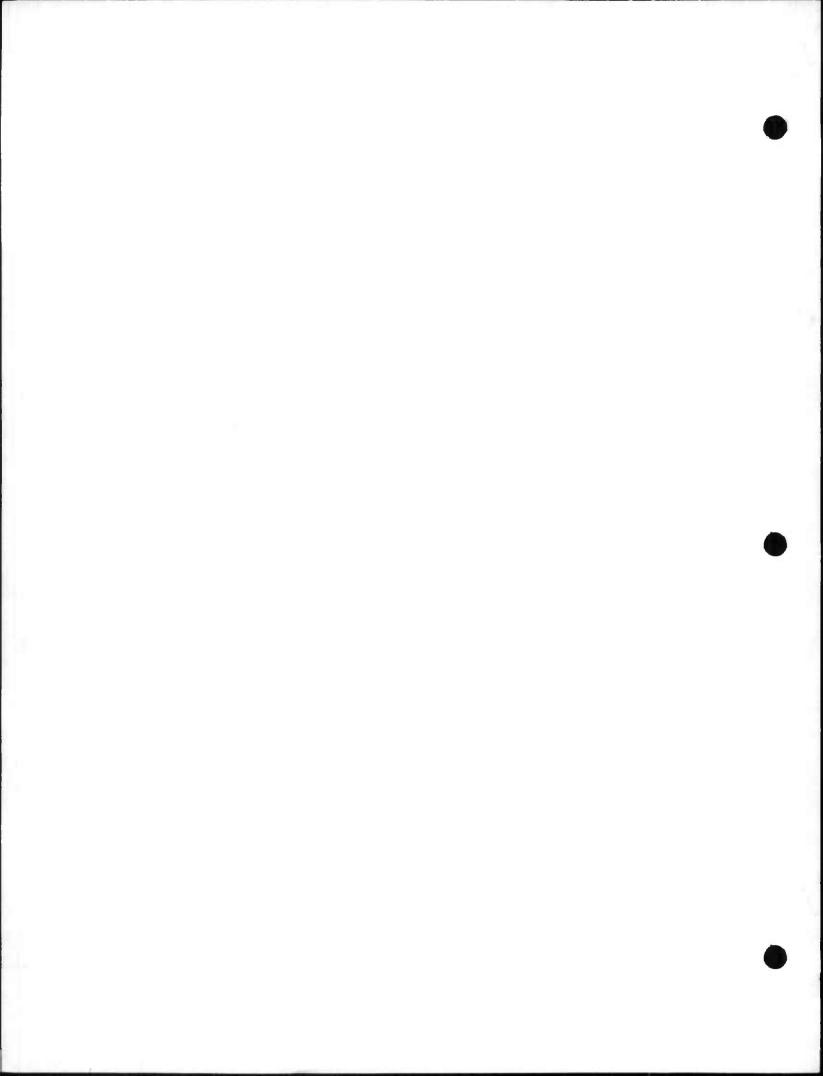
	1 - STATE REGISTRAR	SIAIE OF N	MARYLAND / I				DEAT			YGIEN EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						-		2. DATE OF I	DEATH			3. TIME OF DEATH
	John	Michael	O'K	eef	е				MONTH 3	8		93 EAR	0:35 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE OF E	HETH W Water		Country	PLACE (State or Foreign
	214-10-7997	1 M 2 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De 0 1 / 2	0711		New	Jersey
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	INTY OF DE	ATH
6	SALISBURY NURSING	& REHAB.	CENTER		SI	ALISI	BURY,	MD.			WI	COMIC	0
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y		10c CIT	Y, TOWN (	NO LOCAT	ION						10d. INSIDE CITY
<u>E</u>		Wicomico		100. 011		isbu							LIMITS?
	10e. STREET AND NUMBER	WICOMITCO			Jai		ZIP CODE				10- CI7	TIZEN OF W	₩2 YES 2 NO
FUNERAL	712 Jackson St.						2180					USA	nai Coontry
ا ۾	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	ED					C ORIGIN? (S		or No-	14. RACE	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				2 K NO			1, 010.)		Specif	y:
	15. DECEDENT'S EDU	Nav		COCUTIO									ite
COMPLETED	(Specify only highest grade	completed)	(G/M	e kind of	USUAL Owork done se retired.)		nt st of workin	g	16b. KIN	D OF BUS	HNESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 -	+)			ctri	cian			010	ctri	cal	
MO	17. FATHER'S NAME (First, Middle, Last)			-	CIC			EB'S NAM	NE (First, Middle			car	
	Michael (unk) 0	'Keefe				ĺ			get (			eefe	
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	S (Street a			oute Number, C				
2	Louise C. O'Keef	e							isbury				
	20a, METHOD OF DISPOSITION	000-7 - 1 W1 - 2-000	20b. PLACE AP				me ol		DATE	20c. LO	CATION —	City or Tov	vn, State
	1 XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	loval from Stata	parson	atory or o	ther place) emet	ery			3/12	S	alis	bury,	MD
, i	21. SIGNATURE OF FUNERAL SERVICE LI	CENSER					D ADDRES						
	Holloway funeral Home  501 Spoy Hill Rd Salisbury Md 21801												
	501 Snow Hill Rd., Salisbury, Md. 21801  23. FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (off AS A CONSEQUENCE OF):									Interval Between Onset and Death			
	resulting in death)	a. Due to	OR AS A CONSEQU	IENCE O	E)·								
,	_	. (	CARO		. ,.								
9	Sequentially list conditions, if any, leading to immediate	ш.	(OR AS A CONSECU	JENCE O	F):								
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C											
<b>E</b>	that initiated events	DUE TO	(OR AS A CONSEQU	JENCE O	F):								
ER	resulting in death) LAST	d											
ICAL CERTIFICATION	PART II. Other significant condition	ns contributing to	death but not re-	sulting	In the ur	derivino	cause o	iven In F	Part I. 24a	. WAS AN	ALITOPSY	24b.	WERE AUTOPSY FINDINGS
S						,				PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
8									_   '	YES 2	790		OF DEATH?
Σ									-				1 YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL					26 Pt	ACE OF DE	ATH (Cho	ck only one)				
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	₹:							
Ä	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E ÓF	28c. INJ		-	28d. DESCRIE		JURY OC	CURED	
7	1 Netural 5 Pending	(Month, D	ay, Year)	- IN.	IURY M		RK? 'ES 2					1777	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At hom	e, farm,	etreet, fact	ory, office			261. LOCATIO	N (Street a	nd Numbe	r or Rural Ro	oute Number,
COMPLETED	4 Homicide determined	bunding,	etc. (Specify)						City or To	wn, State)			
٦	29a. CERTIFIER (Check only	ICIAN: To the best of	my knowledge, deal	th occurr	ed at the t	ime date	end place	and due I	in the causele	and man	ner ee ele	ded	
Check only one)  1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ea									and manner ea stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIE							NSE NUM					
02 93 43 1 5/267								(Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type	, Print)		-					11	112
	William Robin		1104 HEA			יייד כור	ת כי	TTOP	NOI I	ND '	2100	1	
8	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE		VAI I	VLT A I	J OF	חדסב	OURI, I	'IU	210U.	T	
VA	MAR 1 9 1993	Lula Lando	m- Pandell										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

#MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

11



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	oval.	IMPORTANT: If item 28 is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
cuted within 24 hours a	d completely filled in by	urial, cremation, or rem	raumatic event, the medical ex	
eath certificate be exe	ne attending physician an	Mental Hygiene prior to b	lury, or other trauma	
The law requires that th	te has been signed by ti	ite Dept. of Health and	em 23 shows eny in	
ITENDING PHYSICIAN:	TOR: After this certifical	after death with the Sta	28 is merked, or its	
TO THE HOSPITAL OR /	TO THE FUNERAL DIREC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item	

	FOR				a factor or the		93	09476				
	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT ERTIFICAT	TE OF L	ALTH AND DEATH	MENTAL HYGIEN REG. NO						
8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH				
3	4. SOCIAL SECURITY NUMBER	ra Lena Otto			West trees	03 6						
	180-48-2071  Pa. FACILITY NAME (# not institution, give of	10 M 2 V F 87	YRS. MONTHS	DAYS F	IF UNDER 24 HRS, HOURS MIN.	Jan. 1,	1906	BIRTHPLACE (State or Foreign Country) Maryland				
TOR	Maust Personal			Accid	ent	EATH	Garr					
DIRECTOR	Maryland Garr	Υ	ACCIO		N		75n.u	10d. INSIDE CITY LIMITS? 1  YES 2 X NO				
FUNERAL	Route 1, Aiken-	Miller Rd.		10g. CITIZEI	OF WHAT COUNTRY?							
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 THE YES, GIVE WAR OR DATES	RMED 1:	II yes, speci	IDENT OF HISPAI Ity Cuban, Mexica NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)  y:	14 or No —	RACE — American Indian, Black, White, atc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  [Specify only highest grade completed)  [Specify only highest grade completed]  [Specify only highest grade completed]  [Specify only highest grade completed]  [Specify only highest grade completed]  [Specify only highest grade completed]  [Specify only highest grade completed]  [Specify only highest grade completed]											
SMF.	8th	H C	omemakeı			Own Ho						
BE	17. FATHER'S NAME (First, Middle, Meiden Surmerne)  Conrad Wisseman Mary Gingerich											
5	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code)  Star Route, Box 14A, Springs, PA 15562											
	20a. METHOD OF DISPOSITION  1 X Burlai 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cognetory, cognetory, cognetory, cognetory or other place)  Springs Cemetery  3-7 Springs, PA											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Newman Funeral Homes, P.A.  155 Main St., Grantsville, MD21536											
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that ceused the d List only one ceuse on each lin	eath. Do not ente	er the mode	of dying, suc	h es cerdiec or resp	piratory screat	Approximete interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	S. CArdio Res Due TO (OR AS A CONSE	- 1	ry	Faile	ui,		Onset and Death				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  d.	COLONE OF):	a le	rtery	Disease						
I		s contributing to death but not	resulting in the	underlying o	ause given in	Part I. 24a, WAS AI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
PHYSICIAN: MEDICAL	Hyputensio	Υ				1 TYES		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL											
Sic	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outpatient	OTHE	ER:	E OF DEATH (Ch	1	- 1	11				
PHY	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	6 Other (Special CF) 28d. DESCRIBE HOW		ied tome						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, 1s		3 2 NO	281. LOCATION (Street City or Town, State	and Number or (	Rural Route Number,				
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On-the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and manner as stated.  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and manner as stated.											
BE C	29b. SIGNATURE AND TITLE OF, CERTIFIE	1 / //	11		9c. LICENSE NUM			GNED (Month, Day, Year)				
TO B	JO- E	101	C mp	) 1	D 340	79	03	08 93.				

33ci + Zel mo 20

2 SENATURE

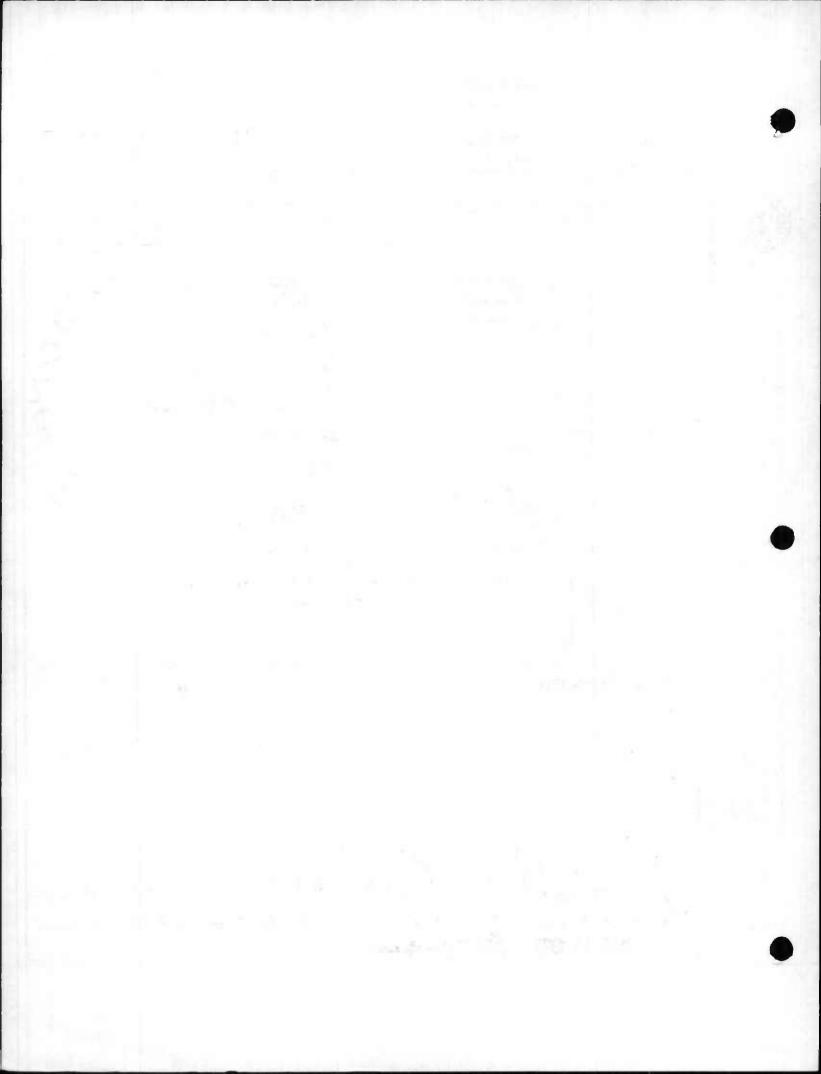
mD

dames 31. DATE FILED (Month, Day, N

12

1993

21536



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

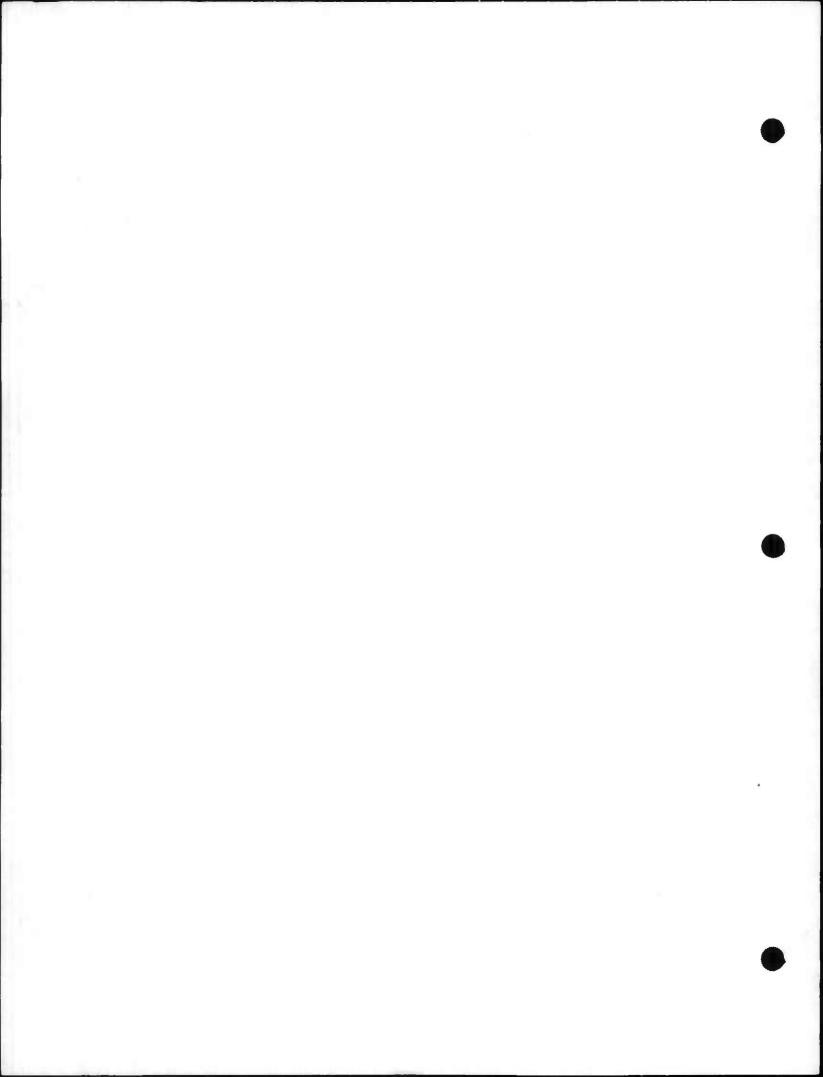
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF MAR REGISTRAR		T OF HEALTH AND M	ENTAL HYGIENE REG. NO.	30 03417
30	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
17.	Rose Alexander Patt	erson		March 20, 1	1993 YEAR 12:16 P M
		GE (In yrs. last birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BURTH	8 SUPTHOU ACE (State or Formion
	270-42-2043 1 M 2 X 8  9e. FACILITY NAME (If not institution, give street and number)		Y, TOWN OR LOCATION OF DEA	Jan. 4, 191	11 Washington, DC
DIRECTOR	Anne Arundel Medical Center		Annapolis		Anne Arundel
3	10s. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY
	<u>MD</u> Anne Arundel		Harwood		1 Tes 2/1 No
A	10e. STREET AND NUMBER		101, ZIP CODE	10	0g. CITIZEN OF WHAT COUNTRY?
9	4750G Flanders Lane		20776		United States
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT EVER FORCES? 1 Y  15. Wildowed 4 Divorced	ES 2 (2)(40	. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexican, 1 YES 2 XO Specify:		No— 14. RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL (	DCCUPATION	16b. KIND OF BUSINE	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.	during most of working		
릴	12	Statistical	Clerk	Civi	l Service
<u></u>	17. FATHER'S NAME (First, Middle, Last)			E (First, Middle, Maiden Sun	
BE	Henry Alexander			Kramer	
ဥ	19a. INFORMANT'S NAME (Type/Print)  Kathleen Carobrese		SS (Street and Number or Rural Ro		
	T		pio Circle Mi		
	ACID ALL AND A COMPANY	20b. PLACE AND DATE OF DISPO cometery, crematory or other place Ft. Lincoln (	1		ION — City or Town, State
	T. SIGNATURE OF FUNERAL SERVICE/LICENSER	FL. LUNCOKN C	NAME AND ADDRESS OF FACILITIES	12-93 Bros	ntwood, Maryland
- 1	total all of the			JUILL M.	Taylor Funeral Home Annapolis, MD
	23. PART I. Entar the diseases, or complications that cau	sed the death. Do not ente	the mode of duing such	es cordina es manimi	Armaports, Mu
- 1	snock, or neart failure. List only one cause of	n aach line.		an cardiac or respirate	intervai Between
	iMMEDIATE CAUSE (Final disease or condition	ocaudial	infauct		Onset and Death
	resulting in death)	S A CONSEQUENCE OF):			3 days
z					
일	ir any, leading to immediate	S A CONSEQUENCE OF):			
ဦ	CAUSE (Disease or Injury				
CERTIFICATION	that initisted events resulting in death) LAST	S A CONSEQUENCE OF):			
E	d				
₹ I	PART II. Other significant conditions contributing to deat	h but not resulting in the u	inderlying cause given in Pr	PERFORME	
MEDIC	Ovavian cancer			_ 1 TES 275	NO COMPLETION OF CAUSE OF DEATH?
				-	1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	<del></del>	28. PLACE OF DEATH (Check	k agh and	
SIC	EXAMINER?  1 YES 2 NO 1 Impatient 2 ER/O	OTHE			
삵	27. MANNER OF DEATH 28a. DATE OF INJUI (Month, Day, Yes	RY 28b. TIME OF		ed. DESCRIBE HOW INJU	RY OCCURED
BY	1 Natural 5 Pending 2 Accident Investigation	M	1 YES 2 NO		
	3 Suicide 8 Could not be determined 28e. PLACE OF INJI building, etc. (3	JRY — At home, farm, street, fac Specify)	ctory, office	81. LOCATION (Street and City or Town, State)	Number or Rural Route Number,
MPLET	(Check only CERTIFYING PHYSICIAN: To the best of my ki				
8	one) 2 MEDICAL EXAMINER: On the basis of examina	ition and/or investigation, in my	opinion, death occured at the tir	ne, date and place, and de	ue to the cause(a) and manner ea stated.
BE	296) SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMB		Id. DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH OTEM 273 (See Ories)	01983		3/20/93
	Strart E. Selonich, m.B.	900 Bestga	He Rd. Ann	apolis, N	nd. 21401
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S				
ĺ	MAR 2 3 1002 Julia David	son-Bridge			

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ral.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi

					OMIL	. 01			n	EG. NO.			
1	1. DECEPENT'S NAME (First, Middle, Last)	/R	OSE SIM	INON	PET	TRI	<u> </u>		2. DATE OF D				3. TIME OF DEATH
- "	Kose	ret-	1 11				••		MONTH	DAN		YEAR	12.110 DAAM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	hirthrian)	IF UNDER	1 YEAR	IF UNDER	24 MDS	7. DATE OF B		<u> </u>		12:40 PM M
		1   M 2   XF		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day			Countr	y)
ľ	213-74-5469		93	THS.					_ 11/2	3/18	99	Fer	ra, Italy
13	9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. CC							NTY OF D	EATH
<u>۳</u>	Greenhelt Nursi	ina Home			7.75	C .					-	_	
DIRECTOR	Greenbelt Nurs	IIG HOME				<u>ur</u>	een	peir			Pr	Lie	eorge's
m	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	A LOCAT	ION						10d. INSIDE CITY
5	M. d. Princ	C.											LIMITS?
	10e, STREET AND NUMBER	ce_Georg	e·s		Hyat		LIE_					1 YES 2 NO	
*						101	. ZIP COD	E		Í	10g. CIT	IZEN OF V	WHAT COUNTRY?
<u> </u>	5017 56th Avenu				2	0781		- 1		USA			
FUNERAL	11. MARITAL STATUS	MED	13. \	WAS DEC	ENDENT C	OF HISPANI	C ORIGIN? (Sp	ecity Yes		14. RACE	E — American Indian,		
	1 Never Married 2 Married	IF YES, GIVE V	YES 2 X N	Ю				in, Mexican Specify:	, Puerto Rican	, etc.)		Speci	k, white, etc.
B	3 X Midowed 4 Divorced						- CMO	Specify.			- 1	Speci	w write
8	15. DECEDENT'S EDUC	CATION	16a, DE	CEDENT'S	USUAL OC	CUPATIO	N N		165 KINI	D OF BUS	IMESS/IN	MISTRY	
EI	(Specify only highest grade		(Gi	Do NOT us	vork done o	luring mo	st of worldr	ng	ross, rosvi	01 003	11463371146	7031H1	
٦	Elementary/Secondary (0-12)	College (1-4 or 5	+)										100
ž	3				omer	nake	r					Ow	n Home
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18, MOT	HER'S NAM	E (First, Middle	, Malden S	Surname)		
BE	Francis Simoni							Alic	e Rom	an			
	19a. INFORMANT'S NAME (Type/Print)		196	. MAJLING	ADDRESS	(Street s	nd Number	or Rural Re	oute Number, C	ity or Town	State, Zic	Code)	
2	Father Petrini		5	595 3	rd S	st.	N. W	V W	Vashin	aton	. D.	Ć.	
	20a, METHOD OF DISPOSITION			_		_		,					
	1 Burial 2 Cremetion 3 Reme	oval from State	20b. PLACE A cemetery, crer			ITION (Na	me of		DATE	20c. LOC	ATION —	City or To	rwn, State
	4 Donation 5 Other (Specify)					Cem	etery	v 3/1	6/93	Bre	ntwo	od.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSER				oln Cemetery 3/16/93 Brentwood, Md. 22. NAME AND ADDRESS OF FACILITY							
	Gasch's Funeral Home, 4739 Baltimore Ave.												
	Gasch's Funeral Home, 4739 Baltimore Ave. Hyattsville Md 20781  23. PART/L. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate												
	23. PART/I. Enter the diseeses, or of shock, or heart fellure.	omplications the	t caused the de	ath. Do r	ot enter	the mo	de of dy	ing, such	as cerdlec	or respir	atory an	rest,	Approximata
	IMMEDIATE CAUSE (Final	List Only One Cet	/ on each line.	, ,	_								Interval Between Onset and Death
- 1	disease or condition	10	1 -1	- 1	- 1	ζ.		41	Cano				Ollost and Doddi
	resulting in death)	e	195	a Lu	_	~~	CPS		-910	01			
		DOE 10	(OR AS A CONSEC	DUENCE OF	-):								
2	Sequentially flat conditions,	b											
CERTIFICATION	if any, leeding to immediate	DUE TO	(OR AS A CONSEC	WENCE OF	F):								1
2	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury	D											·
=	that initiated events	DUE TO	(OR AS A CONSEC	UENCE OF	F):								
토	resulting in death) LAST												
MEDICAL	PART II. Other significent condition	s contributing to	death but not re	esulting	In the un	deriying	cause g	given in F	Part I. 24a. WAS AN AUTOPSY PERFORMED?			24b	. WERE AUTOPSY FINDINGS
5	(ongesti	ve He	part 1		10-	_				YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Psdriasi	-6	(						—   ' L	J TES 2	∐ NO	- 1	OF DEATH?
	136,1431	ه هسر							_				1 YES 2 NO
PHYSICIAN:													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Chec	ck only one)				
S	1 VES 2-NO		ER/Outpatient 3	□ DOA	OTHER 41 Num		5 □ Be	saldence d	Other (Spe	nc/fu)			
È∥	27. MANNER OF DEATH	28s. DATE OF		28b, TIM		28c. INJ			28d. DESCRIB		HIRY OC	CIDED	
	1 Natural 5 Pending	(Month, D			URY	WO	RK?	100	EGG. DEGGIND	L HOW III	00111 001	CONED	- 1
B	2 Accident Investigation						ES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — At hor etc. (Specify)	ne, farm, s	street, facto	ory, office			28f. LOCATION City or You	V (Street ar	nd Number	or Rural F	Route Number,
H	4 Homicide determined									,			
ا ت	296. CERTIFIER (Check only	CIAN: To the heat of	en kondedes des	ath annum									
¥													2250 S SERVE
COMPLETED	2 MEDICAL EXAMINE	On the basis of s	ASSUMPTION STORY OF IT	iivaaridanio	tt, in my o	ріпіоп, ф	with occur	red at the t	ime, dete and	place, and	due to th	e cause(s	) and manner es stated.
BE	296, SIGNATURE AND TITLE OF CERTIFIES	-/-	/_				29c. LICE	ENSE NUMI	BER		29d. DAT	E SIGNED	(Month, Day, Year)
											3/15/93		
2	30. NAME AND ADDRESS OF PERSON WHI	COMPLETE CAU	SE OF DEATH (ITEM	1 27) (5m-	Print)	2 ~~	200		- (	<del>, , ,</del>	5 .7		74.15
- 1	Stuast T	Total A	. +2	Mi		( )		3,00	67 mg	7	effice .		77-450
	2 000 1 4	O' DE	4118	1.1	/- (	200	en	bel	4 17	4-	-	20	740
		32. REGISTRA	R'S SIGNATURE	1 1 0	9				1				
	31. DATE FILED (Month, Day, Year)	de Sin	Daindron-A	anau	6								



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	KIIFI	CALE	OF	DEAT	Н	B	EG. NO.				
- 8	1. DECEDENT'S NAME (First, Middle, Last)	6							2. DATE OF	DEATH			3. TIME OF DEATH	
	Doris Oli	iver			Po	rki	nc		March	DA	Y 1993	YEAR	11:45	Mmc
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest I	oirthday)	IF UNDER 1	_	IF UNDER 2	24 HRS.	7. DATE OF I		1993		IPLACE (State or Fore)	
	308 10 1073A	1 XM 2 F	89	YRS.		DAYS	HOURS	MIN.	09"0"		- 1	Countr		ייער
				1,101						00			i ana	
~	9a. FACILITY NAME (If not institution, give str				9b. CITY, T					-		NTY OF D		
Ö	Maryland Ge	eneral Hos	pital			]	Balti	imor	e City	7	B	ALTI	MORE	
2	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY													
DIRECTOR		e George's	.		TOWN.OR		ON						10d. INSIDE CITY LIMITS?	
		e George's	5	Lau	ndove	r.							1 1 YES 2   N	0
4	10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CITI	ZEN OF W	VHAT COUNTRY?	
FUNERAL	1312 Capitol View	Terrace					20	0783	}			USA		
3	11. MARITAL STATUS	12. WAS DECEDENT ET	VER IN U.S. ARM	ED	13. W	S DECE	NDENT OF	F HISPAN	IC ORIGIN? (S	pecify Yes	or No	14 BACE	- American Indian,	
	1 Never Married 2 Married	FORCES? 1 []			H y	es, spec	cify Cuban	, Mexicar	i, Puerto Ricar			Black	c, White, etc.	•
B	3 Widowed 4 Divorced	W FES, GIVE HAR	ON DATES		1	YES	<sup>2</sup> X NO	Specify			_	Speci	Black	
Ω.	15. DECEDENT'S EDUC	ATION	18a, DECI	EDENT'S	JSUAL OCC	LIPATION	M		16h Kill	D OF BUS	INESS/INC	HICTOV		
E	(Specify only highest grade of		(Give	kind of w	ork done dur retired.)	ing most	t of working	7	You. Idi	0 0 003	WESS/ WES	OSTAT		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		nauf					Dri	ivate				
COMPLETED	2.77			ICCLI.										
8	17. FATHER'S NAME (First, Middle, Last)								WE (First, Middl	e, Maiden S	Sumame)			
BE	Unknown							know						
9	19a. INFORMANT'S NAME (Type/Print)								loute Number, (					
F	Margaret E. Perkin	ns	13	312 (	Capit	01	Viw 7	Terr	ace, I	Lando	ver,	MD	20785	λ.
	20a. METHOD OF DISPOSITION		20b. PLACE AN	DDATEO	F DISPOSITI	ON (Narr	ne of		DATE	20c. LOC	CATION	City or To	wn. Stats	
	1 Donation 6 Other (Specify)	val from State	cemetery, cremi	story or off	ner place)				0 15			-		
		NSEE _ O	CHamb	ers	22. NA	ME AND	OCTV.	S OF FAC	12-TO	HV2	tttsv	1116	, MD	_
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY J.B. Jenkins Funeral Home													
- 3	Samuely Buses 7474 Landover Rd., Landover, MD 20785													
	23. PART i. Enter the diseases, or co	implications that co	oused the deal	h. Do n	ot enter th	e mod	e of dyin	ng, suct	as cardiac	or respir	ratory arr	eat,	Approximate	•
	shock, or heert failure. L iMMEDIATE CAUSE (Final	ist only one cause	on each iine.										interval Bets Onset and D	
	disease or condition	Cor	ngestiv	e he	art f	ad 1	1120						Onset and L	Death
ŀ	resulting in death)		AS A CONSEQU			all	ure							
CERTIFICATION	Sequentially list conditions,		lateral			a								
E	if any, leading to immediate cause. Enter UNDERLYING	DOE 10 (OH	AS A CONSECU	ENCE UP	):								i	
3	CAUSE (Disease or Injury		DUE TO (OR AS A CONSEQUENCE OF):											
<b>#</b>	that initiated events resulting in death) LAST	DOE TO (OH								1				
E	d.													
	PART ii. Other significent conditions	contributing to de-	ath but not rea	ulting le	the und	dvina	nauga el	luan in I	Don't I at	. WAS AN		l au	ware market at the	
EDICAL		Ver	ntricula	ar a	the underlying couse given in Part I.				Part 1. 241	PERFOR		240.	WERE AUTOPSY FIND MAILABLE PRIOR TO	
ă									10	YES 2	X NO		OF DEATH?	USE
		Se	epsis						_ 1			1	1   YES 2   NO	,
ä												1		
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF DE	ATH (Che	ck only one)					
S	EXAMINER? 1 YES 2 X NO	HOSPITAL:	VOutpatient 3		OTHER:	a Mome	6   Bas	Idanaa	6 Other (So	and the				
높▮	27. MANNER OF DEATH	28a. DATE OF INJ		28b. TIME		c. INJU			28d. DESCRI		LIHRY OC	TIBED		-
	1 🔀 Natural 5 🗌 Pending	(Month, Day, 1		INJU	JRY	WOR	K?		Zeo. DZQOIM	SE HOW III	worth oot	JOHED		
B	2 Accident Investigation	20- BLACE OF III	LICIPAL AAA				cs 2	MG						
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF IN building, etc.	(Specify)	D, 18KTTI, SA	reet, ractory	, office			261. LOCATIO City or To	N (Street al wn, State)	nd Number	or Rural R	loute Number,	
E 1														
Z 1	29s. CERTIFIER (Check only 1 ) CERTIFYING PHYSIC	IAN: To the best of my	knowledge, deat	h occurred	d at the time	, date s	ind place, i	and due	to the cause(s	) and man	ner as stat	ed.		
COMPLETED													and manner as state	led.
										_				
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SHOWED Month, Day									(Month, Day, War)					
ဝ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
				27) (Туре,		,					/	1		
		Roche <sup>t</sup> , M			C	o N	Maryland General Hospital							
31. DATE FILED (Month, Day, Year) MAR 1 5 1993  Julia Davidson-Randala														
Щ	MIND   F 4000 4													

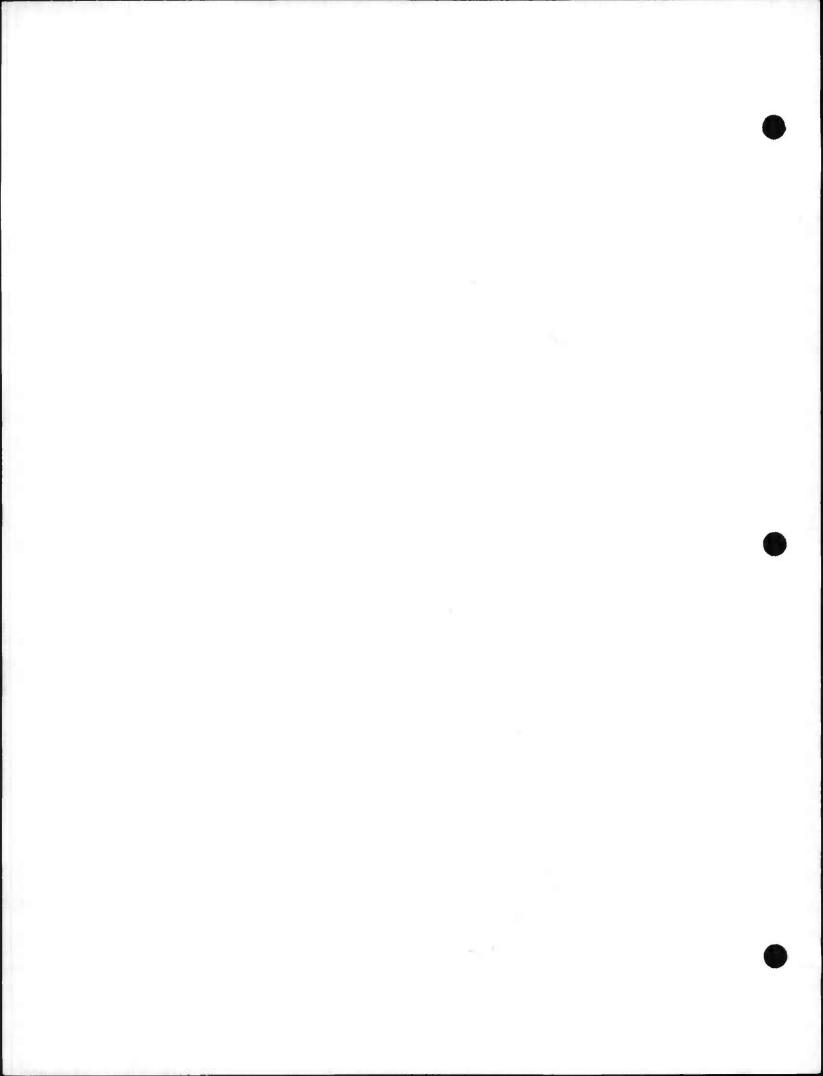
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

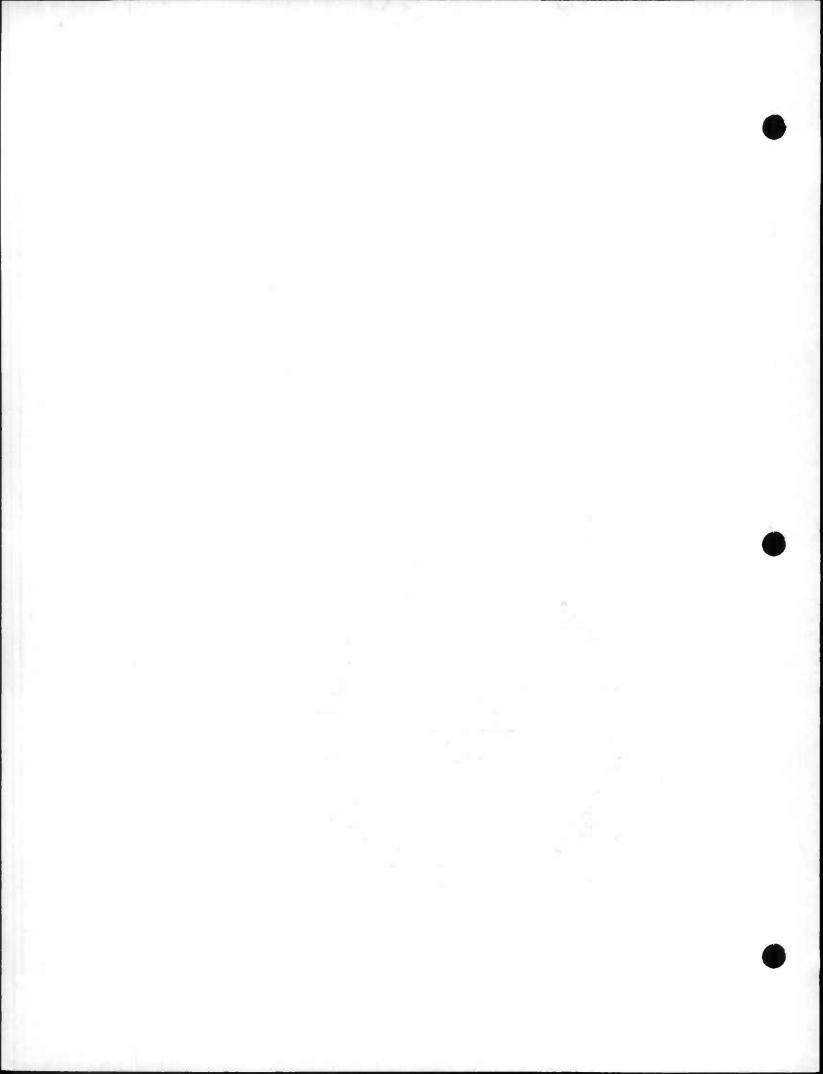
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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BALLIMORE, MARTLAND ZIZIS-0020	quires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	n signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit 🐞	
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		4. SOCIAL SECURITY NUMB						IF UNDER	1 YEAR	HOURS	24 HRS.	(Monti	h, Day, Year)				or Foreign  CITY  CITY  Indian,  te  2192  Me  lic M  eximate  Between  and Death  Chr;  Yews  Yews  SY FINDINGS  TO OF CAUSE  NO
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shor	· ·																
ON.	2			Hospital				Pri	nce	Frec	eric	ck		Ca	lver	t	
200	S I	10a. STATE		Y			10c. CIT	Y, TOWN (	OR LOCA	ATION						10d, INSIDE CITY	
臺灣)	뜸	Maryland	Calv	ert			Pr	ince	e F	rede	ric	k				LIMITS?	
		10e. STREET AND NUMBER							130	of. ZIP COD	E			10g. CITI	ZEN OF V		
JSIL		Hospital	Road	( Calv	ert	Co.	Nu	rsin	na	296	78						
al-u	3	11. MARITAL STATUS		12. WAS DECEDE	NT EVER	N U.S. ARM	AED	13.	WAS DE					or No—	14. RACE	- American Indian,	_
											Black, White, etc.						
												willte					
		15. DECI (Specify only	PEARL S. POOLE  Name Add (Prys. Not Dornous)  Name of 20, 1993  97 798  Name of 20, 1993  97 798  Name of 20, 1993  98 Virginia  Name of 1994  Name of 20, 1993  Name of 1994  Name of 20, 1993														
	"			College (1-4 or 5	+)				March 20, 1993 0920 M  March 20, 1993 0920 M  March 20, 1993 0920 M  March 20, 1993 0920 M  March 20, 1993 0920 M  March 20, 1993 0920 M  March 20, 1993 0920 M  March 20, 1993 0920 M  March 20, 1993 0920 M  March 20, 1993 0920 M  S. BRITTERLAG (State or Foreign County)  Prince Frederick  Calvert  TOWN OR LOCATION OF DEATH  Prince Frederick  100, ZIP code  100, ZIP code  101, ZIP code  102, Z9678  11. MAS DECENDENT OF HISPANIC ONIGNIT (Specify Yea or No—  11								
Ce.	M I				_	11	ulb	C IX	. 14 .	1	Mount   March 20, 1993   0920   M   March 20, 1993   0920   M   March 20, 1993   0920   M   March 20, 1993   0920   M   March 20, 1993   0920   M   March 20, 1993   0920   M   March 20, 1993   0920   M   March 20, 1993   17   96   March 20, 1993   1993						
			7.411							18. MOT				Surname)			
requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the feath and Memtal Hygiene prior to burial, cremation, or removal.  MEDICAL CERTIFICATION  TO BE COMPLETED E	H				_												
	입	Contractor in		n e												nia 2219	2
pe		-		Poole    Sex   Sex   Sex   Add (by yr, list brinding)   PURCENT 172A   PURCENT 182B.   PURCENT													
nust		1 Duriel 2 Crematio	n 3 🗆 Rem	oval from State	C97	metery, crem	natory or o	ther place)	SITION	eme of	3/2	22/9	3				
				CENSEE	– Ar	idre	WS (	Jnap L22	NAME (	Ceme	eter	CILITY	Ivie				CITY  CITY  CITY  CITY  CITY  CINO  RY?  CITY  CINO  RY?  CITY  CINO  RY?  CITY  CIT
amir		PI	2	4								F					
		101	YU.	MC/												Republic	
edic		23. PART I. Enter the di shock, or he	seeses, or coart fellure.	complications the List only one ca	et ceuse use on e	d the dea	th. Do r	not enter	the m	ode of dy	ing, suc	h as cere	diac or respl	ratory arr	rest,		een
H,		resulting in death)	<b>→</b>	. RESP	IRA	TOR	У	FAI	LV	RE						72 h	Moreign  Y NO  Lan,  Lan
60	•					A CONSEO	UENCE O	F):								0	
natic	O	23. PART I. Enter the diseases, or complications that caused the death. Do shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or Injury  CAUSE (Disease or Injury)	UENCE O	ENCE OD.								ten year	7				
	AT								PT	FA	11.02	RE				-But YEW	×
completely filled in al, cremation, or event, the me	띮	CAUSE (Disease or Injury											13				
	H	resulting in death) LAST															
23. PART I. E. IIII IIII IIII IIII IIIII IIIII IIIIII	BART II Other significan	-1				Access to the											
	¥	And the state of t										AMAILABLE PRIOR TO					
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2	-			Removed from State    Complete													
3	N N																inter or Foreign a  IDE CITY ITS? S 2 NO INTRY? Idean Indian, ide. ite  22192  IOME IDDIC M IOPROXIMATE EVEN JEWNS INTOPSY FINDINGS E PRIOR TO ION OF CAUSE ITTOPSY FININGS E PRIOR TO ION OF CAUSE ITTOPSY FININGS E PRIOR TO ION OF CAUSE ITTOPSY FININGS E PRIOR TO ION OF CAUSE ITTOPSY FININGS E PRIOR TO ION OF CAUSE ITTOPSY FININGS E PRIOR TO ION OF CAUSE ITTOPSY FININGS E PRIOR TO ION OF CAUSE ITTOPSY FININGS E PRIOR TO ION OF CAUSE ITTOPSY FININGS E PRIOR TO ION OF CAUSE ITTOPSY FINI
E	IS I	EXAMINER?	) MEDICAL		1.,			OTHE		PLACE OF O	EATH (Ch	eck only on	10)				
	IYS					patient 3			_		esidence	_					
Kea,			Pending					URY	W	ORK?	100	28d. OES	CRIBE HOW IF	NJURY OC	CURED		
		2 Accident		26s. PLACE (	OF INJURY	Y — At hon	ne ferm	etraat fact			J NO	201 1 00	ATION (Street o	and Manhae	a. D 1 5	Pourto Municipal	_
	E			building	, etc. (Spe	clfy)	,,	orioot, taci	iory, om			City	or Town, State)	nd Number	OF PAURE F	ioute Number,	
		29a, CERTIFIER							_								_
=	MPI	(Check only														and the same a survey	O O O O O O O O O O O O O O O O O O O
ä	8				- XIIIIIIIIIIIIII	on encor in	ivestigatio	on, in my c	opinion,	death occu	red at the	time, date	and place, en	d due to th	e cause(s	) and manner as stated	s.
5	ш	- m	OF CERTIFIE	PHY	510	IAN	1								1	1	
È										130	1960	7		3	120	153	
The second control of the second control of																	
							deri	.ck,	Mar	yland	206	578					
	ĺ	31. DATE FILED (Month, Day, 1	2 100	32. BEGISTR	AR'S SIGN	VATURE	1.00										



10g. CITIZEN OF WHAT COUNTRY? U.S.A.

3. TIME OF DEATH

MARYLAND

10d. INSIDE CITY LIMITS? 1 YES 2 NO

Approximata interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TYES 2 NO

d due to the ceuse(s) and manner es stated. 29d. DATE SIGNED (Month, Day, Year)

20711

14. RACE -- American Indian, Black, White, etc.

REG. NO.

	Ti.	1. DECEDENT'S NAME (First, Middle, Last)  LUVENIA B. PRICE  2. DATE OF DEATH MONTH DAY SEAR 3. TIME OF
_		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Vear) (Month, Day, Vear) MARYL, MARYL
2, 3 should	ron	BO. EACHLITY NAME (If not institution, give street and number)  So. CITY, TOWN OR LOCATION OF DEATH  So. COUNTY OF DEATH  ANDAROLLS  ATA
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSID
Permit.		MARYLAND ANNE ARUNDEL ANNAPOLIS  100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WHAT COUNTY
and the	FUNERAL	1900 VINCENT STREET 21401 U.S.A.  11. MARHTAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Ves or No. 14. RACE America
S en ding phy	D BY F	1 Never Married 2 Married  FORCES? 1 YES 2 NO  If yes, specify Cuben, Mexican, Puerto Rican, etc.)  Black, White, etc.  1 YES 2 NO  Specify:  BLACK
D 2121 pital or and ed for use	COMPLETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  College (1-4 or 5 +)  LAUNDRY DEPT.  168. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use netired.)  LAUNDRY DEPT.  168. KIND OF BUSINESS/INDUSTRY  U.S. NAVAL ACADEMY
MARYLAND 21, retained by the hospital or 5 should be detached for untilled at once.	ш	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)  SARAH ONLEY
	TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  HARRISON V. PRICE, JR.  7907 LIBERTY CIRCLE PASADENA, MD. 20122
ALTIMORE death. Page 6 may funeral director, pa		20s. METHOD OF DISPOSITION  1 X Muricial 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of State Completely, C
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  REESE & SONS MORTUARY, P.A.  821 WEST ST. ANNAPOLIS, MD. 21401
P.O. BOX 68760, the certificate be executed within 24 nours ending physician and completely filed in hygiene prior to burial, cremation, or retor or other traumatic event, the median	ERTIFICATION	23. PART I. Enter the disease, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Application of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying, such as cardiac or respiratory arrest, application of the mode of dying are dying and application of the mode of dying are dying are dying and application of the mode of dying are dying
RECORDS v requires that the d been signed by the t, of Health and Mer shows any Injur	MEDICAL C	PART 1. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Ves 2   No   1   Yes 2   No   1   Yes 2   1   Yes 2   1   Yes 2   1   Yes 2   1   Yes 2   1   Yes 3   1   Yes 3   1   Yes 3   1   Yes 3   1   Yes 4   1   Yes 4   1   Yes 4   1   Yes 4   1   Yes 5   1   Yes 5   1   Yes 6   1   Yes 6   1   Yes 6   1   Yes 7
F 5 5 5	HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 DATES 2 DO  NO  1 Dispetient 2 DER/Outpatient 3 DOA  4 Nursing Home 5 Residence 6 Dther (Specify)
O 茶稿華 \$	۵.	27. MANNER OF DEATH  288. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO
ISIC TTENDI TOR: A after do	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural Route Number of Rural Route Number or Route Number or
로 작전 ==	COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner.
To the Hospii To the Funer De fied Within IMPORTANT:	BE	29K. SIGNATURE AND TITLE OF CENTRAL DEPORTS DEPORTS DEPORTS DOGO 54 31.55
	5	39 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  PO BOXCH 2070
		MAR 19 1993 Julia Davidson Andall

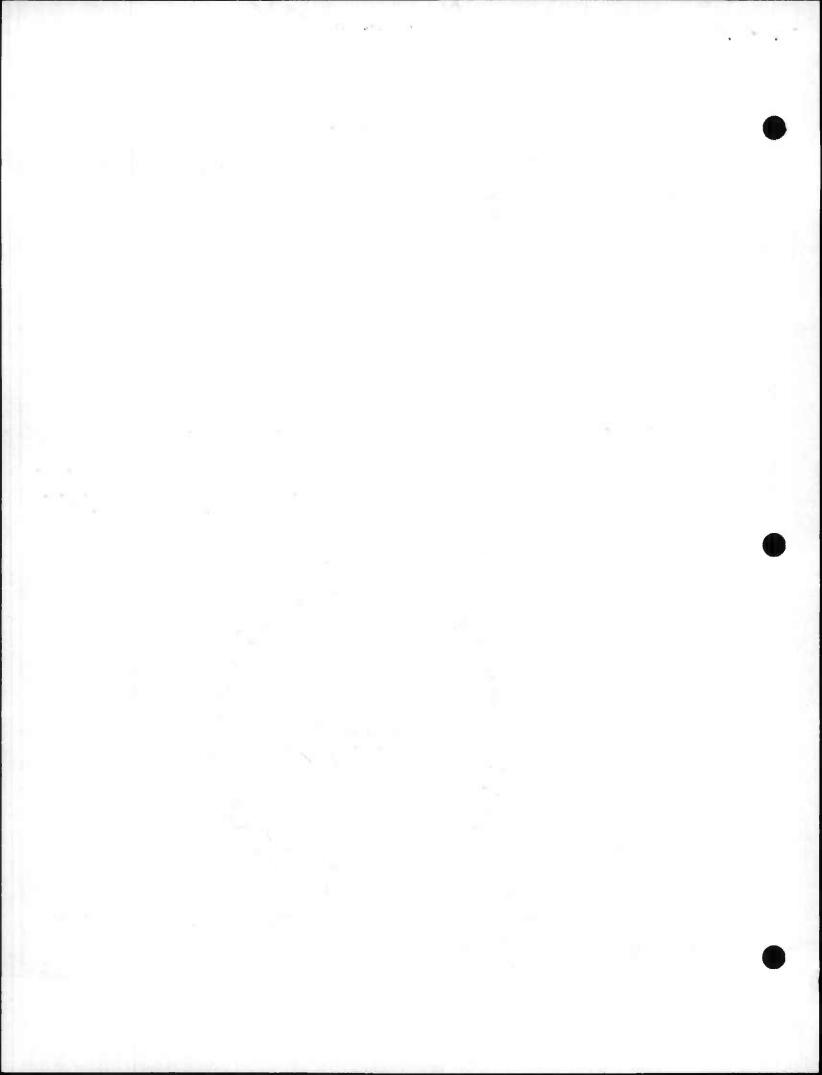
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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nay b	рад	t be
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death.	funer	ехаш
after	by the	Cal
hours	of re	med
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENI REG. NO.	E Bun	094827					
1	PETERS	ah Peters	. Sr.	2. DATE OF DEATH MONTH DA	- 93	3. TIME OF DEATH					
	217-16-7503 NM20F 74	YRS. MONTH			Countr	PLACE (State or Foreign y) Vland					
TOR	PACILITY NAME (If not institution, give street and number)  FURNITION CONTROL MODERN  RESIDENCE OF DECEDENT	el P	ITY, TOWN OR LOCATION OF		Sc. COUNTY OF DEATH						
DIRECTOR	Maryland Harford	10c. CITY, TOW JOE	N OR LOCATION		10d. INSI						
FUNERAL	100. STREET AND NUMBER 414 Dembytown Road		101. ZIP CODE 21085		10g. CITIZEN OF W						
B	11. MARITAL STATUS  1  Never Married 2  Married  3  Wildowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1  YES IF YES, GIVE WAR OR DA	2 NO	3. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec	can, Puerto Rican, etc.)	Black Speci	— American Indian, , White, etc. by: ack					
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEOENT'S USUAL (Give kind of work do life. Do NOT use retire Contrac	ne during most of working 1.)	16b. KIND OF BUS	eruction						
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Theodore Edward Peters			AME (First, Middle, Maiden : ah Irene	Sumame) Gilbert						
TO B	196. INFORMANT'S NAME (Type/Print) Maurice E. Peters	The second secon	ess (Street and Number or Rurally town Road,								
	Burial 2 Cremation 3 Removal from State		morial Garde	ng 3-23-93	CATION — City or To	lston, Md.					
- 3	22. NAME AND ADDRESS OF FACILITY  Howard K. McComas III Funeral Home, P.A.  1317 Cokesbury Road, Abingdon, Md. 21009  23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest.  Approximate										
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significent conditions contributing to death but	it not resulting in the	underlying cause given i	Perform	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL SXAMINER?  1 ZI YES 2 \( \text{NO} \) NO  1 inpatient 2 XER/Output	oth		Check only one)							
ВУ РНУ	27. MANNER OF OEATH  1 Netural 5 Pending (Month, Day, Year)  28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURÝ AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW IN	NJURY OCCUREO						
	3 Sulcide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
TO BE	29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)										
	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  RICHARD F. COLFER MD 2013 Taylouth Park 21034  31. DATE FILED (Monith, Day, Year)  32. REGISTRAR'S SIGNATURE										
	31. DATE FILED (Month, Day, Your)  MAR 2 2 93  32. REGISTRAR'S SIGNA	son-Randalle									



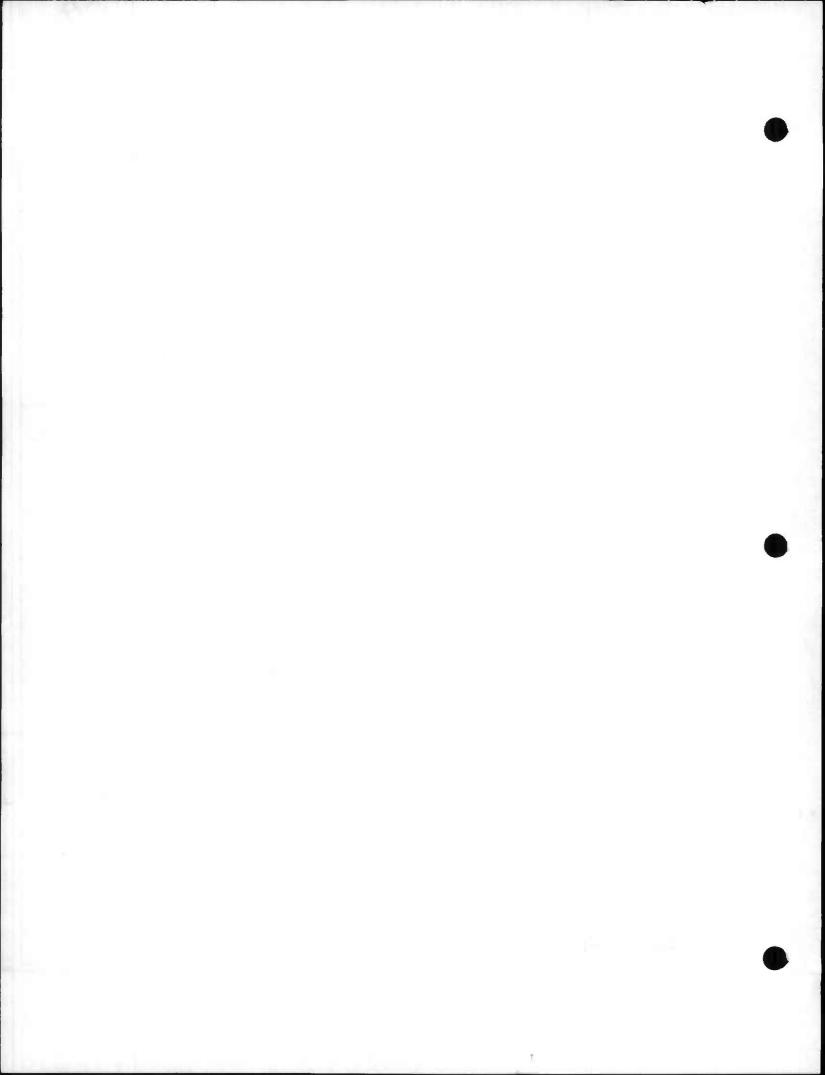
FOR

1 - STATE REGISTRAR		- CE	-1111111	CATE O	DEATH		REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)	DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR							3. TIME OF DEATH					
LOUDER BENJA				Phillips			March 18, 199			1055 PM			
4. SOCIAL SECURITY NUMBER	5. SEX 1 🔯 M 2 🗌 F	6. AGE (In yrs. les		IF UNDER 1 YEAR			E OF BIRTH nth, Day, Year)		Country				
220-09-1528  9a. FACILITY NAME (If not institution, give st		80		A CITY TOW	OR LOCATION OF D	TATU .	11/28/			IBORO, DE.			
	NINSULA REGIONAL MEDICAL CENTER SALISBURY							9c. COUNTY OF DEATH WICOMICO					
RESIDENCE OF DECEDENT													
10a. STATE 10b. COUNTY				TOWN OR LO						10d. INSIDE CITY LIMITS?			
	MARYLAND WORCESTER BISHOPVILLE  100. STREET AND NUMBER 1001. ZIP CODE 1002. CITIZEN OF								1 YES 2 X NO				
100000000000000000000000000000000000000	10222 SHINGLE LANDING ROAD 21813 USA								HAI COUNTHY?				
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Y							GIN? (Specify Yes						
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W		Ю		specify Cuban, Mexic ES 2 NO Speci		o Rican, etc.)		Black, Specify	White, etc.			
15. DECEDENT'S EDUC	ATION								1.5	WHITE			
(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G	CEDENT'S US five kind of wor Do NOT use i	SUAL OCCUPA rk done during retired.)	TION most of working	1	66. KIND OF BUS	INESS/INC	DUSTRY				
4TH	College (1-4 or 5+	'		CONTR			SCHO	0L					
17. FATHER'S NAME (First, Middle, Last)			200	001/121		AME (First	, Middle, Maiden :						
THOMAS B. PHILLIPS	S				ANNIE E	ELLI	OTT						
19a. INFORMANT'S NAME (Type/Print)					t end Number or Rural					21212			
VIOLA M. PHILLIPS				DISPOSITION					City or Tow	MD. 21813			
1 X Buriel 2 Cremation 3 Remo	val from State	cornetery cre EVER				1			•	RYLAND			
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE"			_	AND ADDRESS OF F		7		.,				
► Keit R.	Cours	reg		HAST	INGS FUNI	ERAT.	HOME.	SELB	YVTI.I	E. DE.			
23. PART I. Enter the diseases, or c	omplications that	caused the de	ath. Do not							Approximata			
ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	A tol	se on each line	-10	diin						Onset and Death			
resulting in death)	DUE TO	OR AS A CONSEC	DUENTOE OF)	uni									
	chin	ric ols	truoli	ire h	ulmonay	de	rease						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	WENCE OF)		1	.,							
CAUSE (Disease or injury	OUE TO	OR AS A CONSEC	UENCE OF:	- K	V								
resulting in death) LAST	von-can		110 110 110 110 110 110 110 110 110 110		that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST								
PART II. Other aignificant conditions													
	contributing to	death but not n	naultina in	the underly	log gaves gloss to	Don't I	Tar ungan		Lan				
Markaly m		, 1 4		the underly	ing cause given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE			
Molable or	nel In	rel obst	nicho	the underly	ing cause given in	Part I.		MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Andoba m	nel In	, 1 4	nicho	the underly	ing cause given in	Part I.	PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE			
25. WAS CASE REFERRED TO MEDICAL	alfrile	rel obst	neto	26.	ing cause given in		PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
2000 C	nel In	rel obst	neto	26.		hack only	PERFORI	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	difficiles	ER/Outpetient 3	neto	26.	PLACE OF DEATH (Comme 5   Residence	heck only	PERFORI	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inpatient 2   26a. DATE OF (Month, Date of Month, Da	ER/Outpetient 3 INJURY 19, Year)	DOA 4	26. DTHER: Nursing H  OF 28c.	PLACE OF DEATH (Common 5   Residence NJURY AT WORK?  YES 2   NO	heck only a Ot 28d. D	PERFORI 1 YES 2  One) her (Specify) ESCRIBE HOW IN	MED?  NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending	HOSPITAL:    Impetient 2     28a. DATE OF (Month, Di)   28a. PLACE OI	ER/Outpetient 3	DOA 4	26. DTHER: Nursing H  OF 28c.	PLACE OF DEATH (Common 5   Residence NJURY AT WORK?  YES 2   NO	heck only  a Ot  28d. D	PERFORI	MED?  NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined	HOSPITAL: 1   Inpetient 2   28a. DATE OF (Month, Do	ER/Outpetient 3 INJURY y, Year)  F INJURY — At ho etc. (Specify)	DOA 4  28b. TIME (INJUE)	26. OTHER: Nursing H OF Y M 1 [ set, factory, of	PLACE OF DEATH (C) The S Realdence NJURY AT NORK? YES 2 NO	heck only a Ot 28d. D	PERFORI  1 YES 2  One)  her (Specify)  ESCRIBE HOW IN  DCATION (Street a ly or Town, State)	MED?  NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  3 Suicide 6 Could not be determined	HOSPITAL: 1   Inpetient 2   28a. DATE OF (Month, Do building,	ER/Outpetient 3 INJURY py, Year)  F INJURY — At ho etc. (Specify)  my knowledge, de	DOA 4 28b. TIME (INJUE)	26. DTHER: Nursing H Nursi	PLACE OF DEATH (C) Dome 5 Realdence NJURY AT WORK? YES 2 NO	heck only a Ot 28d. D 28f. LC	PERFORI  1 YES 2  One)  her (Specify)  ESCRIBE HOW IN  DCATION (Street a ly or Town, State)	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	CURED or Aural Actived.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5 Pending Investigation  2  Accident Investigation  3  Suicide 6 Could not be determined  29a. CERTIFIER (Check only	HOSPITAL: 1   Inpetient 2   28a. DATE OF (Month, Do building,	ER/Outpetient 3 INJURY py, Year)  F INJURY — At ho etc. (Specify)  my knowledge, de	DOA 4 28b. TIME (INJUE)	26. DTHER: Nursing H Nursi	PLACE OF DEATH (C) Dome 5 Realdence NJURY AT WORK? YES 2 NO	heck only  a Ot  28d. D  28f. LCC	PERFORI  1 YES 2  One)  her (Specify)  ESCRIBE HOW IN  DCATION (Street a ly or Town, State)	MED?  NO  NO  NO  NO  NO  NUMBER  NO  NUMBER  NO  NO  NUMBER  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	CURED  or Rural Rotted.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:    Inpetient 2     28a. DATE OF (Month, Did   28a. PLACE Of building,     1AN: To the best of example of exampl	ER/Outpatient 3 INJURY — At ho etc. (Specify)  my knowledge, de tamination end/or it	DOA 4 28b. TIME (INJUE) ath occurred investigation,	26. Nursing H Nursing H Nursing H T T T T T T T T T T T T T T T T T T T	PLACE OF DEATH (Come 5   Realdence NJURY AT WORK?  YES 2   NO fice  Ite and place, and du., death occured at the	heck only  a Ot  28d. D  28f. LCC	PERFORI  1 YES 2  One)  her (Specify)  ESCRIBE HOW IN  DCATION (Street a ly or Town, State)	MED?  NO  NO  NO  NO  NO  NUMBER  NO  NUMBER  NO  NO  NUMBER  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	CURED  or Rural Rotted.	AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  oute Number,			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	HOSPITAL:    Inpetient 2     28a. DATE OF (Month, Did   28a. PLACE Of building,     1AN: To the best of example of exampl	ER/Outpatient 3 INJURY — At ho etc. (Specify)  my knowledge, de tamination end/or it  EOF DEATH (ITEL	DOA 4 28b. TIME INJUF eth occurred investigation,	26. Nursing H Nursing H Nursing H T T T T T T T T T T T T T T T T T T T	PLACE OF DEATH (C) DIME 5 Realdence NJURY AT NORK? YES 2 NO flice  Ite and place, end du , death occured at the	heck only  a Ot  28d. D  28f. LC  Cl  e to the c  e time, de	PERFORI  1 YES 2  One)  her (Specify)  ESCRIBE HOW IN  DCATION (Street a ly or Town, State)	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	CURED  or Rural Ro  ted. ted. te cause(a)  E SIGNED (3)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO  Nutle Number,  and menner as stated.			

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



# FOR

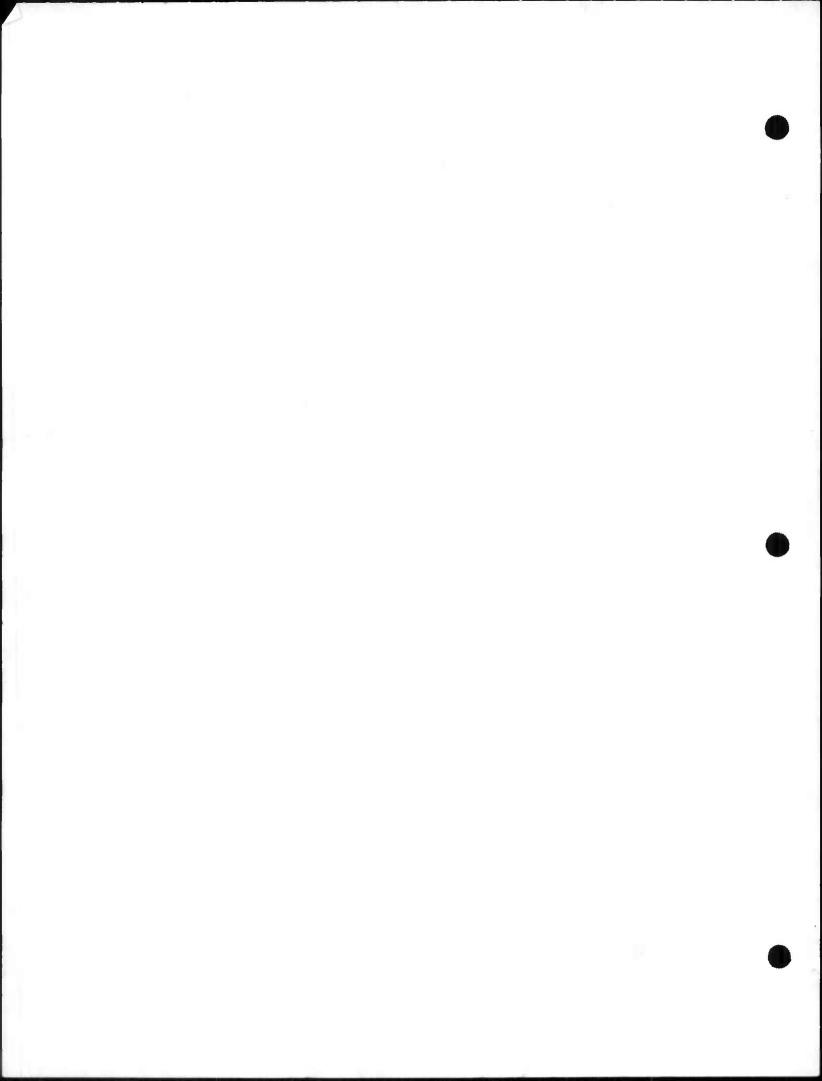
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND

1 - STATE REGISTRAR	SINIE OF MANTE	CERTIFI	ICATE OF	DEATH	MENIAL HYGIEN	_					
1. DECEDENT'S NAME (First, Middle, Li Mae	E. Purnel				2. DATE OF DEATH MONTH 3 14		year 9:15 P m				
4. SOCIAL SECURITY NUMBER 214-8-457	74/10 M 2 XF B	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 15/	-	BIRTHPLACE (State or Foreign Country)				
9a. FACILITY NAME (If not institution, gi BIF RIN  RESIDENCE OF DECEDENT  10a. STATE  10b. COL	See EACH TY NAME (If not institution, give street and number) See CITY TOWN OR LOGATION OF DEATH (  BESIDENCE OF DECEMENT										
	Me 106. COUNTY  WORCESHEL BRUIN										
100. STREET AND NUMBER  PIZCATOR	DECATOR AVE 21841										
10. STREET AND NUMBER  11. MARITAL STATUS  1 Never Married 2 Merried  Widowed 4 Divorced	IF YES GIVE WAR OR DATES										
15. DECEDENT'S (Specify only highest gr Elementary/Secondary (-12)  17. FATHER'S NAME (First, Middle, Last)		Me. Do NOT use	rork done during me	ost of working	16b, KIND OF BU	SINESS/INDUS	IESS/INDUSTRY				
17. FATHER'S NAME (First, Middle, Last)	DURNELL	DURNELL SL DERTHA HIP.									
Bretty U	19b. MAILING ADDRESS (Street and Number or Rugal Route Number, City or Toyre, State, Zip Godes 176 MELYBRS CT Worthint town OHIO 43Z										
Donation 5 □ Other (Specify)	emoval from State	PLACE AND DATE O	ner place CI	SMB BU	3	BALLI	y or fown, State				
Gussell 9	1. Foles		PO. B	NO ADDRESS OF F	Salise	Salisi Juny,	EURY, MA 31861 MA 31861				
23. PART i. Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due to (or as a	CONSEQUENCE OF	V-4	Ain	+ Fni	Lva	interval Between				
Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Conon por An Language An Langua										
PART II. Other significent condit	lons contributing to deeth but	ut not resulting in	the underlyin	g ceuse given in	Pert I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (CI	8 Other (Specify)						
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCUP	RED				
3 Suicide 6 Could not 4 Homicide determined		— At home, ferm, st	treet, factory, offic	•	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,				
29a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PH	YSICIAN: To the best of my knowled	edge, death occurred and/or investigation	d at the time, date	and place, and due	time, date and place, an	nner an stated. d due to the c	suse(s) and manner ea stated.				
296. SIGNATURE AND TITLE OF CERTIF	2222			29c. LICENSE NU D02026		29d. DATE S ▶ 3	SIGNED (Month, Day, Year)				
Federico G. A	rthes, MD 1	622 A Oc		es Be	rlin, MD 2	1811					
MAR 1 8 1993	132 REGISTRAR'S SIGNATURA	fandele.									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

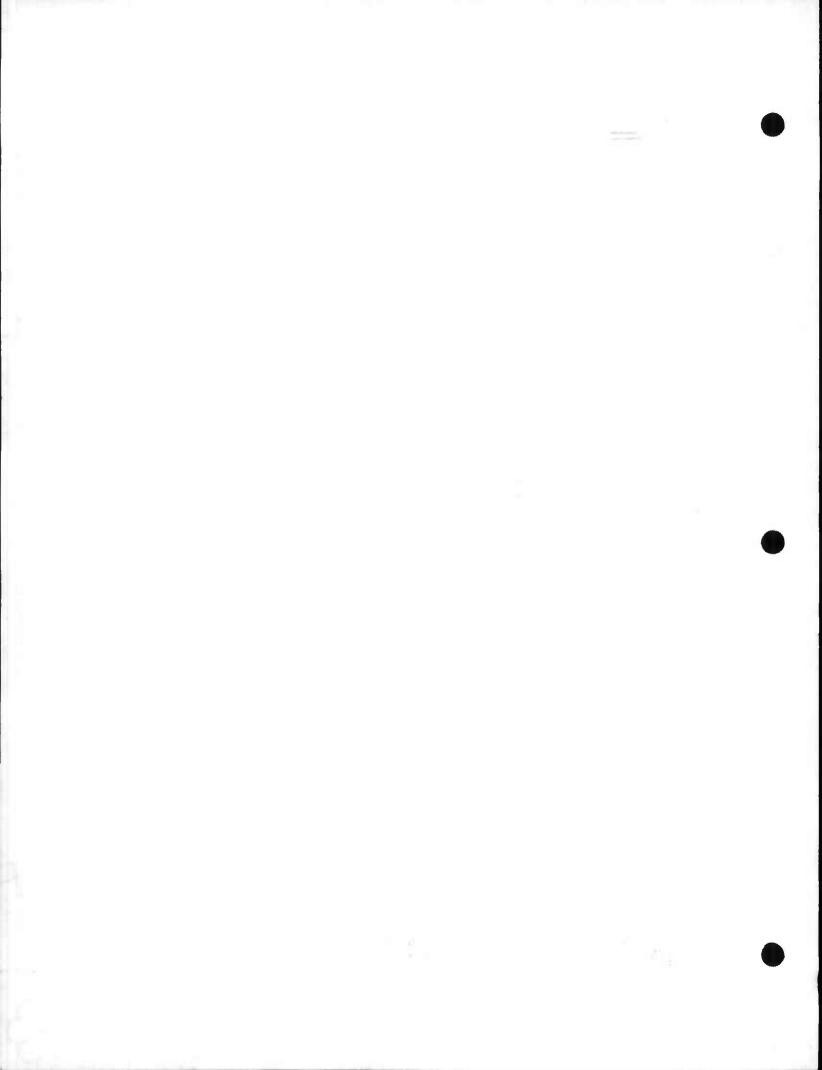
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to file within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



a		Should 2, 3 should
BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending provident	t by the funeral director, page 5 should be detached for use as the burial-burnet partientoral.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending providing	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar burlar purer in the 3 should within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlar, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF	MARYLA	ND / DEPAR CERTIF					MENTA	REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle,									OF DEATH		3.	TIME OF DEATH
	Edna Jane Purc						Mar. 17 1			993	8:25 A. M		
	4. SOCIAL SECURITY NUMBER	6. AGE (In	n yrs. lest birthday)				7. DATE OF BIRTH (Month, Day, Year)			. BIRTHPLA Country)	ACE (State or Foreign		
	192-12-6207	1 🗌 M 2 💢 F	87	87 YRS. MONTHS DAYS HOURS MIN.				May 7, 1905			Virg:	inia	
00	9a. FACILITY NAME (If not institution,		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT						Y OF DEAT	Н			
DIRECTOR	235 Irishtown		North East Cecil										
E C		OUNTY	-	10c. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
	Maryland	Cecil		1	North East								LIMITS?
A A	10e. STREET AND NUMBER				101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?		
1 5	235 Irishtown		21901						USA				
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDE FORCES?	NT EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT C	OF HISPAN	IC ORIGIN	IGIN? (Specify Yes or No.— 14. RACE — American Black, White, etc.)			American Indian,
B	3 Widowed 4 Divorced	IF YES, GIVE						Specify		,		Specify:	
	15. DECEDENT	S EDUCATION		16a. DECEDENT'S	USUAL O	CCUPATIO	ON .		16b	KINO OF BUS	INESS/INDUS		ite
E	(Specify only highest Elementary/Secondary (0-12)	grade completed)  College (1-4 or 5	+)	(Give kind of a life. Do NOT us	work done			ng					
를	8 yrs.			House	wife					_			•
COMPLETED	17. FATHER'S NAME (First, Middle, La	st)					18. MOT	HER'S NAI	ME (First, I	Aiddle, Maiden S	Sumame)		
BE	Conner R. Bow							la_C					
ဥ	19a. INFORMANT'S NAME (Type/Print			- 1						er, City or Town			
	Clifton L. Su	tphin	100					id, N		East,			
	1 M Purial 2 Cremation 3 = 4 Conation 5 Other (Specify,		20b.	PLACE AND DATE	ther place)	+ hod	me of	Cam	3/20	20c. LOC	eation - ch	ast.	Maryland
	21. SIGNATURE OF FUNERAL SERVI		_ 1 1/10	OI LII Eas		_		SS OF FAC		710			11019 10110
	of the	m (2) 41		1	Cr	ouch	Fur	eral	Hon	ie, 127	S. M	ain S	Street
	23. PART I. Enter the diseases		roce	- AA.				, Ma					
	shock, or heart fal	lure. List only one ca	use on ea	ch line.	iot enter	the mod	de of dy	ing, sucr	as card	llac or respir	atory arres	it,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0.	AD	C	YE							,	Onset and Death
	resulting in death)	ALLE W			F):								
Z		The Th	oro	CONSEQUENCE O	lor	hic	an	un	120	w.			
E S	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A	CONSEQUENCE O	F):			(	1				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	/OB AS A	CONSEQUENCE OF	D.								
CERTIFICATION	that initiated events resulting in death) LAST	352 10	(OII NO A	OUNSERVENCE OF									
		d											
CAL	PART II. Other significant con-	ditiona contributing to	death bu	it not resulting	In the un	derlylng	cause	given in i	Part I.	24a. WAS AN A			RE AUTOPSY FINDINGS VILABLE PRIOR TO
									_	1 TES 2	NO NO		MPLETION OF CAUSE DEATH?
MEDI									_ 1			1[	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC	AL .											
S	EXAMINER?	HOSPITAL:	ED/Oute	West 2 - 004	OTHER	2.		EATH (Che					
Η¥	27. MANNER OF DEATH	1 Inpetient 2	FINJURY	28b. TIM		28c. INJ		reidence		(Specify)	LITIES OCCIT	RED	
ВУ Р	1 Natural 5 Pending	C h	Day, Ybar)	INJ	URY	WO	RK? ES 2	NO	200. DEQ	OTHER TION IN	BONT OCCO	neb	
	2 Accident Investigat 3 Suicide 8 Could n	28e. PLACE	OF INJURY -	At home, farm,	street, fact	ory, office	,		281. LOC	ATION (Street at	nd Number or	Rural Route	Number,
	4 Homicide determin		wee (opecii						City	or Town, State)			
COMPLETED	29a. CERTIFIER (Check only	PHYSICIAN: To the best o	f my knowle	edge, death occurr	d at the t	lme, date	and place	, and due	to the cau	se(s) and meni	ner as stated		
Š O		AMINER: On the basis of											d menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CEP	TIFIER //	,	^			29c. LICI	ENSE NUM	BER	Т			onth, Day, Year)
5 B	wse	elielii	<i>)</i> .	MO.			Di	133	22		<b>&gt;</b> 3	5117	93
-	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAL	SE OF DEA	TH (ITEM 27) (Type,	Print)	0	20-						
		unst. No			Md		219	0/					
	31. DATE FILED (Month, Day, Year)	32, REGISTR		TURE									



1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH		.000	3. TIME OF DEATH	
MAMIE ELLEN PAUG							03	11	9	3	2245 P M	
4. SOCIAL SECURITY NUMBER 213-24-7443	5. SEX	6. AGE (In yrs. lei		IF UNDER	DAYS HOU	MDER 24 HRS.		OF BIRTH	IPLACE (State or Foreign			
9a. FACILITY NAME (If not institution, give st		- 05		AL CITY	TOWN OR LO	0471041 05 8	1	24	29		Md	
SACRED HEART HOS					TOWN OR LO		EATH		9c. COUNTY OF DEATH			
RESIDENCE OF DECEDENT	), LIND				PIDEKL	HAD		ALLEGANY				
10s. STATE 10b. COUNTY			10c. CITY	, TOWN O	R LOCATION						10d. INSIDE CITY	
Md. All	egany			Bart	on						LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER					10f. ZIP	CODE			10g. CITIZE	N OF V	VHAT COUNTRY?	
Rt. 1 Box 160 21521 US									6			
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF		13. ¥	WAS DECENDE	NT OF HISPA	NIC ORIGI	N? (Specify Yes	or No- 1	4. RACE	E — American Indian, c, White, etc.	
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		10		YES 2			Hican, etc.)		Speci		
											White	
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	(G	CEDENT'S I We kind of w Do NOT use	ork done d	CUPATION luring most of v	vorking	168	. KIND OF BUS	INESS/INDU	STRY		
Elementary/Secondary (0-12) Unknown	College (1-4 or 5 a	,										
17. FATHER'S NAME (First, Middle, Last)			louse	wife				Home	***			
					18.			Middle, Meiden S	,			
Thomas Custer  190. INFORMANT'S NAME (Type/Print)				1704				Blizz				
		19	b. MAILING					ber, City or Town		iode)		
Leonard Paugh			Rt.	1 B	ох 160	Bar	ton,	Md. 215	21			
20s. METHOD OF DISPOSITION 1 Disposition 3 Disposition 3 Disposition 3 Disposition 3 Disposition 3 Disposition Dis	wel from State	commercy, cre	metory or off	F DISPOSI	TION (Name of	,	DAT	E 20c. LOC	ATION — CH	ty or To	wn, Stata	
4 Donation 5 D Other (Specify)		1/1	aurel	hil				4-93	Barto	on,	Md.	
ST. SHARTONE OF POSIBILE SERVICE DO	make.	- //			ROAT-			neral S	Sarvic	20		
1 ( Shank	y MM	m K	0					Western			1	
23. PART I/ Enter the diseases, Dr c	omplicetions that	caused the de	ath. Do n	Dt enter	the mode of	dying, suc	h as can	diac or respir	atory arrec	et,	Approximate	
shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)		(DR AS A CONSE		for	There						Interval Between Onset and Death	
	DUE TO	(DR AS A CONSE	OUENCE OF	):/	1		4					
Sequentially list conditions,	DUETO	(DR AS A CONSE	MENCE OF	البالة	in li	me	Golda	nocure	um		unites	
if any, leading to immediate cause. Enter UNDERLYING	502.10	(DIT AS A CONSE	JOENCE OF	).							i	
CAUSE (Disease or Injury that initiated events	DUE TO	(DR AS A CONSE	DUENCE OF	):								
resulting in death) LAST				,								
											1	
PART II. Other eignificant conditions	contributing to	deeth but not r	esuiting in	n the uno	derlying cau	se given in	Part i.	24a, WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
								1 TYES 2			COMPLETION OF CAUSE OF DEATH?	
									_		1 TYES 2 TNO	
25. WAS CASE REFERRED TO MEDICAL					26. PLACE (	OF DEATH (Ch	eck only o	ne)				
EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER	: ing Home 5 (	Residence	8 🗆 Othe	er (Specify)				
27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME	OF	28c. INJURY		_	SCRIBE HOW IN	JURY OCCU	RED		
1 Netural 5 Pending	(Month, D	ay, Year)	INJU	M	WORK?	2 ND	1,000					
2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At ho	me, tarm, st	reet, facto	ry, office		28f. LOC	ATION (Street ar	nd Number or	Rumi F	loute Number	
4 Homicide detarmined	building,	atc. (Specify)					City	or Town, State)		,	1	
29a. CERTIFIER												
(Check only one)  1 **CERTIFYING PHYSIC One)**  2 **MEDICAL EXAMINER**											) and menner as stated.	
296. SIGNATURE AND TITLE DF CERTIFIER					29c.	LICENSE NUI	MBER				(Month, Day, Year)	
allo	-mo				6	2334	17		<b>&gt;</b> 3	112	(8)	
30. NAME AND ADDRESS OF PERSON WHO					TAL IN		M re	LAU				
31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	3 /4/	177620	AL IIL	18-16(1	MA	CHUP	ILE, a	MC	,	
MAR 18 1993	Jan.	AS SIGNATURE	Frederick	6								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

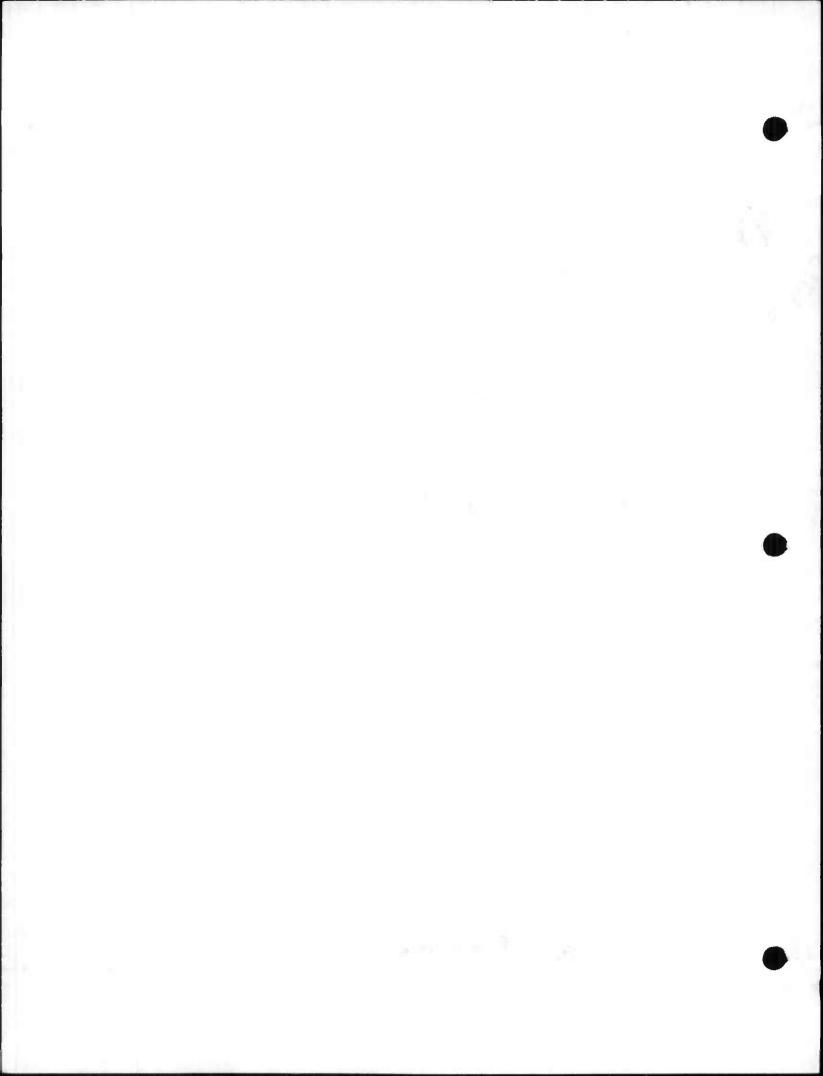
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

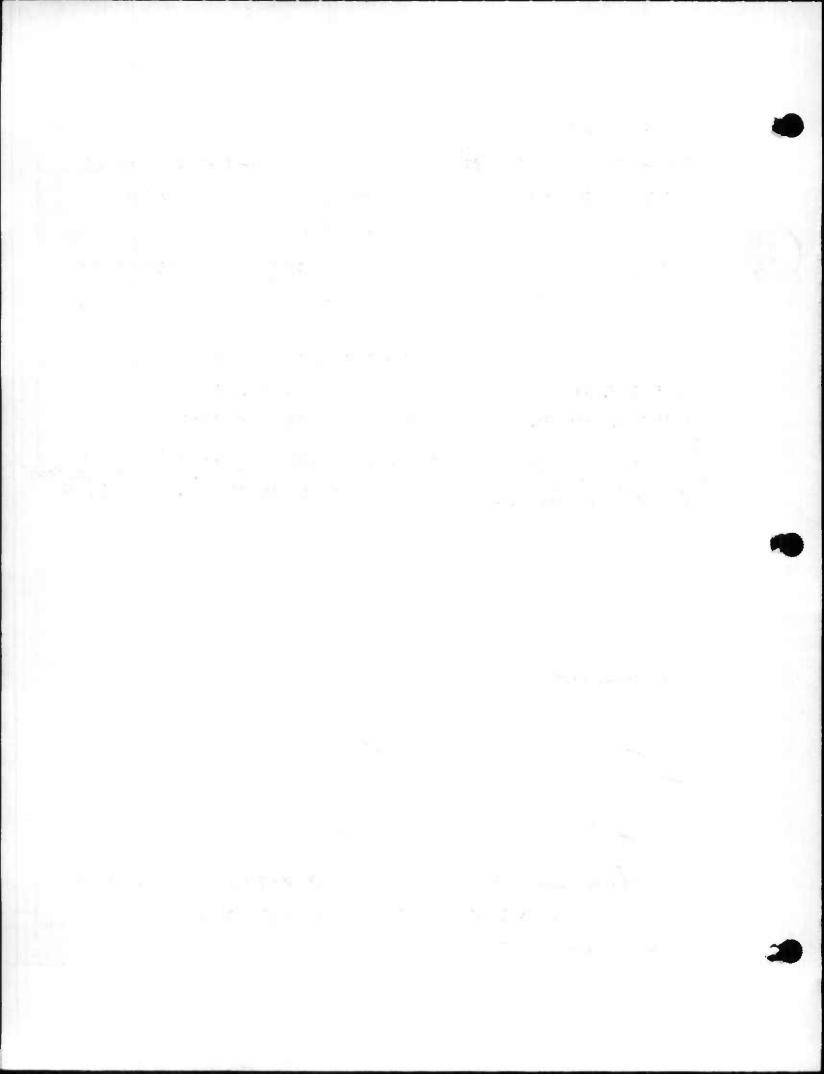
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	RTMENT OF H	EALTH AND DEATH	MENTAL HYGIENE REG. NO.	93	09487		
	1	1. DECEDENT'S NAME (First, Middle, Lest)  MARGARET MARIE	PHELAN				2. DATE OF DEATH MONTH 3-21-93	Y YEAR	3. TIME OF DEATH 9:25 AM M		
P	1	214-05-5604	□ M 2 <b>X</b> F 7	yrs. lest birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-5-17	o. Bir	(THPLACE (State or Foreign intry)		
pinous s	TOR	9a. FACILITY NAME (If not institution, give street  SACRED HEART HO  RESIDENCE OF DECEDENT			12	RLAND	EATH	ALLEG			
	DIRECTOR	MD 106. COUNTY Alle	gany	1 2 2 2 2 2	y, town on Locat Cumberlar			10d. INSIDE CITY LIMITS? 14 YES 2 NO			
n. ansit pe	VERAL	10. STREET AND NUMBER 12 S. Lee Street			101	21502		USA	WHAT COUNTRY?		
5-0020 ding physician. the burial-transit	BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	241 NO	If yes, sp		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) y:	cE — American Indian, ack, White, atc. acily: white			
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial nettifled at once.	TO BE COMPLETED	15. DECEDENT'S EOUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ON apleted) college (1-4 or 5+)	16a. DECEOENT'S (Give kind of life. Do NOT u	usual occupation work done during more retired.)	DN st of working	18b. KIND OF BUSI				
YLAND by the hospita be detached at once.		17. FATHER'S NAME (First, Middle, Lest) Samuel Reynold	ls			16. MOTHER'S NA Mar	ME (First, Middle, Maiden S Y Ann Pende	Maiden Sumame) Endergast			
		19a. INFORMANT'S NAME (Type/Print)  Mr. Tom O'Rourke		196. MAILING	ADDRESS (Street &	nd Number or Rural d Avenue	Route Number, City or Town	State, Zip Code)	1502		
e 6 may rector, pa		20s, METHOD OF DISPOSITION 1   Mail   Burist   2   Cremetton   3   Removal 4   Donation   5   Other (Specify)			of disposition (Na Paul Cen			umberla			
death. e funerall.		21. SIGNATURE OF FUNERAL SERVICE LICENS  Dames 7	Scarpe	ll:	Scar	perland,	uneral Home MD 21502				
24 hours filled in the		23. PART. Enter the diseases, or com- shock, or heert failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that Coused only one cause on ea	ch line.	/.				Approximate interval Between Onset and Death		
.O. BOX 68760, certificate be executed within ding physician and completely typiene prior to burial, crema other traumatic event,	CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
0 4 5 4 6	CERTI	resulting in death) LAST									
w requires that the the the the the the the the the th	N: MEDICAL	PART II. Other algorificent conditions of the co		Relieve		ceuse given in	Part I. 24a. WAS AN A PERFORM 1   YES 2	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
를 들을 를	'SICIAN:		OSPITAL:	tient 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch	8 Other (Specify)				
PHYSIC this ce with th	ву РНУ	27. MANNER OF CEATH  1 Matural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	URY AT RK? /ES 2 NO	28d. OESCRIBE HOW IN	JURY OCCURED			
TENDI TTENDI TTOR: A after da	ETED E	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, atc. (Specif	At home, farm,	street, factory, office		281. LOCATION (Street ar City or Town, State)	nd Number or Rura	Il Route Number,		
보기가는	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAI 2 MEOICAL EXAMINER: C							e(s) and manner as stated.		
TO THE HOSPITE TO THE FUNERA De filed within 7	TO BE (	29b. SIGNATURE AND TITLE OF CENTS IN	Myon	es m	0	DZ 2	2)81	P 3-	22-93		
5		30. NAME AND ADDRESS OF PERSON WHO C	NER, M.D. 9			ROAD CU	MBERLAND, 1	D. 2150	02		
		31. DATE FILEO (Month, Day, Year) MAR 22 1993	STRAR'S SIGNA	TURE					· ·		



13	勰	1
BALTIMORE, MARYLAND 21203-3146	Yours after death. Page 6 may be retained by the hospital or attending physicalled in by the funeral director, page 5 should be detached for use as the burning or resonant.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the burning physician and completely filled in by the funeral director, page 5 should be detached for use as the burning of the completely filled in by the funeral director, page 5 should be detached for use as the burning of the completely filled in burning completely filled in by the funeral director, page 5 should be detached for use as the burning of the completely filled in by the funeral director, page 5 should be detached for use as the burning of the completely filled in by the funeral director, page 5 should be detached for use as the burning of the completely filled in by the funeral director, page 5 should be detached for use as the burning of the completely filled in by the funeral director, page 5 should be detached for use as the burning of the completely filled in by the funeral director, page 5 should be detached for use as the burning of the completely filled in by the funeral director, page 5 should be detached for use as the burning of the completely filled in by the funeral director, page 5 should be detached for use as the burning of the completely filled in by the funeral director, page 5 should be detached for use as the burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of the completely filled in burning of	De med within 12 hours are been with the State Cept. Or regulation mention in the medical examiner must be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Mid	ddle, Last)								2. DATE OF DEAT		1027	3. TIME OF DEATH
	Helen Jone	es Ro	33							March 2	1 . 199	3 YEAR	10:35 PM
7	4. SOCIAL SECURITY NUMBER	1	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTI		8. BIRT	HPLACE (State or Foreign
	218-36-9756		1 - M 2///F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Ye. 06 - 30	1909	Ma	ryland
	9a. FACILITY NAME (If not institut	ition, give str	eet and number)			9b. CITY	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
DIRECTOR	Meridian Nur	sing	Home			Severna Park Anne A					re Ar	undel	
EC	10a. STATE 108	b. COUNTY			10c. CIT	Y, TOWN					-		10d. INSIDE CITY LIMITS?
	MD A	nne A	rundel			Sei	vern	a Pa	rk				1 TES 2VIVNO
FUNERAL	10e. STREET AND NUMBER		,				10	f. ZIP COD		,	1 -		WHAT COUNTRY?
NEI	24 Truckhow	se ko		IT EVER IN U.S. ARI					21140			-	States
	1 Never Married 2 Mar	rried	FORCES? 1	YES 2	O NED		If yes, sp	ecify Cuba	in, Maxicai	IC ORIGIN? (Speci n, Puerto Ricen, et		Blac	E — American Indian, ik, White, etc.
BY	3 Widowed 4 Divorced	d	IF YES, GIVE	MAR OR DATES			1 🗌 YES	2 2/X/NO	Specify			Spec	white
	15. DECEDE (Specify only hig			(G/	ve kind of	USUAL O	during me	ON ost of working	ng	16b. KIND O	BUSINESS/I	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12)		College (1-4 or 6	+)		se retired.) Tay		rvis	O It	Stat	e Gove	humo	nt
OM	17. FATHER'S NAME (First, Middle	n, Last)		Z/ICC	, inc	I W. L	Jupe	_		ME (First, Middle, M			700
BE C	Benjamin F.	Jone	S						Maud	de G. Mi	ller		
10 B	1911. INFORMANT'S NAME (Type) Phillip H. 1		Jr.							Noute Number, City of West, F			040
	Or. METHOD OF DISPOSITION	3 🗆 Remo	val from State	20b. PLACE other pie	(and						c. LOCATION		
	2 Donation 5 □ Other (lips	wolfy)		TUS Nas	jal i	Acado	2my	Come	tery	A	nnapo	eis.	<u>Maryland</u> Funeral Hom
	24-ERUNATURE OF FUNERAL SE	ERVICE UCI	D L	//		22.	NAME A	ND ADDRE	SS OF FA	John	M. To	rylor	. Funeral Hom
	Tenacol)	4.	ter TV	/									polis, MD
	23. PART I. Enter the disease shock, or hear	ases, or c t failure. L	in only one ca	at caused the de use on each line	ath. Do	not anta	r tha m	ode of dy	ing, auci	h aa cardlac or	reapiratory	arreat,	Approximata Interval Batween
- 1	IMMEDIATE CAUSE (Final disease or condition		5	EPSIS									Onset and Death
	reaulting in death)		1,	OR AS A CONSEC	DUENCE O	F):							
z	6												
CERTIFICATION	Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING	to	DUE TO	OR AS A CONSEC	DUENCE O	OF):							
E S	CAUSE (Disease or Injury that initiated events	1	DUE TO	OR AS A CONSE	DUENCE O	F):							
ERT	resulting in death) LAST		l		_								
	PART II. Other aignificant	condition	contributing to	death but not r	eauiting	in the u	nderlyir	ng cause	given in	Part i. 24e. W	S AN AUTOPS	SY 24	b. WERE AUTOPSY FINDINGS
MEDICAL	DEMER	JTH	+							1	RFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
ED										_   ' ' '	4000		OF DEATH?  1 YES 2 NO
ä													
CIA	25. WAS CASE REFERRED TO M	MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	eck only one)			
PHYSICIAN:	1 TES 2 TIMO			☐ ER/Outpatient 3	□ DOA	4 DAG		me 8 🗆 R	lasidence	8 Other (Specif	1		
ВУ РН	27. MANNER OF DEATH  1 Malfurel 8 Per 2 Accident Inve	nding estigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE	IOW INJURY	OCCURED	
E	3 Suicide 6 Cou	uld not be	26a. PLACE building	OF INJURY — At ho , etc. (Specify)	me, ferm,	atreet, fac	ctory, offi	ca		28f. LOCATION ( City or Town,		ber or Rura	Poute Number,
	29a. CERTIFIER 1 CERTIFY	YING PHYSIC	CIAN: To the best of	of my knowledge, de	ath occur	red at the	time, det	a and plac	e. and due	to the cause(s) sr	d manner as	stated.	
COMPLET	CONDUCTION OF THE												(a) and manner as stated.
BE	29b. SIGNATURE AND THILE OF	F CERTIFIER		ATTEN	1011	VC		29c. LIC	ENSE NUI	MBER 1776			in (Month, Day, Year) h 23, 1993
5	30. NAME AND ADDRESS OF PI						206	CP =	12	nio HO	010/1		
i	Surya Mundra 31. DATE FILED (MONTH, Day, Yea			n Highwa	y Su	ue	208	oren	bwi	rice, MU	21061		
1	MAR 2.5			indson-Bon	della								
	THE CO.	1444	THURSDA	W 140007 - 17									



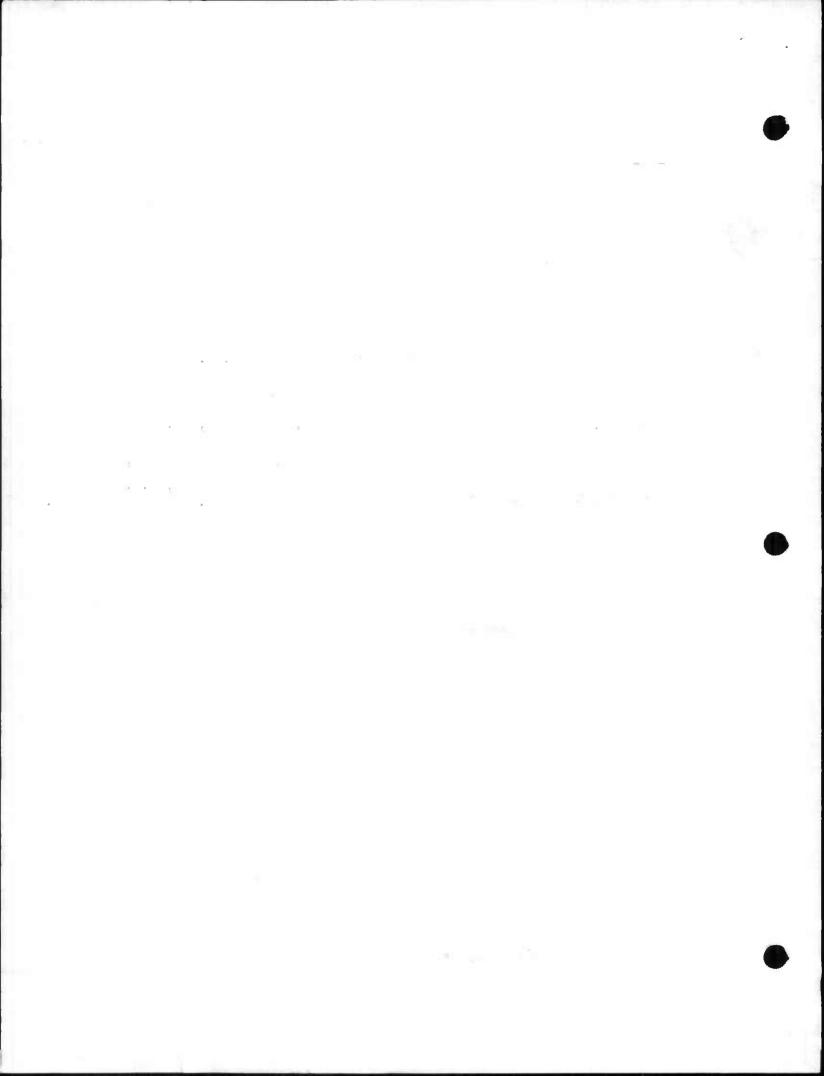
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICATE	OF DEATH	1	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last	)				2. DATE OF			. TIME OF DEATH	
WILLIAM RENN					MARCE	H 20, 199	YEAR	0.20 D III	
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthde	y) IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF			8:20 P.I	
187-09-2745	1 📉 M 2 🗌 F	88 yrs	MONTHS	DAYS HOURS MIN.		71904	Penn:	sylvania	
9a. FACILITY NAME (If not institution, give				OWN OR LOCATION OF D		9c. COL	INTY OF DEA	тн	
MARYLAND GENERAL RESIDENCE OF DECEDENT	AL HOSPITAL		<u>BA</u>	LTIMORE, C.	LTY		CITY		
MARYLAND 10b. COUN	TY	10c. C	PIKES	LOCATION VILLE MARY	LAND		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ▼ NO		
100. STREET AND NUMBER 210 2 Church Lar	ne			10f. ZIP CODE 21208				AT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	H 1	AS DECENDENT OF HISPA yes, specify Cuban, Mexic YES 2 NO Speci	an, Puerto Rica	Specify Yes or No —	14. BACE -	- American Indian, White, etc.	
15. DECEDENT'S ED		16a. DECEDENT	'S USUAL OCC	UPATION	16b. Kil	NO OF BUSINESS/IN	DUSTRY		
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done du 'use retired.) enter	ring most of working	B.8	O. Railr	oad		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Midd	dle, Maiden Surname)		-	
Edward Renn				Marth	ıa				
190. INFORMANT'S NAME (Type/Print) Katherine F. Cond	lon	19b. MAILE 210 2	Church	Street end Number or Rural n Lane, Pik	Route Number, esvill	City or Town, State, Zi	21208		
20a. METHOD OF DISPOSITION  1 III Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE	reofdispositi	netery 3/2	DATE 24/93	20c. LOCATION - Pikesvil	city or Town	ryland	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	/	22. N/	ME AND ADDRESS OF F	ieral (	Chapel, P	.A.		
23. PART I. Enter the diseases, or	Constant,			05 Reisters			-	IIs, Ma.2.	
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Metasta			of the pros	tate			Interval Between	
Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR	AS A CONSEDUENCE	OF):						
CAUSE (Disease or injury	c. XIEEEXX	GCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	CX.					ļ -	
that initiated events resulting in death) LAST		and pneur						į	
PART II. Other significant condition								<u> </u>	
PART II. Other significant condition	nis contributing to del	ith but not resulting	g in the und	errying cause given ir		D. WAS AN AUTOPSY PERFORMED?  YES 2 KND	CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ☐ YES 2 ☐ XNO	HOSPITAL:	Madaglest 2 DOA	OTHER:	26. PLACE OF DEATH (C		erei.			
27. MANNER OF DEATH	28e. DATE OF INJ	URY 28b. T	IME OF 2	g Home 5 🗆 Residence 8c. INJURY AT	_	pecify)  IBE HOW INJURY OC	CURED		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	bar)	M	WORK? 1 YES 2 NO					
3 Suicide 6 Could not be 4 Homicide determined	28a, PLACE OF IN	JURY — At home, farm (Specify)	n, street, factor	y, office	281. LOCATIO	ON (Street and Numbe lown, State)	r or Rural Rou	te Number,	
	SICIAN: To the best of my							nd manner ee state4	
29b. SIGNATURE AND TITLE DE CERTIF				29c. LICENSE NU				Ionth, Day, Year)	
Chank	y X	77	00		7a	▶ 3	20/2	1	
30. NAME AND ADDRESS OF PERSON W Andrew Kha	HO COMPLETED CAUSE O	F DEATH (ITEM 27) (Ty		Maryland Ge	neral	Hognital			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		J Land Ge	iicial	TOSPICAL			
1440 2 7 100	20. 8.4	30. 1.00							

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

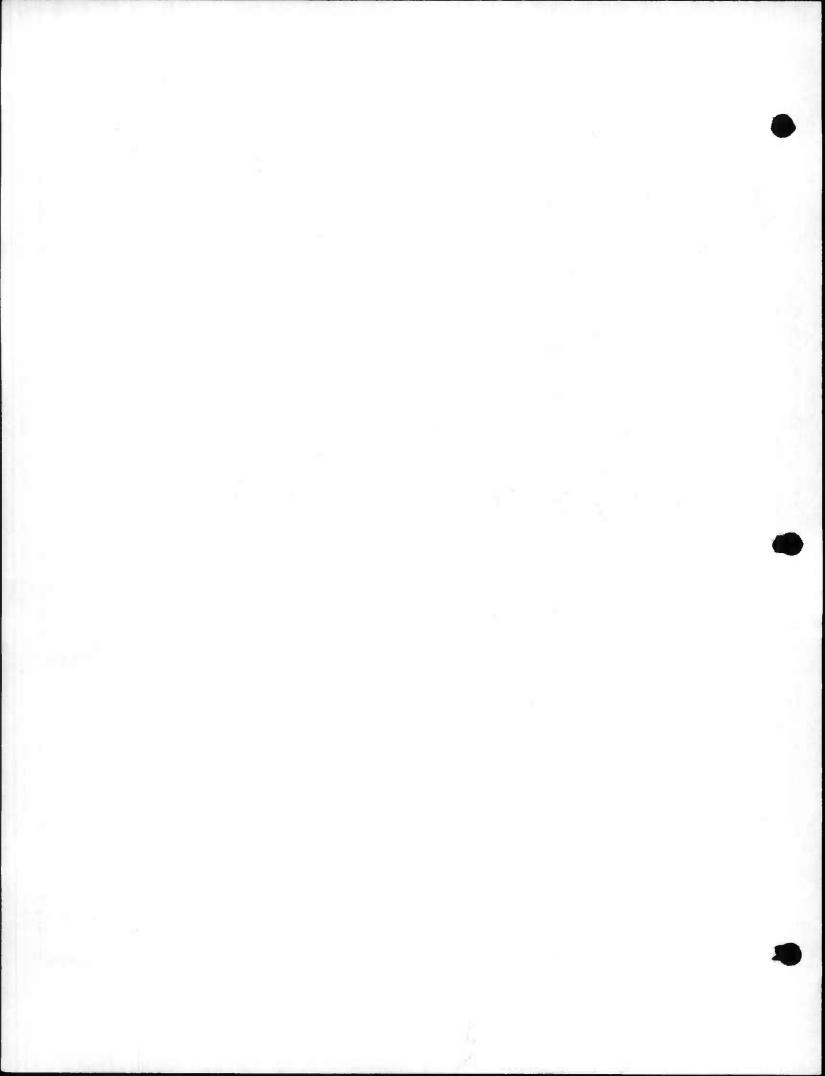
DHMH-16 Rev 1/89



DHMH-16 Rev 1/89

	ID THE MESTING IN STITENDING PHYSICIAM: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hos	ID THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPDETANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	RAT	ID THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the f the first matter is hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E
L	10	100	5
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,	3	三章	TAN
	É	岩里	NO.
j	P	8	1

	1 - STATE REGISTRAR	STATE OF N			TMENT ICATE				TENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	BESSIE ROLLIN  4. SOCIAL SECURITY NUMBER	S SEX	6. AGE (In yrs. lesi t	historiani	IF UNDER	VEAR	IF UNDER	24 1000	7. DATE OF BIRTH	9	93	11:30 P M
	578-22-3295	1 M 2 JF	79	YRS.	MONTHS	DAYS	HOURS	BATM	(Month, Day, Year) 12/1/1913		Count	th Carolina
	9a. FACILITY NAME (If not institution, give	street end number)	10		9b. CITY,	TOWN OF	LOCATIO	ON OF DEA			UNTY OF D	
E	8145 ALLENDALE	DRIVE			LAN	DOVI	ER. N	1ARYI	LAND	PRI	NCE	GEORGES
ECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	ry		10e. CIT	Y, TOWN O	R LOCATI	ON					10d. INSIDE CITY
H	MARYLAND PRIN	ICE GEORGE	es l	L	ANDOV	ER.	MARY	ZLANT	)			LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER					_	ZIP CODE			10g. Cl	TIZEN OF	WHAT COUNTRY?
岁	8145 ALLENDALE DE						20785				U.S	
	11. MARITAL STATUS  1 Never Merried 2 Merried	FORCES? 1			11	yes, spe	cify Cuber	n, Mexican	C ORIGIN? (Specify Yor, Puerto Ricen, etc.)	es or No—	Blac	E — Americen Indian, ck, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AH OH DATES		'	YES	2 <u>X</u>   NO	Specify:			Spec	BLACK
COMPLETED	15. DECEDENT'S ED (Specify only highest grad		(Give	kind of	USUAL OC	CUPATION	N t of workin	g	16b. KIND OF B	JSINESS/IN	DUSTRY	
ا ڐ	Elementary/Secondary (0-12)	College (1-4 or 5 +	)		se retired.)	h.d	المارية		D			
	3rd grade  17. FATHER'S NAME (First, Middle, Leat)		Sala	aa E	Bar A	uten		IER'S NAM	Priv ME (First, Middle, Maide			
шΙ	Shorty Shorts						Pear	1 J.	Strother	S		1.5
TO B	19e. INFORMANT'S NAME (Type/Print)		- 2.7			(Street an	d Number	or Rural A	oute Number, City or To	wn, State, Z	(ip Code)	
	May Moore								ndover, M		0785	
	20a METHOD OF DISPOSITION  † ☐ Burial 2 ☐ Cremation 3 ☐ Red  4 ☐ Donetion \$ ☐ Other (Specify)	noval from State	20b. PLACE Of other place	(0)			and the same			ocation -		Maryland
	1. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1 0	TY IV					J.B. Jen			
	Thomas	C. 1	Les 14	1					Rd. Land			20785
	23. PART I. Enter the dispuses, Dr	complications that	coused the dear	th. Do							•	Approximate
	ahock, or heart fellure	. List only one cau	ee on eech line.	1					=,			Onset and Death
	disease or condition resulting in death)	. <u>La</u>	rdiop	nl	mor	rar	4	ta	slure			seconds
_		DUE TO	OR AS A CONSIDE	JENCE O	F):	the	1					RUPANS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CONSEOL	JENCE C	F):	11	7					Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan
<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	· H	1 perte	in	प्राष्ट्र	7						10 years
	that initiated events resulting in death) LAST	DUE TO	OMAS A CONSEOU	JENCE C	F):							/
	DARK II OAL - I - III - I - III	d	4 44 4 4	441								
<b>B</b>	PART II. Other algorificant condition	Daylort		eU			cause g	jiven in I	PERFO	PRMED?	Y 24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE
	Physil ix	Cultur	93 //0		0110				1 YES	2 NO		OF DEATH?
Σ	multiple of	erebro	jascult	w	aer	ide	ut	5				1 U YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Che	ck only one)			
YSIC	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER		5 X80	sidence	6 Other (Specify)			
	27. MANNER OF DEATH  1 Netural 8 Pending	26e. DATE OF (Month, D		28b, TII	JURY M	28c. INJU WOF	PIC?	- NO	28d. DESCRIBE HOW	INJURY O	CCURED	
B	2 Accident Investigation	28e. PLACE O	F INJURY — At hom	ne, farm,	street, facto		ES 2	JNO	281. LOCATION (Street	t and Numb	er or Rural	Route Number,
COMPLETED	4 Homicide 6 Could not be determined	building,	etc. (Specify)						City or Town, Stat	e)		
P.E.	(Oriota bin)	SICIAN: To the best of	my knowledge, deat	th occur	red at the ti	me, date	end place,	, end due	to the cause(e) end m	enner es si	tated.	
8	070) 2 MEDICAL EXAMIN	IER: On the basic of a	xamination and/or in	vestigati	on, in my o	pinion, de	ath occur	red at the	time, date and place,	and due to	the cause	(e) end manner ee atated.
E .	296. SIGNATURE AND THE OR CENTIFI	Fair Fair	nuly P	hi	Sici	zus	29c. LICE	3G	BER 447	29d. D/	TE SIGNE	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (ITEM	27) (7/p	o, Print)		-1	) [	100 14-	200	Lou	eley
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	W	Han	yps	mr	C 1	we the	W	Pa	2 HD2078
	MAR 1 5 1993	Julia Davids	on Pandell	-								

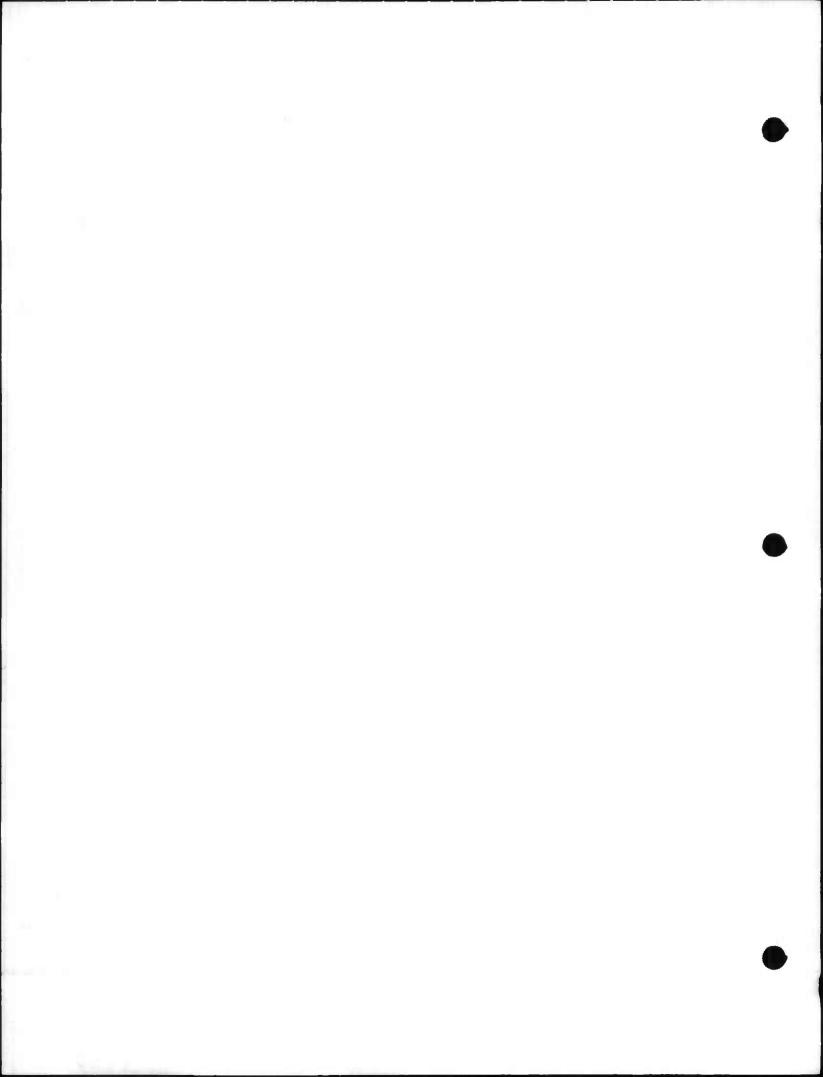


1	-	FOR STATE REGISTRA
	1. D	ECEDENT'S N

	1 - STATE REGISTRAR CERT	IFICATE C	F DEATH	D MENIN	REG. NO.	3.21	- 13
3	1. DECEDENT'S NAME (First, Middle, Last)  SALVATORE RICCHIU	TI	10.72 d	2. DATI	E OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lost birthd	MONTHS DAY		M (Mon	OF BIRTH		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street and number)		N OR LOCATION OF		/11/191	9c. COUNTY	xeter, PA
OR	WASHINGTON ADVENTIST HOS	TAKE	MA 1	PAR	10	Man 7	GOHERY
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c.	CITY, TOWN OR LO	CATION				10d. INSIDE CITY
		lyattsvill	e				1 X YES 2 NO
FUNERAL	7011 18th Avenue		101. ZIP CODE 20783			U.S.	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS If yes	DECENDENT OF HIS , apocify Cuban, Me /ES 2 NO Sp	SPANIC ORIGI exicen, Puerto pecify:	N? (Specify Yes o Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind	NT'S USUAL OCCUP d of work done during Of use retired.)	ATION most of working	16	b. KIND OF BUSI	NESS/INDUS	
7	Conege (1-4 of 5+)	Maker			Shoes		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	Maker	18. MOTHER'S	S NAME (First,	Middle, Maiden Si	umame)	
BE	Pasquale Ricchiuto			Cicch			
2		LING ADDRESS (SIN					MD 20748
	20a METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Removal from State  20b.PLACE AND DA  cametery, crematory	ATE OF DISPOSITION	(Name of	OAT	TE 20c. LOCA	ATION — City	or Town, State
	4 Donetion 6 Other (Specify) Fort Lin	22. NAM	AND ADDRESS OF	F FACILITY			d, Maryland
	· Jack & Friend	473	9 Baltim	ore A	Venue.	Hyat	l Home, P.A. tsville, MD
	23. PART / Enter the diseases, or complications that caused the death. Description is shock, or heart failure. List only one cause on each line.	Do not enter the	mode of dying, a	such aa car	diac or reapira	atory arrest	, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	porto	y fa	lile	u		Onset and Death
Z	DUE TO (OR AS A CONSEQUENCE OF THE PROPERTY OF		0 1				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		0. 6	0.4			
띮	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE		910 1 8M	rica .			
Ä	resulting in death) LAST	1.00					
DICAL C	PART II. Other aignificant conditions contributing to death but not resulting	ing in the underl	ing cause given	in Part I.	24a. WAS AN AI PERFORM		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
					1 TYES 2		COMPLETION OF CAUSE OF DEATH?
I: MED							1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEATH	(Check only o	ne)		
YSI	1 Cyres 2 NO 1 Cynpetlent 2 ER/Outpetlent 3 DO	OTHER:	lome 5 🗆 Residen	nce 6 🗆 Oth	er (Specify)		
ВУ РН	Netural 5 Pending (Month, Day, Year)	INJURY	INJURY AT WORK?  YES 2 NO		SCRIBE HOW INJ	JURY OCCUR	ED
B	2 Accident Investigation 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — Al home, far building, etc. (Specify)	rm, street, factory, c	ffice	261. LOC	CATION (Street end or Town, State)	d Number or I	Rural Route Number,
E	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occ	curred at the time	lete and alone and	4			
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investig						suse(s) and manner as stated.
H	290. SIGNATURE AND TITLE OF PERTURISH A FRANCE ()	42.	29c. LICENSE	NUMBER 909-	7	29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	Type, Print) PA	exway	CRE	5601 BZ	727	Mc2077-
	31. DATE FILED/ADATE ON YOUT 1993 32. REGISTRAR'S SIGNATURE	delle					( //



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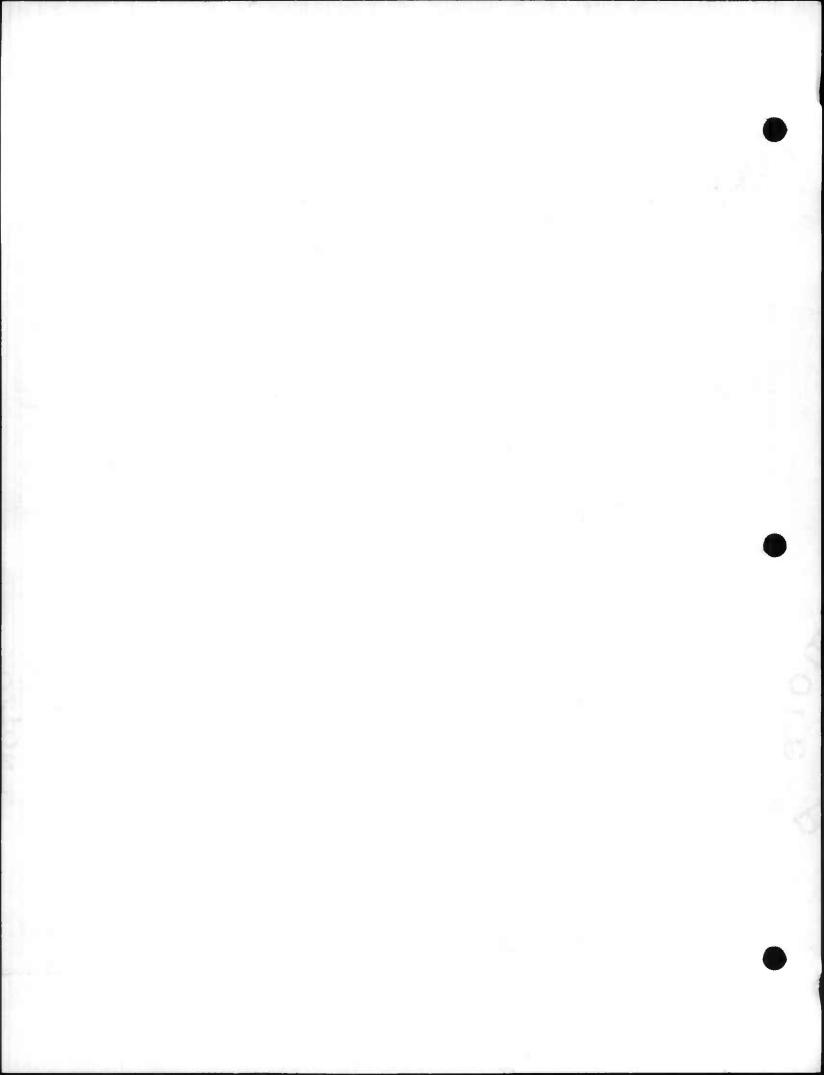
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE RUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, an included with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

THE POSITION IS 16 marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CI	ERTIFIC	CATE	F DEA	TH	A	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					·		2. DATE OF I	DEATH	YEAR	3. TIME OF DE	ATH
		ALBER						03	11	1993		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las		IF UNDER 1 YE		R 24 HRS.	7. DATE OF E (Month, De	HRTH V. March	8. BIRTI	HPLACE (State or	Foreign
	577-48-4915	1 🕅 M 2 🗆 F	57	YRS.	DATE:	HOURS	MIN.	04-1	7 - 193	5 Was	hington	, D.C.
	9a. FACILITY NAME (If not institution, give s	·			96. CITY, TO	VN OR LOCAT	ION OF DE			OUNTY OF		
DIRECTOR	PRINCE GEORGES	HOSPITAL (	CENTER			CHEV	ERLY			Р	G	
5	RESIDENCE OF DECEDENT											
2	10a. STATE 10b. COUNTY			200	TOWN OR LO	CATION					10d, INSIDE CI	TY
0		Georges		Seat	rook						1 TYES 2	ON 2
FUNERAL	10e. STREET AND NUMBER				T CHA	10f. ZIP COD			10g.	CITIZEN OF	WHAT COUNTRY	7
삘	9809 Goodluck Ro	ad				2070	06			U.S.A	١.	
ا ۾	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. AR	MED					pecify Yes or No-		E — American In	dien,
BY	1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES, GIVE WAR		•••		YES 2 💢 NO		, Puerto Ricar	n, etc.)		"y white	
_											wnite	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(G	ive kind of wo	SUAL OCCUP	ATION most of work	ina	16b. KIN	D OF BUSINESS	/INDUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ma	. Do NOT use	retired.)							
P	12		Pri	inter				Prin	iting Co	ompany	7	
۶ I	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NAM	AE (First, Middle	e, Maiden Sumam	•)		
BE	Albert M. Robert	s Sr.				Fra	ances	Crall	.e			
2	19a. INFORMANT'S NAME (Type/Print)								City or Town, State,			
۲	James Roberts		98	309 Go	odluc	k Rd.	Seab	rook,	MD 2070	06		
- 1	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATEO	DISPOSITIO	(Name of		DATE	20c. LOCATION	— City or To	own, State	
	1 Donation 6 Other (Specify)	oval from State	Metro	matory or oth	n Cre	mator	v 3/	14/93	Alexand	dria.	VA	
	THE SHONATURE OF FUNERAL SERVICE LIC	ENSEE			22 NAM	E AND ADDR		H ITW				1 D 1
		1) 17 00	1	,	Mars	ha11's	s Fun	eral F	lome, Ind	1308 S	land.	1D207
-	23. PART I. Enter the diseases, or o	- July	ray	-								
z	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR Subeut	Small AS A CONSEC Caneou	QUENCE OF	Me C	erciri	ma	g L	ung		Onset	nd Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSE	DUENCE OF)								
圆		d	Law ac	J. J.	-						<del>-</del>	
	PART ii. Other algnificant condition	s contributing to der	th but not r	eculting in	the under	ying ceuse	given in F	Part i. 24a	. WAS AN AUTOP	SY 24E	. WERE AUTOPSY	
PHYSICIAN: MEDICAL								10	PERFORMED?  YES 2 NO		AVAILABLE PRICE COMPLETION OF OF DEATH?  1 YES 2	CAUSE
ĕ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	L PLACE OF I	DEATH (Che	ck only one)				
S	1 YES 2 NO	HOSPITAL: 1 inpetient 2 in ER	/Outpatient 3		OTHER:	Home 5 🗆 R	lesidence (	6 Other (Sp	ecify)			
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJU (Month, Day, Y		28b. TIME INJU	OF 28c.	INJURY AT WORK?			BE HOW INJURY	OCCURED		
	3 Suicide 6 Could not be determined	28e. PLACE OF IN. building, etc.	JURY — At he (Specify)	me, farm, st	eet, factory,	office			N (Street and Nun wn, State)	ober or Rural	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my i									e) end manner se	stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	m. 0.				29c. LIC	D 4-3	BER 2. 76	29d. I	March	(Month, Day, Yes	3
2	7	O COMPLETED CAUSE O	PG H	M 27) (Type, 1	rine) tal	CENTE	R	CHEVE	Ray My	7. 20	785	
	31. DATE MAR'T 06 1993	32 AEGISTRADIS	SIGNATURE	ndell								



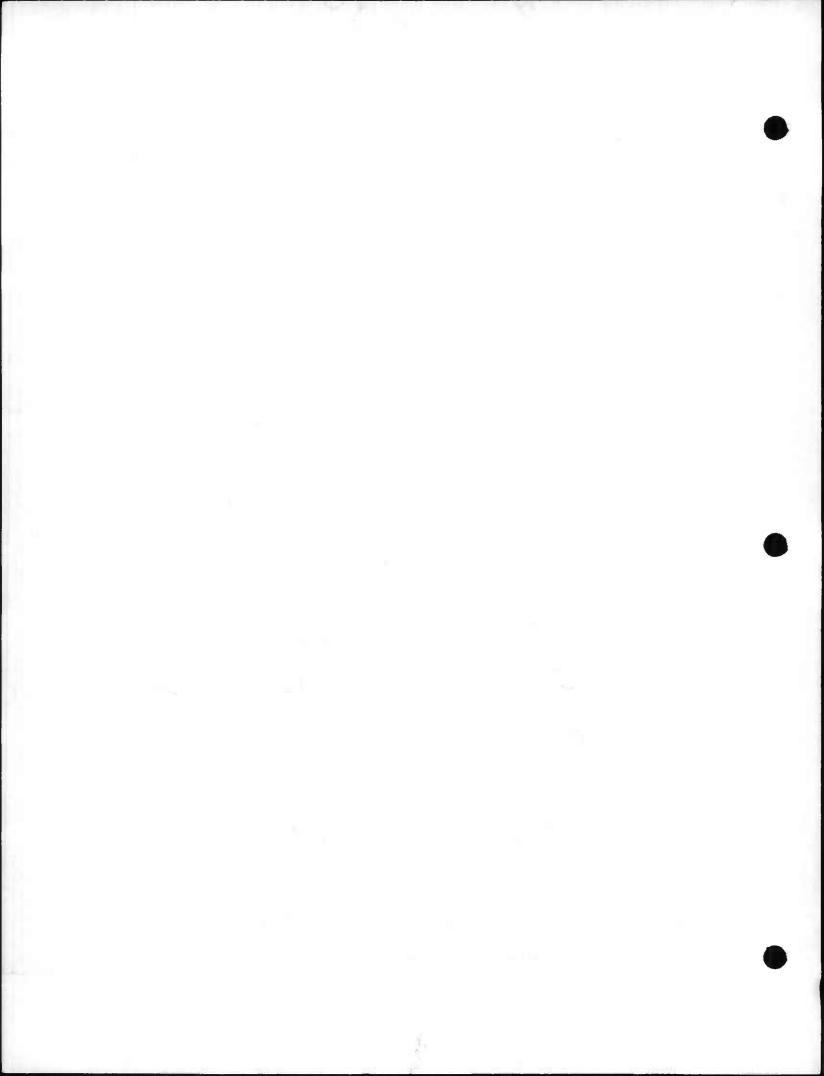
DNMN-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. If be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)		-77			2. DATE OF DEATH		3. TIME OF DEATH
1 1	Edony	LEON	Rose	· Dea		MONTH D	AY 02	EAR 9298 "
	4. SOCIAL BECURFTY HUMBER	5. SEX 6. AGI	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	9	19	
	577-28-5331	1X M 2   F		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	l.	BIRTHPLACE (State or Foreign Country)
			71 YRS.			лпу 21	1021	Country) MISSISSIPPI
/6	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	R LOCATION OF DE		9c. COUNTY	
E E	PRINCE GEORGE	S GENERAL HO	SPITAL	CHE	VERLY		PRINC	E GEORGE'S
DIRECTOR	RESIDENCE OF DECEDENT			J	-		111110	di dizordi b
ш	10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY
드	MARYLAND PRIN	CE GEORGE'S	1	ANDOVER				LIMITS?
	10s. STREET AND NUMBER							1 X YES 2 NO
×		E #100		101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3105- 75th AV	E. #103			20785		US.	A
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NC ORIGIN? (Specify Yes	or No- 14.	. RACE — American Indian,
	1 Never Married 2 X Merried	FORCES? 1 YES			2 ZANO Specify	n, Puerto Rican, etc.)		Black, White, etc.
BY	3 Widowed 4 Divorced	in teo, dive ton di	DATES	1 1 163	Z ZIMO Specin	<i>y</i> :		Specific BLACK
ED	15. OECEDENT'S EDI	CATION	16a, DECEDENT'S	USUAL OCCUPATION	DM .	16b. KIND OF BU	EINESS (IND. 16.	
IEI	(Specify only highest grad	e completed)	(Give kind of life. Do NOT u	work done during mo	st of working	TOOL KIND OF BU	SINCOS/INDUS	ini.
1	Elementary/Secondary (0-12)	College (1-4 or 5+)		K DRIVE	2		r war	
M			Inu	Y DUIAT	ī.	P	VT.	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
ш	RAV ROSEBY				MABI	L UNKNOW	N	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n State Zin Co	del
2	WILHELMINA ROS	SEBY				LANDOVER.		
	20a. METHOD OF DISPOSITION 1/A Buriel 2 Cremation 3 Ren	noval from State	06. PLACE AND DATE			1	-	or Town, State
	4 Donation 5 Other (Specify)		"HARMONY	MEMORIA	J PARK	3-13 LA	NDOVER	, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0	22. NAME A	D ADDRESS OF FA	NS FUNERAL		
	by funding	10 8 1	21011	J.	B. JENKI	INS FUNERA	L HOME	
- 3	Juana	a. X	July	7474	LANDOVER	R RD. LAND	OVER, I	MD 20785
	23. PART I. Enter the diseases, or	complications that caus	ed the death, Do	not enter the mo	de of dying, suc	h as cardiac or resp	iratory arrest	, Approximate
	The state of the s	List only one cause on	each line.					Interval Between
	IMMEDIATE CAUSE (Final disease or condition	A 1. 2 m	1.4.			1/11		Onset and Death
	resulting in death)	Entern or	mu	ander	vas cul	N dues	2	
		DUE TO (OR AS	A CONSEQUENCE O	F):				
z		b.						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):				
I≅I	ceuse. Enter UNDERLYING							
	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE O	F):				
ΙĘΙ	resulting in death) LAST							
点		d						<u> </u>
	PART if Other significant condition	ne contributing to death	but not regulting	in the underlying	cause given in	Part I. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	Palelical hel		u am			PERFOR		AMAILABLE PRIOR TO
ă	No mice of week	in wa jon	wing	pour	1702	7/ 1 □ YES 2	110	OF DEATH?
N N								1 YES 2 NO
A	25. WAS CASE REPERRED TO MEDICAL			20.04	ACE OF OEATH (Ch	ant anti-part		
SICIAN	EXAMINEM?	HOSPITAL:		OTHER:	ACE OF GEATH (CA	eck only one)		
S	1 ☑ YES 2 □ NO	1 Inpatient 2 ER/Ou	rtpatient 3 DOA		e 5 🗆 Residence	6 Other (Specify)		
PHY	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)		IE OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
	1° Natural 5 Pending	(monni, bay, loss)	""		ES 2 NO			
BY	2 Cutotte	28e. PLACE OF INJUS	RY At home, farm.	street factory offic		261, LOCATION (Street	and Mumber or	Dural Dougla Mumber
<u></u>	4 Nomicide determined	building, etc. (Sp	ecify)	outer, radioty, onto		City or Town, State)		nurer mouse reprisoes,
COMPLET								
1 2 1	29a. CERTIFIER (Check only 1 CERTIFUNG PNYS	ICIAN: To the best of my kno	wledge, death occurr	ed at the time, date	end place, and due	to the cause(s) and made	oner as stated.	
Σ								ause(e) and manner as stated.
8								(-)
w	296. SIGNATURE AND TITLE OF CERTIFIE	R	-0		299 LICENSE NUM	MBER .	29d. DATE SI	IGNED (Month, Day, Year)
8	Museum To	MAXIM	V		4212	30	13-	7-93
유	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED DAUSE OF D	EATN (ITEM 27) (Type	Print)				7
	Autuan 12 Rad	V461167-1	M) Ima	2 Houdes	mlt 1.	SAN M	1000	108
	31. DATE FILED (Month, Day, Year)	12 DECIGETATION	MATURE /	Jan July	1.04.7	All Ille	10/	70
		32. REGISTRAR'S SIG	IN ONE			0		
	MAR 1 5 1000	10. 20 4	~					
	MAR 1 5 1993	Julia Davidson	Pandell					



FUNERAL DIRECTOR

BY

COMPLETED

BE

2

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

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MAR 1 8 1993

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Item

TO THE HOSPITAL OF TO THE FUNERAL DE FIRED WITHIN 72 hr

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
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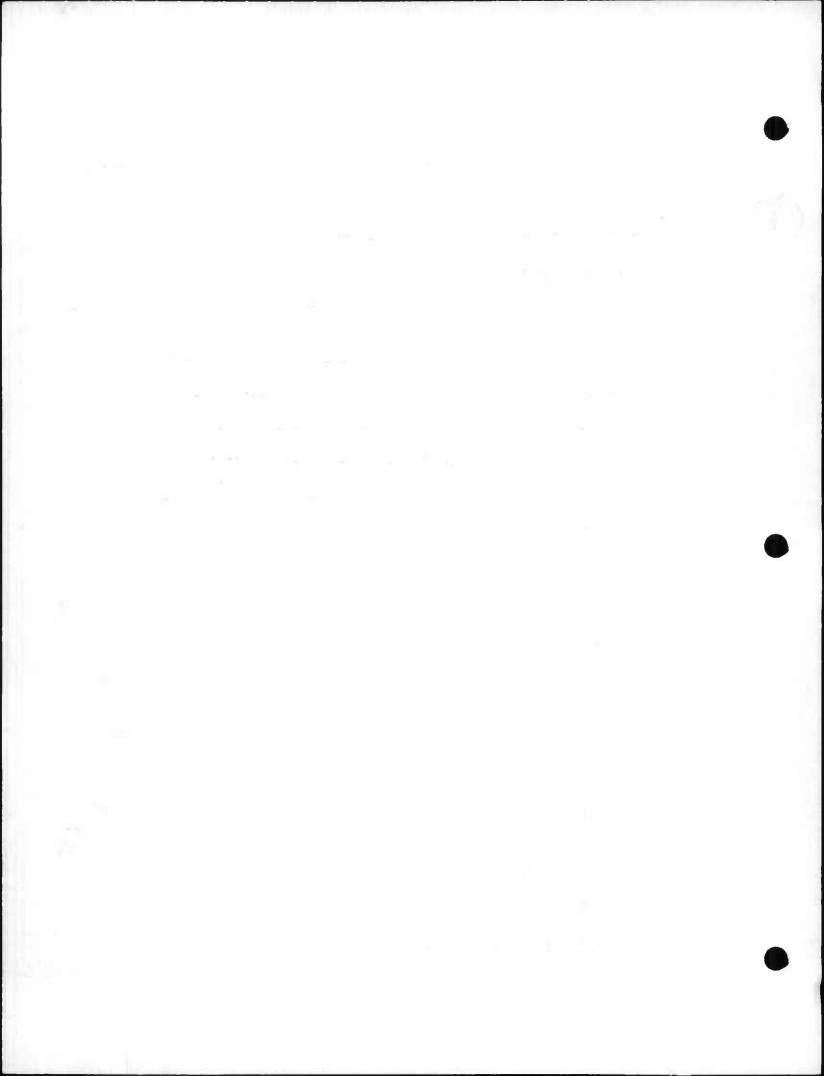
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

burial-transit medical examiner must be notified at once. item 23 shows any injury, or other traumatic event, the 2 marked, or

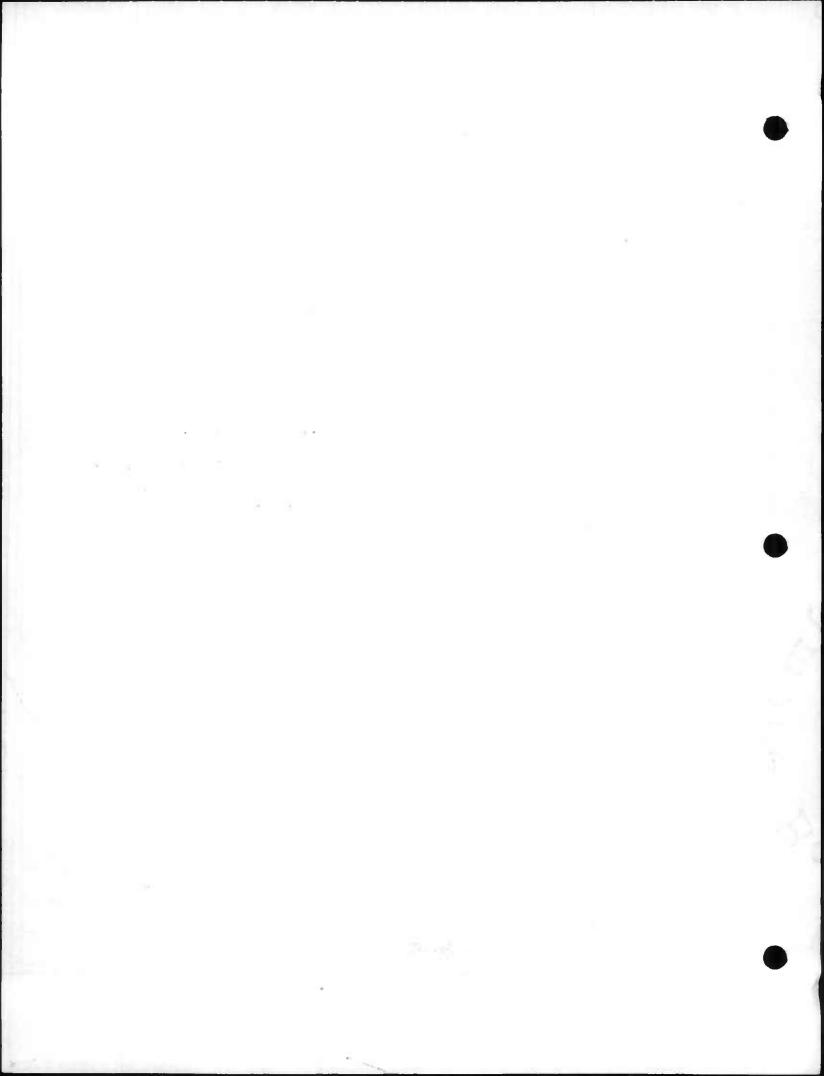
BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Vivian Reece 1993 March 16, 1404 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER J YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 220-26-4409 1 M 2 XF 64 YRS. Dec. 14-1928 Maryland 9a. FACILITY NAME (# not Institution, give street and number)
Calvert Memorial Hospital 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince Frederick Calvert RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland | Calvert Dowe11 1 - YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 65 Back Creek Road 20629 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 Married 1 TYES 2 THE NO Specify Specify: Black 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Assistant Manager Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Henry Clark Nettie Foote 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Vaughn Reece P.O. Box 106 Dowell. Maryland 20629 20a. METHOD OF DISPOSITION
1 ☆ Burtal 2 ☐ Cremation 3 ☐ Rem
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Johns Church Cemetery 3/20/93 Lusby, Md 22. NAME AND ADDRESS OF FACILITY Sewell Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1451 Dares Beach Rd. Prince Frederick, Md e 23. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximata Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition . Pass acute abdom resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING war wend **CAUSE** (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events Severe double armostice reaulting in death) LAST Periphore VOSC dosear. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Netural 5 Pending Investige 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building. atc. (Specify) 281. LOCATION (Street and Number or Flural Ploute Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29a. CERTIFIER (Chack only Chack only PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de occured at the time, data and place, and due to the cause(a) and manner as stated. 295, SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) Welan 3 rumalo 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Kioumarce Yazdani, M.D. Prince Frederick, Maryland 20678 Julia Davidson-Randale

DHMH-16 Rev 1/89



	_	FOR STATE REGISTRAR		STATE OF I	MARYLA				IEALTH A Death		ENTAL HYGIEN REG. NO	E	09	1495
	1	1. DECEDENT'S NAME (First, A		LUVENIA	R.		R	BIL	NOSI	2.	DATE OF DEATH MONTH D	AY 7	YEAR 3.	TIME OF DEATH
n. ansit permit, Pro		4. SOCIAL SECURITY NUMBE 213–14–7223		5. SEX	6. AGE (In 72	yrs. last birthde	MONTHE	DAYS	IF UNDER 24	HRS. 7.	Month, Day, Year)	220 F	OCOMO	NCE (State or Foreign OKE CITY
	Œ	90. FACILITY NAME (# not inst			AT OF	Marin	9b. CIT		OR LOCATION		н		TY OF DEAT	
	CTOR	PENINSULA REGIONAL MEDICA			AL CENTER   SALI			SBURY			WICOMICO		.CO	
	L DIRE	MD. 100. STATE 10b. COUNTY		100, 0111,			Y, TOWN OR LOCATION ALISBURY					1 [	d. INSIDE CITY LIMITS?  YES 2 NO	
	d	320 ROBINSON STREET				10f. ZIP CODE			218	1801 USA		USA	r country?	
5-0020 nding physician. is the burial-transit	BY FUNER	11. MARITAL STATUS  1 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Ma	FORCES? 1	MAS DECEDENT EVER IN U.S. ARMED ORCES? 1 YES 2 NO FYES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yea, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:			ORIGIN? (Specify Yes Puerto Rican, etc.)	Black, White, etc.		American Indian, hite, etc.	
21 afte	TED	15. DECEI (Specify only	DENT'S EDU		- 1	16a. DECEDEN (Give kind	of work done	during mo	ON ost of working		18b. KIND OF BUS	SINESS/IND	USTRY	
AND 21 the hospital or detached for u	Once.	Elementary/Secondary (0-12)		College (1-4 or 5+)		DOMESTIC		Hous			SEKEEPER			
2 8 8	# I III	17. FATHER'S NAME (First, Mid	dle, Last)	JAMES CO	ORBIN						ARSON AND A			
MAR retained 5 should	TO BE	19a. INFORMANT'S NAME (Typ					JING ADDRESS (Street end Number or Flural Route Number, City or To MOHAWK AVE., SALISBURY, MD				own, State, Zip Code)			
y be	2	WILLIE MAE KENNEDY 209. METHOD OF DISPOSITION									DATE 200 10	CATION (	Mh. as Taum	Panta
e e o	шпел	1X) Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) GREEN AURES MEMORY PARK					3-22 SALISBURY, MD. 21801			• 21801				
SAL r death	ехашше	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			22 J S	OLLE ALIS	Y MEMO BURY,	ORÍAL	CHAPEL,	RTE.	2, B	OX 920
EXPONENTIAL STATE AND THE AND	c event, the medical	23. PART I. Enter the disshock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death)	ert fallure.	a. CARO	O A C	A. R. CONSEQUENCE	RE :	7		y, such a	e cardiac or respi	lratory arm	est,	Approximate interval Between Onset and Death
certificate be ding physician tygiene prior t	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. UPFA C T SLEED  DUE TO (OR AS A CONSEQUENCE OF):  C. MYO C AND (AL INFARETION  DUE TO (OR AS A CONSEQUENCE OF):  d.												
requires that the been signed by the it, of Health and M	MEDIC				contributing to death but not resulting in the			the underlying ceuse given in Part I.			PERFOR	PERFORMED?		RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			ОТНЕ		LACE OF DEAT	TH (Check	only one)			
SICIAN: The Certificate the State	引 수 [	1 YES 2 KNO  27. MANNER OF DEATH		1 M-Impatient 2							Other (Specify)	HINDA UCC	HRED	
G PHYS er this th with	BY PI	1 Netural 5 P	ending vestigation	(Month, E			INJURY M	WO	YES 2 N	- 1	A. DESCRIBE NOW I	NOON1 OCC	ONED	
TTENDI CTDR: A after de		3 Suicide 8 C	ould not be stermined	28e. PLACE C building,	of INJURY etc. (Specif)	- Al home, fan				28	Ht. LOCATION (Street a City or Town, State)	and Number	or Rural Route	Number,
AL OR	COMPLETED										the cause(e) and mar			d manner as stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72	8 8	296. SIGNATURE AND TITLE O	F CERTIFIEF	,					29c. LICENS	SE NUMBER		29d. DATE	SIGNED (Mo	onth, Day, Year)
F F B :	1	30 NAME AND ADDRESS OF I	PERSON WH	1	0 3	TH (ITEM 27) (T	1 1	ncil	(Pm.	iten	Salis	GL		D. 21801
	2	31. DATE FILED (Month, Day, Ye		32. REGISTA			100	CPI		1 CK	- Juli	טואנינ)	EY, M	0.200
		MARKIN	,	4										



TO BE COMPLETED BY FUNERAL DIRECTOR

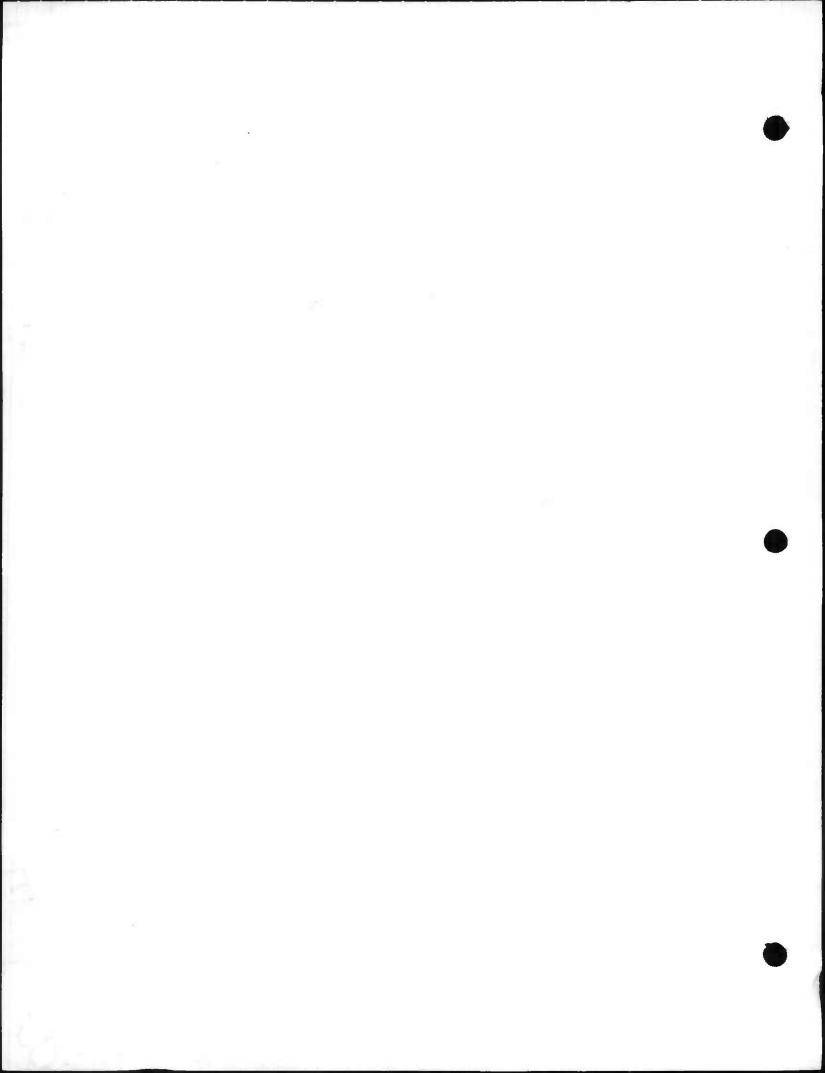
		CERTIF	ICALE U		н	REG. I	NO.		
1. DECEDENT'S NAME (First, Middle, Last)				T DEAT		2. DATE OF DEATH			3. TIME OF DEATH
Elizabeth	Louise	Rous		a I addison			LI	93 <sup>m</sup>	4:45 A M
000 14 050-	O 8 -		IF UNDER 1 YEAR		MIN.	7. DATE OF BIFTH (Month, Day, Year		Country	
9a. FACILITY NAME (If not institution, give street		92 YRS.	AL CITY TOW	N OR LOCATIO		06/ 08/		Mar NTY OF DE	yland
SALISBUREY NURSING	,	ENTER		BURY,		UH		COMIC	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10e CITO	r. TOWN OR LO	CATION					10d, INSIDE CITY
Maryland Wico	mico		alisbu						LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE			10a, CIT	IZEN OF W	HAT COUNTRY?
500 Douglas Road				21	801		USA		
11. MARITAL STATUS  1  Never Married 2  Married  3 Widowed 4 Divorced	FORCES? 1 YES	/ES 2 NO If yes, specify Cuban, Mexican, Pu							
15. DECEDENT'S EDUCAT: (Specify only highest grade con		16a. DECEDENT'S	USUAL OCCUPA		,	16b. KIND OF	BUSINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)		'				
11	2	housew	rite						
17. FATHER'S NAME (First, Middle, Last)						unk) Sco			
John Edward Adkin	S			Mam				_	
Marianna R. Hollow	ay					lisbury,			
20a, METHOD OF DISPOSITION 1 🔯 Buriel 2 🗆 Cremation 3 🗆 Remove	1 troop State	D. PLACE AND DATE O	F DISPOSITION	(Name of		OATE 20c.	LOCATION —	City or Tow	vn, State
4 Donation 5 Other (Specify)	P	metery, crematory or other arsons Ce	her place) emetery			3/13 S	alisb	ıry,	MD 21801
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			AND ADDRESS		ral Home			
23. PART I. Enter the diseases, or com	el/oway	1	501	Snow	Hill	Rd., Sa	lisbu	ry, M	D. 21801
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CV.	A CONSEDUENCE OF	7):	Du	z.e	a			Onset and Death
PART II. Other algorificant conditions of	contributing to death i	out not resulting l	n the underly	ring ceuse gi	iven in P	PERI	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificant conditions of the con	contributing to death	out not resulting l				1 YES	FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. OTHER:	PLACE OF DE	ATH (Chec	PERI 1 UYES	FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:   Inpution 2   ER/Out	petient 3 DOA	26. OTHER: 4 Nursing H	PLACE OF DE	ATH (Chec	1 YES	FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NO 1  27. MANNER OF DEATH 1 Natural 5 Pending	OSPITAL:	petient 3 DOA	26. OTHER: 4  Nursing H	PLACE OF DE	ATH (Chec	PERI 1 VES	FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1.  27. MANNER OF DEATH	OSPITAL:   Inpution 2   ER/Out	petient 3 DOA 28b. TiME	26. OTHER: 4   Nursing H E OF 28c, URY M 1 [	PLACE OF DE.	ATH (Chec	PERI 1 VES	FORMED?  2 NO  W INJURY OC	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suiciden Investigation  4 Homicide 6 Could not be determined	OSPITAL:   Inpatient 2   ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Spe	petient 3 DOA  28b. TIME INJU  f — At home, farm, si	26. OTHER: 4   Nursing H E OF	PLACE OF DE.	ATH (Chec	PERI 1 YES	W INJURY OC  wet and Number	CURED  r or Rural Ru	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	OSPITAL: Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA  28b. TIME INJU  — At home, farm, si	OTHER: 4   Nursing H E OF URY M 1   Itreet, factory, of	PLACE OF DE.	ATH (Chec hidence 6	PERI 1 VES  the only one)  Other (Specify)  28d. OESCRIBE HO  City or Town, St	W INJURY OC	CURED  r or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	OSPITAL: Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA  28b. TIME INJU  — At home, farm, si	OTHER: 4   Nursing H E OF URY M 1   Itreet, factory, of	PLACE OF DE.	ATH (Check of the control of the con	PERI 1 YES  Other (Specify)  284. DESCRIBE HO  City or Town, St  o the cause(a) and i	W INJURY OC  wet and Numberate)  menuter as state and due to til	CURED  r or Rural Ro  ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	OSPITAL: Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA  28b. TIME INJU  — At home, farm, si	OTHER: 4   Nursing H E OF URY M 1   Itreet, factory, of	PLACE OF DE.  INJURY AT WORK?  YES 2  Iffice  Interest and place, in, death occure  29c. LICEN	ATH (Checkled AT	PERI 1 YES  1 YES  Other (Specify)  28d. OESCRIBE HO  28f. LOCATION (Stre City or Yown, St	W INJURY OC  wet and Numberate)  menuter as state and due to til	CURED  r or Rural Ro  ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  oute Number,  and manner as stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	OSPITAL:   Inpetient 2   ER/Out   28a. DATE OF INJURY (Month, Day, Year)   28a. PLACE OF INJURY building, etc. (Spe	patient 3 DOA  28b. TIME INJU  — At home, farm, si riedge, death occurre on and/or investigation	26. OTHER: 4   Nursing H E OF URY M 1 [ treet, factory, of the time, d n, in my opinion	PLACE OF DE.  INJURY AT WORK?  YES 2  Iffice  Interest and place, in, death occure  29c. LICEN	ATH (Check of the control of the con	PERI 1 YES  1 YES  Other (Specify)  28d. OESCRIBE HO  28f. LOCATION (Stre City or Yown, St	W INJURY OC  wet and Numberate)  menuter as state and due to til	CURED  r or Rural Ro  ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  oute Number,  and manner as stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	OSPITAL:   Inpetient 2	petient 3 DOA  28b. TIME INA  7 — At home, term, si city)  riedge, death occurre on and/or investigation  EATH (ITEM 27) (Type,	26. OTHER: 4 Nursing H E OF 28c. URY M 1 [ treet, factory, of d at the time, d n, in my opinion	PLACE OF DE.  INJURY AT WORK?  YES 2  Iffice  Interest and place, in, death occure  29c. LICEN	ATH (Checklidence 6 NO and due to d at the III	PERI 1 YES  1 YES  Ck only one)  Other (Specify)  28d. OESCRIBE HO  28f. LOCATION (Stre City or Town, St  o the cause(a) and a  ime, date and place,  SER	W INJURY OC  We and Number  There are set and the set	CURED  r or Rural Ro  ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  oute Number,  and manner as stated.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



BALTIMORE, MARYLAND 21215-0020

notified at 9 must examiner filled in by the filon, or removal. medical completely filled rial, cremation, c traumatic event, the attending physician and con rtal Hygiene prior to burial, other t 6 signed by the atter has been signed by Dept. of Health and m 23 shows any li tem HOSPITAL OR ATTENDING PHYSICIAN: the 0 with t marked, After I TO THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: A be filed within 72 hours after de IMPORTANT: If Item 28 is 80

RECORDS, P.O. BOX 68760,

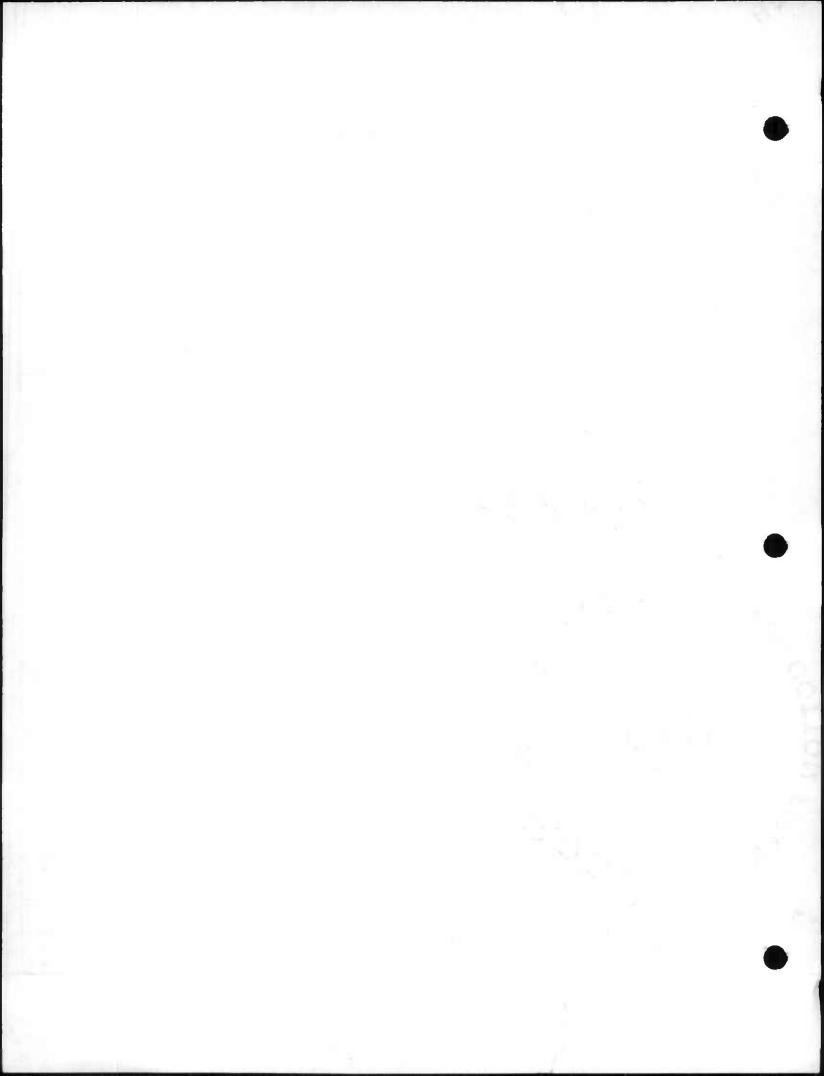
DIVISION OF VITAL

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Rencher YEAR 9:34 PM WILLIAM M. RENCHER 1993 March 15 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIFTTH (Month, Day, Year) 4-7-1912 IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign Country) DAYS HOURS 557-20-9587 1 3 M 2 F 80 Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Wicomico Bivalve 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Box 8 Cove Road 21814 U.S.A. 12. WAS DECEDENT EVER IN U.S. / "MED FORCES? 1- NO 2 1 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Narried FORCES? 1-YES 2
IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a, DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work do: life. Do NOT use retired Elementary/Secondary (0-12) College (1-4 or 5+) 11 Farmer 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Arthur M. Rencher Helen Hibbard BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Louise A. Rencher Box8, Cove Road, Bivalve, Md. 21814 20a. METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Remo DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of coolege Grove enetery 3/18 Jesterville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY M00 - 417Messick Funeral Home, P.O. Box 61 amelino 3 Bivalve, Maryland 21814 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Betwe **IMMEDIATE CAUSE (Final** Onset and Death disease or condition\_ CONCESTIVE AFART FAILURE
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) AORTIC INSUFFICIENCY
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): OARDIO MYOPATHY CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:

1 Senpatient 2 ER/Outpatient 3 DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 6 Could not be 4 Homicide 29s. CERTIFIER

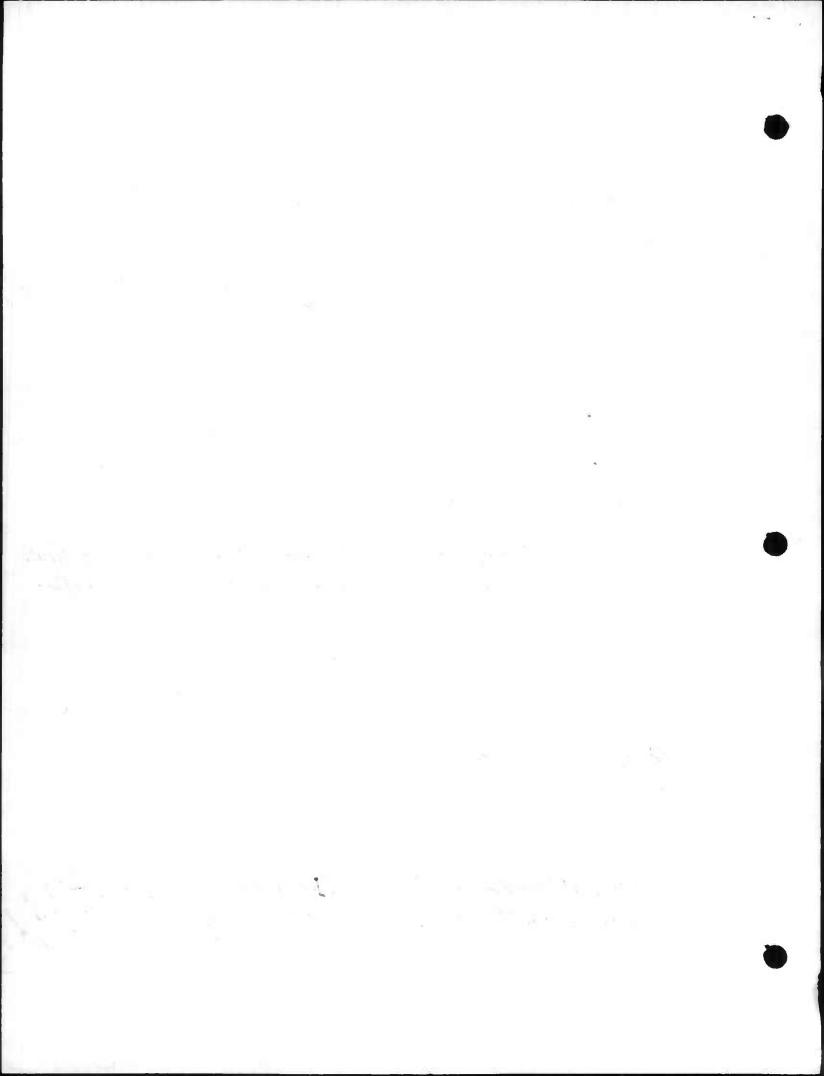
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. COMPL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Phollnish 3-16 9 DENNIS CHADNICKI - QUINCY + LOCUST STREETS, SALISBURY MD 21801 IVA July Day doon-Mandelle 1993 10



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	ours after death. Page 6 may be retained by the hospital or attending physicial
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tribe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the burial-tron removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND A	DEPARTMENT	OF HEALTH AND I	MENTAL HYGIENE REG. NO.					
	LOBURTSON VOL	JOHN GRAJ	FTON ROBER	TSON	2. DATE OF DEATH MONTH DAY	93 YEAR 3. TIME OF DEATH				
1	579.01.3015	SEX 8. AGE (In yrs. le	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year) 7/12/03	BIRTHPLACE (State of Foreign Country)     Maryland				
STOR	90. FACILITY NAME (If not institution, give street , Holy Cross Hospita RESIDENCE OF DECEDENT			own on Location of De ver Spring	EATH 9	COUNTY OF DEATH				
DIRECTOR	10e. STATE 10b. COUNTY PC		Adelphi			10d, INSIDE CITY LIMITS? 1 \( \tilde{\chi} \) YES 2 \( \tilde{\chi} \) NO				
FUNERAL	3120 Powder Mill H	Road		101. ZIP CODE 20783	10	U.S.A.				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		AS DECEDENT EVER IN U.S. ARMED ORCES? 1 YES 2 XNO If yes, specify Cui							
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted) (C	ECEDENT'S USUAL OCC Give kind of work done dur a. Do NOT use retired.)	ing most of working	16b. KIND OF BUSINE					
OMP	17. FATHER'S NAME (First, Middle, Last)		Cab .	Driver 18. MOTHER'S NA	Diamond ( ME (First, Middle, Maiden Surn	Cab Company				
BE C	unknown			unknown						
10	1906. INFORMANT'S NAME (Typgs/Print)  Hermine E. Pendley				Poute Number, City or Town, St	Maryland 20745				
	20a. METHOD OF DISPOSITION 1  Burlal 2  Cremation 3 Removal	20b. PLACE cemetery, cri	AND DATE OF DISPOSITI	ON (Name of	DATE 20c. LOCATI	ION — City or Town, State				
1	4 Donation 5 Other (Specify)  21. SIGNATURE OF EUNERAL SERVICE LICENS	Meti	ro Cremato	ME AND ADDRESS OF FA	CILITY	nsville, Maryland				
	· Will Juy	Doller	31.	3 Talbott A	eral Home, F ve. Laurel,	Maryland 20707				
		t only one cause on each line	е.			interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CA ACTO PULMONARY ARREST 3 Wind.									
NOIL	Sequentially list conditions,  Due to (off As A consequence of):  Due to (off As A consequence of):  Due to (off As A consequence of):  Due to (off As A consequence of):  Due to (off As A consequence of):									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
	d									
MEDICAL	PART II. Other significant conditions c	ontributing to death but not	resulting in the unde	erlying cause given in	Part i. 24e. WAS AN AUTO PERFORMED 1 YES 2	D? AMAILABLE PRIOR TO				
Z: M					-	1 TES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EX CHINER?	OSPITAL:	OTHER:	26. PLACE OF DEATH (Ch	eck only one)					
HYS	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3  28a. DATE OF INJURY	28b. TIME OF 2	g Home 5 Residence	8 C Other (Specify)  28d, DESCRIBE HOW INJUI	RY OCCURED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO	K?					
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, factory	r, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET		N: To the best of my knowledge, do On the baels of examination and/or				as stated,				
TO BE C	SHANGHATURE AND TITLE OF CENTRES	ick m	D	DOG L	147 P	3-16-93				
F	CLED 19 C B 2	OMPLETED CHUSE OF GEATH (ITE A RECUSTRATES SIGNATURE	BUD	9271	CD Jel	ing Wid Rd				
	MAR 1 8 '93		ndall.	© 181 37153	-,	1 - 2096				

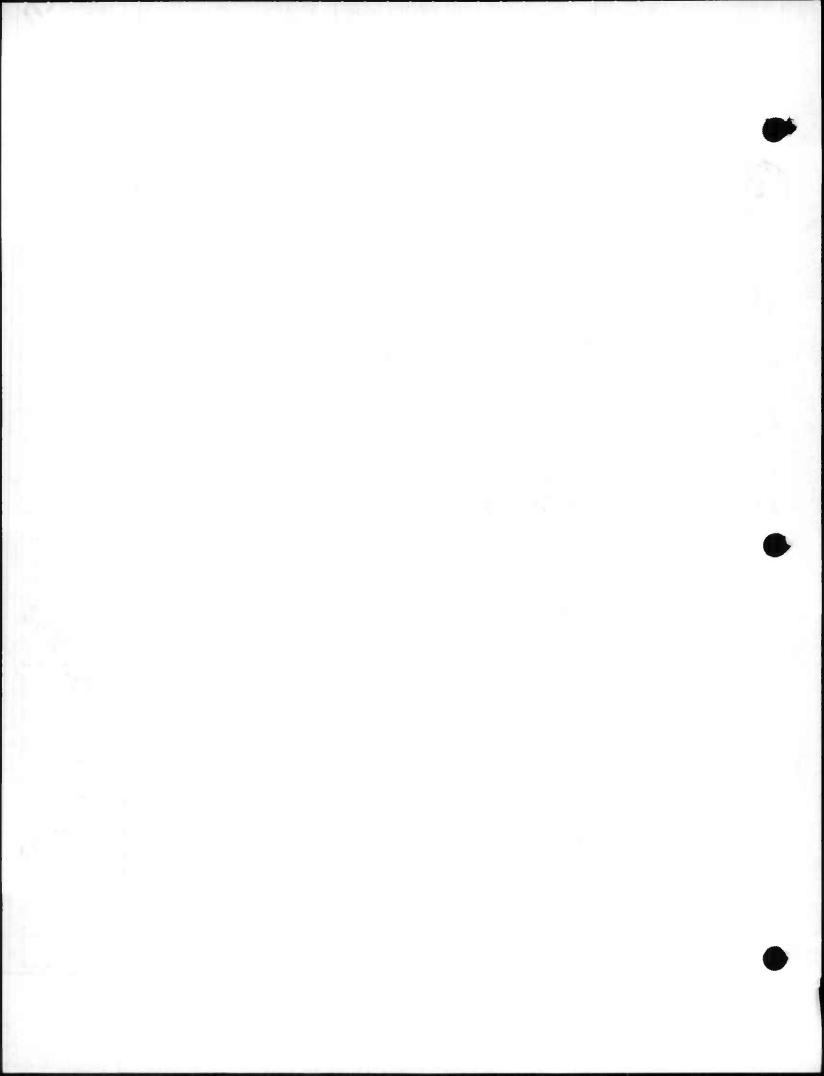


1	-	STATE REGISTRAR
_		

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEI	RTIFIC	ATE OF	DEATH	R	EG. NO.		
- 10	1. DECEDENT'S NAME (First, Middle, Last)	Doris M	ae RHOA	D\$			2. DATE OF S	DEATH DAY		3. TIME OF DEATH
219	Doris	m. 1	Choa	dS				12, 19	93 YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest b		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	HRTH	6. BIRT	HPLACE (State or Foreign
- 4	219-12-2173	1 🗆 M 2 🔀 F	69	YRS.	NTHS DAYS	HOURS MIN.	Jan.	, 'Mar) 19,1924	Mar	
	9s. FACILITY NAME (If not institution, give str	eet and number)		98	. CITY, TOWN	OR LOCATION OF DE			OUNTY OF	
DIRECTOR	Washington County			Hage	erstown		W	ashin	gton	
JE I	10a. STATE 10b. COUNTY			10c. CITY, T	OWN OR LOCA	ATION		_		10d. INSIDE CITY
<u>=</u>	Maryland Washi	ngton		Hag	erstov	VID.				LIMITS?
A	10s. STREET AND NUMBER					Of. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
FUNERAL	1016 Brinker Driv	re e				21740			US	A
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARME	ED	13. WAS DE	CENDENT OF HISPAN	HC ORIGIN? (S	pecify Yes or No-		E — American Indian, ik, White, etc.
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [] IF YES, GIVE WAR				pecify Cuban, Mexica S 2 NO Specify		i, etc.)	Spec	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give	kind of work	UAL OCCUPAT	ION lost of working	16b. KIN	O OF BUSINESS		116
	Elementary/Secondary (0-12)	College (1-4 or 5+)		lo NOT use re	•					
M	12	0	m	eat p	acker			rocery		
8	17. FATHER'S NAME (First, Middle, Last)  John Jacob Fore	man				18. MOTHER'S NA			,	
BE	1	man					la Krei		-	reman
2	19s. INFORMANT'S NAME (Type/Print)					and Number or Flural F				
	Van Showe					ect St.,				
	20s. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Remo	val from State	20b. PLACE AN cemetery, creme	DOATE OF D	DISPOSITION (A place)	lame of	DATE	20c. LOCATION		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		Rose	Hill_			316	Hagers	town,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	-Mar		0	MINNI	CH FUNER	AL HOM	_		
	TORKY	11/111	nni	co	415 E	E. Wilson	Blvd.	Hager	stown	, Md. 21740
Î	23. PART I. Enter the diseases, or conshock, or heart failure. L	omplications that ci list only one ceuse	on each line.	h. Do not	enter the m	ode of dying, suci	h as cardiac	or respiratory	arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	1-1	1 · + 7 ·						Onset and Death	
	resulting in death)	Must	Reco	expirates Failure Cdery						a decys
	DUE TO (OR AS A CONSEQUENCE OF):									
		111	< A	,	-	- / //				
NO	Sequentially list conditions,	- Chen	ME A CONSECUL		elay	Luff	iary			Zyear
ATION	If any, leading to immediate	- Chen	AS A CONSEQUE		elizy	huff	any	d. =		2 year
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR		ENCE OF:	aloy Tiru	Luff	iary ida l	Suire		2 year
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUE	ENCE OF:	story	Milesa	iary ida l	Suira		2 year year
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUE	ENCE OF):  Fully ENCE OF):	. Tiri	Austra	iary ida l	Suiru		2 year
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	A AS A CONSEQUENT AS A CONSEQU	ENCE OF:	. Tiri	Assistant Ing cause given in	Part I. 24e	WAS AN AUTOP PERFORMED?	SY 241	2 y lay  glay  glay  MALABLE PRIOR TO
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DICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR	A A A CONSEQUENCE OF AS A	ENCE OF:	. Tiri	Audio		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
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BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions	DUE TO (OR DUE TO (OR	ath but not reserved.	ENCE OF):  Fully ENCE OF):  Builting in t  ODA 4 1  DOA 1  NUMBER OF 1  ONE	28. F THER:  Nursing Ho F 28c. IN M 1	PLACE OF DEATH (Chr me 5  Residence JURY AT ORK? YES 2  NO	ack only one)  6 Other (Sp 28d. DESCRIE	PERFORMED?  YES 2 NC  ecity)  BE HOW INJURY  N (Street and Nur	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-trans ral.	i examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 09500

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / D CEF	EPARTMENT OF H		IENTAL HYGIEN	E 93	09500		
	1. DECEDENT'S NAME (First, Middle, Last) J	ohn RITZ	E		2. DATE OF DEATH MONTH	year 93	3. TIME OF DEATH		
į	4. SOCIAL SECURITY NUMBER 5. S 184-20-8087  9a. FACILITY NAME (If not institution, give street as	M 2 □ F 64	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 25,	8. Bir	ATHPLACE (State or Foreign unity) Pennsylvania		
TOR	Washington County H			rstown	тн	9c. COUNTY OF DEATH Washington			
DIRECTOR	Maryland Washing		Hagerstown				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	235 Daycotah Avenue			21742		10g. CITIZEN OF WHAT COUNTRY?  USA			
B	1 Never Married 2 Married	was decedent ever in u.s. arme Forces? 1√2 yes 2 □ no Fyes, give war or dates Korean Conflict	If yes, sp	ENDENT OF HISPANIC ecify Cuban, Maxican, 2 X NO Specify:	C ORIGIN? (Specify Yes Puerto Rican, etc.)	Bi Sp	ACE — American Indian, ack, Whita, alc. pecify:		
COMPLETED		(Give Hege (1-4 or 5 +)	DENT'S USUAL OCCUPATION kind of work done during most NOT use retired.)	st of working	16b. KIND OF BUS	INESS/INDUSTRY	,		
	12 17. FATHER'S NAME (First, Middle, Last) Mile has a last a Company of the Compa	3 su	pport tech	18. MOTHER'S NAME	E (First, Middle, Malden	manufac Surmame)	cturer		
TO BE	Michael Ritz, Sr.  190. INFORMANT'S NAME (Type/Print)  Dorothy A. Ritz		MAILING ADDRESS (Street a		oute Number, City or Town	, , , , , , , , , , , , , , , , , , , ,			
	20a. METHOD OF DISPOSITION 1 ▼ Buriel 2 □ Cremetion 3 □ Removal for 4 □ Donation 5 □ Other (Specify)	20b. PLACE AND	35 Daycotah  DATE OF DISPOSITION (Ne tory of other place)  of Heaven	me of	DATE 20c. LOG	CATION - City or	Town State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Nanne	MINNI	CH FUNERA	L HOME				
CERTIFICATION	23. PART I. Enter the diseasee, or complications that coused the deeth. Do not enter the mode of dying, auch as cerdiac or respiratory arreet, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant conditions cor	ntributing to death but not resu	ulting in the underlying	g ceuse given in Pa	Part I. 24a. WAS AN AUTOPSY PERFORMED?		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO								
ВУ РНУ	27. MANNER OF DEATH  1 Netural S Pending 2 Accident Investigation		18b. TIME OF 28c. INJ	e S Residence 8 URY AT RK? /ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide determined	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED		To the best of my knowledge, death the basis of examination and/or inve					e(s) and manner as stated.		
TO BE C	2006. SIGNATURE AND TITLES OF CERTIFIER	, ()		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)					
	30. NAME AND ADDRESS OF PERSON WHO CON	APLETED CAUSE OF DEATH (ITEM 2	n (Type, Print) Vortton Av	Housto	was Vel				
	MAR 22 1993	32. REGISTRAR'S SIGNATURE	Tan-						

